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Original Communications.

A COUNTRY HERBALIST'S CURE FOR THE "KING'S EVIL" (a)

By JOHN KNOTT, M.A., M.D., and Dip. Stat. Med. (Univ. Dub.); M.R.C.P.I.; M.R.I.A.; &c., &c.

THE comparatively trivial nature of the communication which I have had the temerity to bring under the notice of the Medical Section of our Academy can, perhaps, be best excused by suggesting its usefulness as an item provided for the mental relaxation of my hearers in the interval between the periods of intellectual digestion of the more ponderous courses which are usually supplied. The details of the remedy in question were not, as the title of this paper might mislead some to think, obtained from a profound "herbalist" or pharmacologist of any kind. The only connection which my informant had with the profession of healing, in addition to the practice of his "cure," was by forming the last link of the chain—in the capacity of grave-digger. He exercised the function of sexton of a parish church in my native county of Roscommon, close to the bordering Shannon, which separates it from the adjacent county of Leitrim. The quiet, wavy, hilly-hollow, emerald-clad fields of this locality have reflected the first light on some of the most enlightened and enlightening members of our profession. Within a very short distance of the churchyard where my sexton friend cures and buries his neighbours, was born my friend, Dr. Michael F. Cox, one of the highest living authorities on Irish history and antiquities, and who will, I trust, throw some additional light on the folk-lore medicine of the locality. Hard by the birthplace of the latter, our native western air was first breathed by him whose "brief, brave, and glorious young career" was so recently unexpectedly terminated, and whose place will long remain unfilled in the breasts of those who were privileged to enjoy the intimate friendship of Thomas Heazle Parke. Close to the same place lived and died the maternal grandparents of that inspired member of our profession, who, of all that our country has produced, has secured the firmest hold on future immortality. Those who know anything of Irish country life are aware how very usual it was for a married lady to go to her mother's home to pass through the trying period of her parturition; and, in accordance with this custom, local tradition states, and—from its nature and origin—I believe, with absolute accuracy, that in the same parish where my friend practised his herbal cure was born one of the brightest ornaments of the world's literature and of the medical profession. The misleading information supplied by speculative biographers and hackney journalists will probably not have prepared the majority of those present for what should send a thrill through the breast of every one of my hearers, when I mention the honoured name of Oliver Goldsmith.

I made the acquaintance of my "herbalist" friend as he was engaged in his customary vocation of digging a grave—for, I was told, a girl of about nineteen, who had died from a gradual "decline" caused by the discharge from a number of "running evils," which had developed in the neck and various parts of the limbs. I visited the place in company with the incumbent of the parish, who introduced me to his adjutant; and who, being of a jocular disposition, made some remarks on the accidental meeting of two professors of the healing art, and quizzed the sexton by observing that his present task might have been indefinitely postponed—if the friends of the poor victim of early decline had been judicious enough to avail themselves of his services in his other capacity. This led to further conversation, and ultimately to the friendly communication to me of a description of his treatment of the "King's Evil." His "cure" was carried out in three stages:—

1. The "sore" was poulticed with a preparation of the leaves of the "cuckoo sorrel."
2. The "dressing" consisted of a preparation of the root of the "sweetmeadow."
3. Application of a "plaster" compound of
   Beeswax,
   Sheep suet,
   Yolk of egg,
   First flour.

The leaves of the cuckoo-sorrel were gathered when rich in sap, placed in a saucepan on the fire, and "*stewed in their own sap*," by being continuously crushed and squeezed in various directions, and moved about so as to prevent their sticking to the bottom or sides of the saucepan and getting burnt. When reduced by this process to a somewhat jelly-like mass, the latter was spread "even" on a piece of calico or linen cloth, and applied to the sore. The application was always a very painful one.

When the sore was fairly 'cleansed" by repeated applications of this dressing, the first stage of the cure was considered complete. The root of the sweet meadow was then procured: "the present year's growth—soft and mellow"—was always employed. It was carefully scraped so as to free it from all particles of adhering earth, and then thoroughly pounded so as to bring it to a pretty uniform consistence. This was also spread on a cloth, after having received on its surface a layer of the richest cream; which, in turn, was varnished by a coating of the "scum from the churn-cup."

The belief of the efficacy of this cure for the otherwise so unmanageable King's Evil was strongly corroborated by local testimony, and excited my curiosity to investigate on my return home the previous therapeutic history of the plants named—if they had any.

Accordingly, I was greatly interested in finding this Irish rural remedy for 'scrophulous ulcers" mentioned by Dr. Beddoes in his work "On the Medical Use and Production of Factitious Airs," and quoted from him by Dr. Thomas Winterbottom, Physician to the colony of Sierra Leone, who points out its similarity to a "cure for ulcers" which he had found "used by the people about Bassa, on the Grain Coast." The Irish remedy "is composed of leaves and stalks of wood-sorrel (oxalis acetosella) and the root of meadow sweet (spiræa ulmaria)." The application is thus described by Dr. Beddoes: "The sorrel is prepared by wrapping it in a cabbage leaf and macerating it by its

(a) An abstract of this paper was read in the Medical Section of the Royal Academy of Medicine in Ireland on Nov. 18th, 1898.

own juices in warm peat ashes. This pulp is applied as a poultice to the ulcers, and left twenty-four hours; the application of sorrel is four times repeated; then the roots of the meadow sweet, bruised and mixed with the sour-head or efflorescence that appears on butter-milk left in the churn, and used in the same manner till the sore heals, which always speedily happens, often in two or three weeks."

Dr. Winterbottom's account of the corresponding surgical remedy of the aboriginal African tribe is as follows:—"The leaves of the amelliky are used by the people about Bassa, on the Grain coast, in the cure of ulcers. The young leaves, after being moistened in water, are wrapped in a piece of plantain leaf, and laid upon hot ashes; when thoroughly warmed they are taken out, and their juice is pressed out upon the sore, which is then covered with a piece of plantain leaf made hot in the fire; the juice is of a brownish colour, of a slightly acid and astringent taste. *I saw it effectual in a small, obstinate, ill-looking ulcer, which had resisted every other application.* [The italics are mine.]

Subsequent research showed me that the herbs in question had, respectively, enjoyed high pharmacological reputations down to about the middle of the present century; when, like many others of venerable fame, they were retired to make room for junior competitors. In the interesting work of Roques, *Plantes Usuelles, Indigenes et Exotiques* (Paris, 1808), I find the following notice of the common sorrell.

Oseille (Rumex Acetosa).—"Desbois de Rochefort a parlé avec enthousiasme des propriétiés de l'Oseille. Selon lui, les fièvres intermittentes qui ont résisté aux amers et au quinquina, cedent, comme par enchantement, à l'usage de cette plante, surtout s'il existe des symptômes scorbutiques."

In Woodward's *Medical Botany* (2nd edition, London, 1810), is the following notice, which proves that its value was then appreciated in Great Britain:—

"The Acetosella is totally inodorous, but has a grateful acid taste, which is more agreeable than the common sorrel (Rumex Acetosa), and approaches nearly to that of the juice of lemons, or the acid of tartar, with which it also corresponds in a great measure in its medical effects, being esteemed refrigerant, antiscorbutic, and diuretic. It is recommended by Bergius in inflammation, bilious and putrid fevers, and from the cases adduced by Francus, he concludes, 'Acetossellam appetitum restaurare, vomitum consopire, alvum stringere, sitim sedare, oris amaritiem tollere, cordis vires reparare, anginam abigere.' The principal use, however, of the Acetosella, is to allay inordinate heat, and to quench thirst; for this purpose a pleasant whey may be formed by boiling the plant in milk, which, under certain circumstances, may be preferable to the conserve directed by the London College, though an extremely grateful and useful medicine. Many have employed the root of Lujula, probably on account of its beautiful red colour rather than its superior efficacy. An essential salt is prepared from this plant, known by the name of Essential Salt of Lemons, and commonly used for taking ink-stains out of linen."

In the *Medical Botany* by Stephenson and Churchill (new edition by Gilbert and Burnett, London, 1834), we read:—"Wood-sorrel is inodorous, but possesses a very agreeable and refreshing acid taste. Twenty pounds of the fresh plant yielded to Newman six pounds of juice, from which he got two ounces, two drams, and one scruple of the bin-oxalate of potash, and two ounces six drams of an impure saline mass. The bin-oxalate of potash is one of three subspecies of oxalate of potash, and exists ready formed in oxalis *acetosella*, oxalis *corniculata*, and different species of Rumex, from which it is extracted in some parts of Europe in large quantities. Hence it is known by the name of salt of wood-sorrel, and in this country is sold as essential salt of lemons, mixed with an equal quantity of cream of tartar. It is mentioned by Duclos in the 'Memoirs of the French Academy for 1668.' Marcgraaf proved that it contained potass, and Scheele discovered its salt to be oxalic. It may be formed, as Scheele has shown, by dropping potash very gradually into a saturated solution of oxalic acid in water; as soon as the proper quantity of alkali is added, the bin-oxalate is precipitated. But care must be taken not to add too much alkali, otherwise no precipitation will take place at all.

"MEDICAL PROPERTIES AND USES.—The leaves of this plant are among the most grateful of the vegetable acids. The juice of sorrel is sometimes used as an agreeable refreshing drink in fevers, and the leaves boiled in milk form a pleasant whey; but the other vegetable acids are quite as useful and more available. Beaten up with fine sugar, the leaves make a refreshing and wholesome conserve; 'its flavour resembling green tea.' The leaves in a recent state form a good salad for the scorbutic, and have been employed with advantage as an external application to scrofulous ulcers." So that we have more than ample evidence to demonstrate the appreciation of the therapeutic value of the sorrel family in the first half of the nineteenth century.

An additional interest is superadded for us Irishmen in the fact that it has been claimed by a high botanical authority that the wood-sorrel is really the genuine original *shamrock* of St. Patrick. On this subject, Mr. Bichene, the secretary of the Linnæan Society, read a paper on the appropriate date of St. Patrick's Eve, 1830. An abstract appeared in the *Philosophical Magazine* of the following June: He stated that it would seem "a condition at least suitable if not necessary to a national emblem that it should be something familiar to the people, and familiar, too, at that season when the national feast was celebrated. Thus the Welsh have given the *Leek* to St. David, being a favourite oleraceous herb, and the only green thing they could find on the 1st of March; the Scotch, on the other hand, whose feast is in autumn, have adopted the *Thistle*. The white clover is not fully expanded on St. Patrick's Day, and wild specimens of it could hardly be obtained at this season. Besides, it was probably, nay, almost certainly, a plant of uncommon occurrence in Ireland during its early history, having been introduced into that country in the middle of the seventeenth century, and made common by cultivation. He then referred to several old authors to prove that the *Shamrock* was eaten by the Irish, and to one who went over to Ireland in the sixteenth century, who says it was eaten and was a *sour* plant. The name also of Shamrock is common to several trefoils, both in the Irish and Gaelic languages. Now clover could not have been eaten, and it is not sour. Taking therefore all the conditions requisite, they are only found in the wood-sorrel, *Oxalis acetosella*. It is an early spring plant; it was and is abundant in Ireland; it is a trefoil; it is called *Sham-rog* by the old herbalists; and it is sour; while its beauty might well entitle it to the distinction of being the national emblem. The substitution of one for the other has been occasioned by cultivation which made the wood-sorrel less plentiful, and the Dutch clover abundant."

In passing backwards to the voluminous Herbals of former centuries, we find copious notices of the great therapeutic virtues and multitudinous preparations of this plant and its numerous cousins.

In the *Theatrum Botanicum* (1640), Parkinson describes no less than fifteen varieties of *Acetosa*, and gives the following general account of the whole:—

"*The Names.*—It is called in Greeke ὀξαλὶς, oxalis of the sharpe taste, many of the Latine writers keepe that name, in Latine also *Acetosa*, and of some *Ace-*

dula of the sournesse thereof; others call it *Rumex hortensis*, and *Galen* calleth it ὀξυλάπαθον, *id est*, *Lapathum acidum*. soure Docke, yet with *Dioscorides*, *Oxyalapathum* is *Lapathum Acutum*, that kinde of Docke whose forme of leafe is more sharpe and pointed then others, and not for the sharpe taste to cause that name, the Sheepes Sorrel, is called *Lapatiolum* and *Acetosella* by divers. *Clusius* maketh mention of the first great sort, and *Lobel* of the second, *Dodonœus*, and *Lobel* gave first of all others knowledge of the third, and *Columna* of the fourth; *Bauhinus* of the fift sixt, and seventh, *Columna* of the eight, *Prosper Alpinus* in his Booke of *Egyptian* plants of the ninth; of the tenth and last none hath made any mention: now *Besterus in horto Eystetensi* speaketh of the eleventh, by the name of *Acetosa vesicaria peregrina*, which *Bauhinus* calleth *Acetosa Americana foliis longissimis pediculis donatis*; but of the twelfth sort (if it be not the same with the second, whereunto it is very like), no author ever made mention before now, and scarce is it known to any but the gentleman of *Anglesey*, called Mr. *Morris Lloid*, of *Prisherworth*, that found it on a mountaine in Wales, and showed it to Dr. *Bonham* in his life; the thirteenth is called by *Matthiolus Tenuifolia*; and so by *Lonicerus*, *Gesner*. *Tragus*, and almost all other writers of herbes in our later age, and called *Oxalis verrecina* of *Lobel* and *Ovina* of others, and *arvensis lanceolata* by *Bauhinus*; the fourteenth is remembered by *Montanus*, *Gerard*, and *Bauhinus*. All of them deservedly have the name of Sorrell, because howsoever, they are somewhat different in leafe or roote yet they all agree in the sourenesse, although some more or lesse then others. The *Arabians*, as *Serapio* saith, call it *Humaalh*; the *Italians Acetosa*, the *Spaniards Azederas Azederilha* and *Agrethas*; the *French Azeille* or *Oseille*, *Saltette*, *Surelle*, and *Aigrette*; the *Germanes Sawrampffer*; the *Dutch Surckcle* and *Surincke*; and we in *English* Sorrell.

"*The Virtues.*—Sorrell is cooling and drying in the second degree, and is prevalent in all hot diseases to coole any inflammation and heate of bloud in agues pestilentiall or chollericke, or other sicknesses and fainting rising from heate, and to refresh the overspent spirits with the violence of furious or fiery fits of agues, &c., to quench thirst, and to procure an appetite in fainting or decaied stomackes; for it resisteth the putrefaction of the bloud, killeth wormes, and is a cordiall to the heart which the seede doth more effectually, being more drying and binding, and thereby also stayeth the hot fluxes of the menstrues, or of humours in the bloudy flixe, or fluxe of the stomacke; the roote also in a decoction or in powder, is effectuall for the said purposes; both rootes and seede, as well as the herbe is held powerfull to resist the poison of the scorpion, so that he that shall eate thereof shall feele no paine being stung; the decoction of the rootes is taken to helpe the jaundise, and to expel gravell, and the stone in the raines or kidneys; the decoction of the flowers made with wine and drunke helpeth the blacke jaundise, as also the inward ulcers of the body or bowells.

"A syrupe made with the juyce of Sorrel and Fumitterie is a soveraine helpe to kill the force of those sharpe humours that cause the itch: the juyce thereof with a little Vinegar, serveth well to use outwardly for the same cause, and is also profitable for frettings and gallings of the skin in any part, and for tetters, ringwormes, &c. It helpeth also to discusse the scrophules or kernells in the throate, and the juyce gargled in the mouth helpeth the sores therein: the leaves wrapped up in a Colewort leafe, and roasted under the Embers, and applied to an hard empostume, botch, bile, or plague sore, both ripeneth and breaketh it: the juyce of Sorrell dropped into the eares of such as are hard of hearing helpeth oftentimes: the distilled water of the herbe is of much good use for all the purposes aforesaid. The lesser Wilde Sorrell, and so all the other are of the same qualitie, and are no lesse effectuall in all the diseases before spoken of.'

The *Wood Sorrell* is treated separately in the following chapter, which I accordingly quote in its entirety:—

"*Oxys, Alleluja sive Trifolium Acetosum.*

"There are two sorts of Wood Sorrell, the one familiar enough in many places of this land, the other a stranger, as farre as I can learne, and onely cherished in the gardens of those that are curious. I have, as I said, brought these two sorts from their family, where they might otherwise be ranked that is among the Trefoiles for their propertie and name also, in part.

"1. Trifolium Acetosum Vulgare, Common Wood Sorrell.—The common Wood Sorrell groweth low upon the ground without any stalke rising from it, having a number of leaves comming from the roote made of three leaves like a trefoile or three-leaved grasse, but broad at the ends, and cut in the middle, of a faint yellowish greene colour, every one standing on a big footestalke, which at their first comming up are close folded together to the stalke, but opening themselves afterwards, and are of a fine sour relish, more pleasing then many of the former Sorrells, and yielding a juyce, which will turne red when it is clarified, and maketh a most daintie cleare syrupe: among these leaves rise up divers slender weake foote stalkes, not growing above them, with every one of them a flower at the top, consisting of five small and pointed leaves starre fashion, of a white colour in most places, or in some dasht over with a shew of blush, and in some but on the backe side onely; of any other colour (although some have set downe that it beareth deepe coloured flowers) I have not seene, after the flowers are past follow small round heads, with small yellowish seede in them: the rootes are nothing but threads or small strings fastened to the end of a small long piece, all of them being of a yellowish colour not perishing every yeare, but abiding with some leaves thereon in the Winter.

2. *Oxys luteo flore.*—Wood Sorrel with yellow flowers. This Wood Sorrel shooteth forth divers slender weak reddish stalks trailing upon the ground, and taking root at the joints as they lie, spread into many branches, with many leaves on them, standing singly one above another and made of 3 leaves cut in at the ends like the former, but are much smaller and of a paler greene colour; at the joynts with the leaves come forth three or four small flowers together, at the end of a long foote stalke, yet each separate from other, consisting of small and pointed leaves like the other, but contained in smaller and longer heads like cods or hornes, yet not crooked but pointed small which quickly fall away when touched when they are ripe, and spring up againe all about where it grew; it abideth the Winter without perishing, if it be not too violent, else they will rot and perish must be new sowne againe.

The Place.—The first, as I said, groweth plentifully in many places of the land, in woods, and wood sides, where they may be moist and shadowed, and in other places that are not too much open to the sun; the other groweth in divers shadowie places about *Sevile* in *Spaine*, and in gardens at *Mompelier*.

The Time.—The first flowerth early in *Aprill* and *May*, the others after *Midsommer*, and so continueth in flower until the *Autume* colds perish it, and the seede is ripe in the meantime.

The Names.—It is generally taken to be the *Oxys* of Pliny, whereof he speaketh in his 27. Booke, and

12. Chapter, but not the *Oxytriphyllum*, although *Tragus* and *Lacuna* do so call it, because the name did somewhat agree thereto, but that it is another herbe whose sharpe pointed leaves, and not the sharpe taste caused this name, for ὀξυ the Greeke word doth signifie both sharpnesse in forme and in taste. It is called *Trifolium acetosum* of divers, which is the same in signification as I said with *Oxytriphyllum*, and of some *Panis Cuculi*, Cuckowbreade, eyther because the Cuckowes delight to feede thereon, or that it beginneth to blossome when the Cuckow beginneth to utter her voyce; it is called by the Apothecaries in their shoppes *Alleluja* and *Lujula*, the one because about that time it is in flower when *Alleluja* in antient times was wont to bee sung in the churches, the other came corruptly from *Juliola* as they of *Calabria* in *Naples* doe call it, as *Scaliger* upon *Theophrastus de causis plantarum* saith, yet it is there set downe *Alleluja*, but I think it rather should be *Lujula*. The other is called *Oxys flore luteo of Clusius*, and *Oxys lutea corniculata repens of Lobel*, and of *Bauhinus Trifolium acetosum corniculatum*. The *Italians* call it *Trifolio acetoso Pan cuculi* and *Alleluja*, the *French*, *Pain de coqu*, the *Germans Sawerklee*, the *Dutch Coeckcoezbroet*, and we in *English* Wood Sorrell, Wood Sower, Stabbewort, and Sorrell *dubois*.

The Virtues.—Wood Sorrell is cold and dry as the other Sorrells are, and serveth to all the purposes that they doe, being as effectuall if not more, espe cially in hindring the putrefaction of blood and ulcers in the mouth and body, and in cooling and tempering distempered heats and inflammations, to quench thirst, to strengthen a weake stomacke, to procure an appetite, to stay vomiting, and most singularly excellent in any contagious sicknesse or pestitentiall Feaver, the syrupe made of the juice is effectuall in all the causes aforesaid, and so is the distilled water of the herbe also: Spunges or linnen clothes wet in the juyce and applyed outwardly to any hot tumours and inflammations doth exceedingly coole and helpe them; the same juice taken into the mouth and there gargled for some time, and after spit forth and fresh taken, will wonderfully helpe a stinking, foule Canker or Ulcer therein; it is also singular good in wounds, punctures, thrusts and stabbes into the body, to stay the bleeding and to clense and heale the wounds speedily, and helpeth well also to stay any hot defluxions or catarrhes upon the Throat and Lungs."

(*To be continued.*)

"THE CANCER FOG."

AN ADDRESS DELIVERED AT THE INAUGURAL MEETING OF THE CANCER SOCIETY, JUNE 7, 1899.

By HERBERT SNOW, M.D.Lond., &c.,

Surgeon to the Cancer Hospital since 1876.

SIR CHARLES CAMERON, LADIES AND GENTLEMEN—The discerning student of history quickly observes that no important reform-movement, social, political, or religious, has ever arisen and flourished until the time was thoroughly ripe for it: and secondly, unless it was absolutely necessary So in briefly consider ing the reasons which invite the institution of this society, I have to ask in the first place whether it is really required by the community; and secondly, whether the present is a fitting period for its in auguration.

As its printed circular, on the authority of the Registrar-General, informs you, the mortality from cancer is steadily on the increase. In 1864, 8,117 people died from this source; in 1874, 11,011; in 1884, 15,198; in 1894, 21,422. In 1897, the last year for which the returns have been issued, the total was no less than 24,443 (males 9,673, females 14,870).

But of course the population has also increased; and may not these large figures be due to that fact? The supposition is disproved by calculating the ratio of deaths to each million of living persons. In 1864, this was only 385; in 1874, it had risen to 461; in 1884, to 563; in 1895, to 755; in 1896, to 764; in 1897, to 787. You will please note the steadily progressive increase of the ratio, concurrently with that of the population. This, to my mind, suffices to prove the point in question, though an attempt has beeen made with some dialectical skill to minimise its force, and to show that more people die from cancer simply because more live to an advanced age. Even if such were the case, I am unable to see the pertinence of the argument, for no cancer ever arises merely from age, and *without a definite exciting cause*. Then also it has been said that the figures are larger than in former years, because medical education has improved, and doctors are better able to recognise cancer when they see it. Even if that were so (and I, at least, can hardly regard the argument as serious), it is plain that there has been no commensurate progress in treatment. Lastly, I may fairly ask—without any reference to statistics, which often involve fallacy: "Do we not all daily more and more hear of kinsfolk and acquaintance dying on every side from cancerous maladies?"

It has further been pointed out that a large proportion of the deaths are referable to cancer in such form as, on the common consensus of opinion among all the leading surgeons of the present day, are curable radically and permanently by a surgical operation under certain given conditions. If that be true, we are confronted with one of two alternatives. Either those conditions are difficult of attainment; or else we doctors do our work very badly, and most imperfectly fulfil our functions as guardians of the public health.

Last month a leading medical magazine issued a special "Cancer Number," from which I will quote one or two extracts singularly pertinent to our present purpose:—

"*Cancer is the Darkest Africa on the map of medicine.* For all of us it has something of the gruesome fascination of a ghost story."

"There is too much individualism in scientific work, and the result is not only waste of power, but *actual loss of knowledge; which is allowed to die with its discoverer because he could not get a hearing for it or because it failed to find favour in the eyes of some superior person.*"

We could hardly find a more trenchant indictment of existing medical organisation for scientific purposes, or a more ingenuous confession that radical reforms are here greatly needed. Yet one more quotation from the same source (*The Practitioner*, April, 1899):—

"With a proper organisation of research on definite lines by a number of investigators working together to a definite end, there would be little or no leakage, and success (*i.e.*, in cancer-research) would be merely a matter of time."

Again, I would fain ask you if it be not a sign of the times, and a note of ominous warning, when we find the President of the College of Surgeons—who is regarded, and justly regarded, as a species of Pope in our profession, and who may not unfairly be described as speaking *ex cathedrâ* when he delivers the Hunterian Oration before H.R.H. the Prince of Wales—but a few weeks since pointed out the scant progress since the days of John Hunter.

Now, I greatly wish that some competent person would take the trouble to survey, purely from a

philosopher's point of view, the literature of cancer during the past century. He would easily master the special treatises. Excluding pamphlets dealing with one or two counties in a vast empire, and of the more or less scrappy order, only two works on the whole field have appeared within that period, the only two extant in our language. You will please note here the strange contrast presented by those branches of our art in which recent progress has been most marked: *e.g.*, Gynæcology, Ophthalmology, Bacteriology. In each of these he would have a whole library at his disposal. But in the medical journals he will find articles and papers innumerable, often involving laborious toil, profound thought, and continued self-sacrifice in the cause of truth.

Yet, strange to say, the truth always eludes our grasp. The philosopher of whom I speak will find everything moving perpetually round and round in a vicious circle. The great region of cancerous maladies bristles everywhere with moot points and controversial questions, some abstract, but very many, on the other hand, of the most practical and immediate import. Some one takes great pains to determine one of these, and his paper convinces not only himself but all who read it; so that we might reasonably suppose the matter settled for good and all. Yet a few years elapse; the question is found to be as undetermined as ever; and the same process is gone through over again with infinite waste of time and force. Nothing is ever settled. All sorts of views and opinions flourish, the false equally with the true. All is truly "Darkest Africa," or densest London fog.

I appeal confidently to those unprejudiced members of my own profession, whose years and acquirements place them in a position to judge, whether the picture here drawn is at all overwrought. Though seeking to avoid unnecessary technicalities before the present audience, I am constrained to quote as instancing what I mean—long-settled points yet remaining matters of dispute even among doctors—the phrases, "Constitutional Origin," "Heredity," "Bacterial Origin," "Geographical Distribution," "Cancer-houses," "Damp Soils," "Vegetarianism," "Electricity." While of the fog outside our profession, the ever-recurring paper questions about the harmless necessary tomato will suffice. Even vaccination, which surely has sins enough already to answer for, at least in the view of its opponents, is gravely proclaimed the true cause of cancer increase, by no less eminent a High Priest of Science than Alfred Russel Wallace!

From the point of view of the logician who has also some smattering of pathology, all the articles in the lay journals upon "Cancer" and 99 per cent. of those in the medical are vitiated by a radical fallacy, which brings the argument to nought. It is the custom to speak of "Cancer" as though it were a single malady; instead of a very wide group of extremely diverse diseases, linked together by a single feature; in most other particulars differing *toto cælo;* and each owning a special exciting cause apart from those which generate the rest.

Why then do these maladies, which we must perforce now discuss under the single word, loom so largely on our mortality registers? And why has Sir William MacCormac to deplore the want of progress in their treatment since John Hunter's epoch? Assuredly not for want of research and of laborious industry by the members of the medical profession; but simply by reason of the *utter absence of co-ordination and organisation.* Hitherto the force of numerous individual workers has been wasted to an enormous extent, and there has been no "Cancer-Science" worthy of the name. And it is the aim of this Society—(I ask you if it be not a grand and worthy aim?)—to create one.

In attaining that object the Society will earnestly endeavour to sink all unworthy jealousy, avoid all class prejudices, elude all side issues which would divert it from its goal. I am informed that not a few persons who received the printed circular seemed to regard this as involving a reflection upon medical practitioners, who are presumed guilty of not doing their level best to grapple with a universal foe, sparing no ranks of society, though most cruelly gripping in its claws the poor and already suffering.

I am assured that nothing could be more remote from the views with which the movement was set on foot, and which the circular aptly expresses. It is hoped to gain the cordial co-operation of the more able and enlightened medical men, of all classes and ranks within their profession in this great reform movement. So by means of their wisdom, zeal and experience, under the magic spell of judicious organisation, and concentration of those scattered efforts which the authority above cited tells us are now wasted solely for want thereof, the Society desires to work. It will sedulously shun conflict with the legitimate authority and opinion of the medical profession at large. It will but seek to strengthen the hands of the members throughout the world, of that profession, and in a quarter where they themselves universally confess the utmost weakness. Of such a spirit and intention the presence on the Committee of Mr. George Brown, elected Representative on the Medical Council of all the doctors throughout England and Wales, may be taken as evidence.

Another objection raised concerns possible experiments on the lower animals. It is intended, I am told, to constitute a "Ladies' Committee," which, while supervising the numerous future details of a scheme unhappily most pertinent to their sex, will necessarily also preclude even the bare suspicion of cruelty to our less evolved friends and kinsfolk.

As aptly typical of that truly scientific spirit which will, God-willing, dominate the Society's counsels, you will note the name of the Rev. Dr. Dallinger, so famous in the annals of microscropical research.

The reign of our beloved Queen will for ever stand pre-eminent in the world's history for two great points among many lesser.

First: Man's remarkable progress in physical science and increased control over the forces of Nature.

Secondly: His conspicuous "social evolution" in humanity.

We note the closing century on all sides marked by the association of bodies of men for beneficent and humane purposes; and it is a phenomenon of good augury for the ship of state that so keen and discerning an interest in those schemes is evinced by the Heir-Apparent. I earnestly hope that the few and fragmentary remarks time permits me now to make will tend to indicate that the present movement is second to few thereof, in sincere intention, in practical beneficence, in width of scope, in fulfilment of public need. That the seed now planted will thrive apace and grow vigorously to a huge tree is hardly open to doubt; and though some of its fruits will appear in our day, those most fully ripened can be witnessed only by future generations. Slightly altering the words of the great fable, "Some men have climbed on those mountains: circle above circle of bare rock they have scaled; and wandering there, have chanced to pick up on the ground one white silver feather dropped from the wing of Truth. And it shall come to pass that when enough of those silver feathers shall have been gathered by the hands of men, and shall have been woven into a cord, and the cord into a net—in that net the Truth shall indeed be captured."

If it be held that the man who makes two blades of grass grow where but one was seen before has

done more to please the Deity than he who says ten thousand prayers, what will be the meed of those who to-day succeed in founding a new Science for vigorous battle with the most agonising scourge of our race? We may not gain the victory, but surely it is our bounden duty to fight for it, and to fight our hardest.

A NOTE ON THE EMPLOYMENT OF EUROPHEN IN RHINOLOGY AND LARYNGOLOGY,

By EUGENE S. YONGE, M.D.,
Hon. Surgeon to the Chorlton-on-Medlock Hospital, Manchester.

EUROPHEN (iso-butyl-ortho-cresyl-iodide) is a substitute for iodoform which may be employed with advantage in all those cases which are suitable for the older remedy. But a salient advantage is its freedom from the peculiar odour of iodoform; moreover, its lightness is such, that a given weight, as compared with iodoform, will cover a surface five times the area of the latter substance. (1) Europhen is apparently non-poisonous, and clings tenaciously to secreting surfaces, liberating iodine—of which it contains 28 per cent.—in the process. I have employed it with success in rhinology and laryngology; and it is in these departments of medical practice that the æsthetic objections to iodoform are most apparent. The faint saffron-like odour of europhen has not been objected to, and its lightness, tenacity, and antiseptic powers render it of very considerable clinical value. The drug has proved satisfactory in minor operations about the nose and throat, and healing has in every case been satisfactorily consummated.

Europhen has acted with specially good effect as an antiseptic and detergent snuff after the removal of nasal polypi. I am not prepared to say, with my present experience of the subject, that in cases of ozæna it is superior to the other drugs in vogue in the treatment of that disease; but Chappel (*b*) has obtained most encouraging results in such cases. Out of a total of fifteen patients treated, three were cured, whilst the others were much more benefited by this substance than by other remedies.

In a case of hypersecretory rhinitis, under my care, europhen acted more favourably than any other drug or method, and this is in accord with the experience of Petersen. (*c*)

Case of M. M., æt. 16, female.—Post-nasal adenoids, enlarged tonsils and considerable hypertrophy of the inferior turbinates, which were in a more or less constant state of hyper-secretion. The patient was constantly expelling muco-purulent secretion from the nose and suffered great discomfort on account of the accumulation of this fluid. The adenoids and tonsils were removed, and the inferior turbinal freely incised with the galvano-cautery. As a result of this procedure, some improvement of the nasal respiration accrued, but the hyper-secretion was not diminished. Numerous astringent and antiseptic applications were applied at various times to the intra-nasal mucous membrane, without much success. Europhen, however, rapidly and decidedly diminished the muco-purulent exudation and reduced the amount, within ten days, by about half. The drug was blown into the cleansed nostrils by means of a quill, and applications were made twice daily as long as was necessary. In the treatment of tuberculous ulcerations of the larynx and pharynx europhen proved a valuable substitute for iodoform. Under the influence of regular applications, the loss of tissue assumed the appearance of a healing ulcer and steadily decreased in size.

Case of A. K., æt. 24, male.—Phthisis pulmonalis et laryngeal. Tuberculous ulcer the size of a shilling on posterior wall of pharynx. The ulcer was cleansed twice daily with an alkaline spray, and europhen in powder was then sucked into the pharynx through a tube. At the end of a week the ulcer was appreciably smaller, had taken on a healthy appearance, and was less painful. Although at the time of the last observation the ulcer had not disappeared, it was still continuing to heal up.

For the local medication of syphilitic ulcerations of the nose europhen appears more effective than such similar preparations as iodoform, iodine-glycerine, &c.

The principal points in favour of the employment of europhen in laryngology and rhinology appears to be (a) its apparent innocuousness, (b) its lightness and tenacity, (c) the absence of disagreeable odour, and (d) its marked antiseptic powers. No by-effects of any kind have ever been noted in any of my cases.

(*a*) "Medical Annual," 1899. (*b*) Chapell: *Medical Record*, April, 1892. (*c*) Petersen: *Munch. Med. Woch.*, No. 30, 1891.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, JUNE 8TH, 1899.

The President, Dr. MACNAUGHTON-JONES, in the chair.

DECIDUOMA MALIGNUM.

DR. F. W. N. HAULTAIN (Edinburgh) showed a specimen of this growth, together with microscopic sections, and gave a lantern demonstration of micro-photographs, which will be found in another column among "Original Communications."

The PRESIDENT said that the demonstration and excellent illustrations of Dr. Haultain elucidated one of the most vexed questions in gynæcology, on which authorities were not yet agreed. The most recent view appeared to be that it must be regarded as a malignant chorio-epithelioma, the typical or atypical nature of which depended upon the character of the chorionic epithelium, and its remaining in its form of early pregnancy, its alliance to other malignant tumours being dependent upon transitional conditions. Personally, he believed in deciduoma malignum as a distinctly malignant tumour, characterised by typical etiological, pathological, and clinical features, and this was the view generally held on the Continent. He had not met with a case in his own practice. The characteristic specimen which he had shown at the Society was one that he had seen removed by Professor Martin, in Berlin.

Dr. EDEN said he thought there was grave doubt whether all the ninety-one cases which had been recorded as cases of deciduoma malignum could bear close examination. The fact was that this new and fascinating pathological theory had aroused the keenest interest in Germany, and there had been some extravagance resulting from the general enthusiasm. This extravagance was evident in a case recorded by Schmore, in which a malignant vaginal tumour was described as deciduoma malignum arising from inoculation of a vaginal wound with placental tissue, no uterine growth whatever being discovered. But there was evidence that opinion in Germany was becoming steadier. In the last volume of Veit's Handbook on "Gynæcologie" the editor expressed his conviction that the chorionic theory was untenable, and that the disease was in reality sarcoma modified by the occurrence of pregnancy. With this view he was personally in full agreement. With regard to Dr. Haultain's case, Dr. Haultain himself admitted that the growth possessed the broad characteristic of a sarcoma. The only structures in it which were peculiar were the large bands and loops of nucleated protoplasm; the other features might occur in any rapidly growing sarcoma. But from the presence of these structures to the theory of deciduoma malignum was too wide a step for the pathological theorist. The relation of the villi to the growth might be equally well explained by the assumption that these were retained, and that the disease subsequently invaded the part of the uterine wall where they were situated. In scientific questions the simplest explanation should always be adopted in preference to the more complex ones, and the chorionic theory of deciduoma malignum formed so novel a departure from established pathological principles that we were justified

in asking for much more conclusive evidence in its favour than had yet been advanced.

Dr. HERBERT SNOW said that the eloquent exposition of Dr. Haultain must not blind them to the complexity of the subject. The question was whether a deciduoma malignum was a quite different kind of thing to any other malignant tumour. They had the broad clinical fact that malignant disease could follow pregnancy, especially in the cervix; but this fact did not require a special nomenclature. Was deciduoma malignum actually more than a name? The fallacies of microscopical examination must be remembered. He could not help thinking that some of Dr. Haultain's explanations of the appearances were a little idealistic. Probably some of the cases described as deciduoma malignum were not malignant at all.

Dr. WILLIAM DUNCAN observed that they had all learned something, and the pains that Dr. Haultain had taken to make the demonstration clear deserved all credit. But he thought that they should deprecate making a special pathology for diseases of the uterus; this had kept gynæcology back many times in the past. Thus he had heard of a corroding ulcer of the os uteri, said to be quite different from any other kind of ulcer found in the body; it was really either malignant disease or tuberculosis. All the cases he had seen described appeared to him to be nothing more than sarcoma coming on in a pregnant uterus, and he hoped that the name "deciduoma malignum" would soon disappear.

Dr. HAULTAIN, in reply, thanked the Society for the attention they had given to his demonstration. He knew, of course, that it was a vexed question. The first point to decide was, what was a sarcoma cell? On looking at a single cell they could not say whether it was a sarcoma or an epithelioma. And the difficulty was increased by the fact that the cells from which deciduoma malignum arose were embryonic, and were not found in adult life. He also hoped that the term "deciduoma malignum," which was a bad one, would be given up, but "sarcoma" was even worse, and he should like to see the name "chorio-epithelioma" adopted.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD TUESDAY, JUNE 20TH, 1899.

Chairman, Dr. BERRY.

DR. ENRICH gave a microscopical demonstration of a series of tuberculous tumours, which had been removed under the supposition that they were of a cancerous nature. They were from the penis, scrotum, labium majus, and skin. He also showed specimens:—(1) Secondary carcinoma of heart; (2) the supra renal bodies from two cases of Addison's disease.

Dr. ANGUS brought forward a case of

ERYSIPELATOUS ANTHRAX.

John W., æt. 27, a wool sorter, had been working among Persian wools. On April 28th, he noticed, while at work, an itching pimple on his left shoulder. On the night of May 1st he felt ill, shivered and vomited; the illness continued, and on May 3rd he was seen by Dr. Angus. Condition: Temperature in axilla 100°, pulse 120, weak. On the anterior aspect of the left shoulder was a semicircular patch, 3 ins. diameter, of blistered and reddened skin, surrounded by subcutaneous ecchymosis. The skin over the front of the chest was reddened and œdematous, while over the right side of the chest and on both sides of the neck and face there was œdema, but no redness. Heart and lungs normal. On May 4th, temperature 99·4 in axilla, and 100·6 in rectum, pulse not perceptible at wrist. The reddened patch increased in size; there was slight œdema of the left arm, left scapular region and the upper part of the abdomen. On May 5th temperature in mouth 97·4, the whole of the front of the abdomen was œdematous, the hands and feet were cold. Patient died at 11 p.m.;

Necropsy. — Across the front of the chest and neck the skin was of a dark purple colour, swollen and crepitant on pressure. The subcutaneous veins showed a dark purple through the skin. Much clear fluid escaped when the tissues were incised. The retro-sternal cellular tissue was emphysematous. The right pleura contained about half a pint of fluid. The pericardium showed subserous extravasation of blood, and contained 2 ozs. of fluid. The endocardium and endothelium of the aorta were deeply stained. There were patches of extravasation on the peritoneal covering of the intestines. The spleen was soft but not enlarged. Cultivations of the bacillus anthracis were obtained from the pericardial fluid. Photographs of the case were shown.

Dr. RABAGLIATI read notes on a case of

ŒDEMATOUS ANTHRAX.

The patient was a man, æt. 47. The illness was only of five days' duration, and the symptoms consisted in swelling of the upper and lower lips, and subsequently of the penis and scrotum. There was no rise of temperature or of the pulse rate. On one day only there was slight shivering. The patient recovered.

Dr. J. H. BELL read notes on a series of cases of "Anthrax," of the œdematous and erysipelatous varieties. He stated that although described as occurring on the Continent, such cases had not been previously described in this country.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, July 2nd, 1899.

CONGENITAL PHYMOSIS.

THE operation for congenital phymosis, although of simple and easy execution, can produce certain troublesome consequences as regards the sexual functions in rendering, for instance, erection painful by the traction exercised by the skin of the penis on the circular cicatrix, or by maintaining the glans curved at the moment of erection by the presence of the cicatricial tissue at the seat of the wound resulting from the section of the frænum. In order to avoid these accidents, perfect reunion should be ensured of the skin with the epithelial surface, and the surgeon should operate so that the glans, far from being deprived completely of the foreskin, should be surrounded with a small collar of tegument, so as to permit extension. According to Prof. Pousson, of Bordeaux, this object can be obtained by a combination of means, among which artificial ischemia, obtained by Esmarch's method, plays the most important *role* as facilitating the apposition of the mucous membrane to the skin at the point of section. After having chloroformed the child, disinfected the parts, and destroyed with the cannula the possible existence of adherences between the mucus of the prepuce and that of the glans, Professor Pousson places at the root of the penis an elastic band, ensuring by this means a bloodless operation. He then introduces two self-acting forceps to within a quarter of an inch of the groove, one in front, the other behind, preventing thus the two layers of the prepuce from gliding one over the other. By drawing on the forceps, the prepuce is brought forward, while the glans is pushed behind, and between the forceps and the glans a fenestrated clamp of Ricord is applied. Immediately behind this instrument 8 or 12 threads are passed and finally the prepuce is cut with a bistoury introduced into the slit of Ricord's clamp. The glans is thus exposed with the sutures lying across it; these are cut in the middle and tied. The operation being terminated, the elastic band is withdrawn, and the hæmorrhage resulting from congestion is

arrested by irrigation with a hot antiseptic solution, while the wound is covered by a paste composed of salol, iodoform, and gum adjuvant. The sutures are removed on the fourth or sixth day.

Professor Pousson says that he never had observed hæmorrhage of any account by this method, and only once or twice did he remark that chronic œdema so frequent at the point of section of the prepuce.

CERVICAL ABSCESS.

M. Hirtz communicated to the meeting of the Société Médicale, the case of a man of 21, mason, without any hereditary antecedents, who received in the month of January violent blows of a stick on the head, but without causing any apparent lesion. However, a few days after he complained of violent pain in the head and vomiting. A month subsequently the patient was seized with paralysis of the right arm, and finally with Jacksonian epilepsy.

In presence of these troubles the trepan was applied over the fissure of Rolando on the left side, and the dura mater incised. The subjacent portion of the brain was found to be particularly prominent, and the needle of a subcutaneous syringe was introduced, giving issue to a drop of greenish pus. It was evident the case was one of sub-cortical abscess, and it was incised accordingly, emptied and drained. The patient made a good recovery, the epileptic attacks disappeared, and the arm recovered its functions at the end of three months.

PRINCESS AND DOCTORESS.

Princes who have acquired, says the *Chronique Médicale*, the title of Doctor of Medicine, are not absolutely rare, but with princesses it is almost unique, and if some of these exalted persons study anatomy and medicine as amateurs, very few assuredly would be capable of writing a memoir like that published by the *Revue Medicale Suisse*, and signed Princess Guédroytz de Béloséroff. This memoir made at the surgical clinic of Prof. Roux, of Lausanne, is very remarkable, it being well documented and profusely illustrated. The choice of the subject, however, seems to us rather singular, as the author, though Princess and a doctress, is a woman. The following is the title of the memoir, "Excision of the seminal vesicle and of the vas deferens in case of castration for primary tuberculosis."

THE CENTENARY OF THE METRIC SYSTEM.

On the "fourth Messidor. an. vii."—otherwise the 22nd of June, 1799—the Corps Legislatif of France adopted and authorised the use of the metric system. The Paris Inspector of Weights and Measures has signalised the occasion by issuing a circular to all pharmacists directing them to adopt the metric system without delay and to cease from using the old measures.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, July 1st, 1899.

AT the Society for Innere Medizin Hr. Stadelmann introduced the subject of

SPORADIC OR EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Four kinds of acute meningitis were distinguished:—Meningitis purulenta, meningitis cerebro-spinalis epidemica, meningitis tuberculosa, and meningitis serosa. All, with the exception of the last, were ætiologically attributable to bacteria, meningitis purulenta, to a number of organisms, the pneumococcus Fraenkel, the typhoid bacillus, the bacillus coli, &c., and lastly to a bacillus discovered by the speaker, which appeared as thick rods. A brewer's drayman had been injured by a case of bottles falling on his head. He was not confined to bed but kept on with his work. Three weeks later he had to give up his work for a day, and sixteen days later he was attacked with violent catarrhal symptoms, rigors, vomiting, headache, twitching of the limbs, backache, fulness about the head, and slowing of the pulse to 56 beats per minute. Four days later he was admitted into hospital. His history was good. There was great irregularity of the pulse, high temperature (39-6 C.), stiffneck, violent headache, no affection of sense, no hyperæsthesias. With the exception of enlargement of the spleen all the internal organs were sound. On lumbar puncture, a very thick, almost purulent fluid was withdrawn under a pressure of 370 mm. It contained albumen and sugar in larger quantities than normal, 55 ccm. were removed. Morphia had to be given as the patient became worse, and for restlessness. Three days later lumbar puncture was again performed, pressure 250 mm., the fluid similar to that previously drawn off, 15 ccm. were removed. No improvement followed, dulness increased followed by delirium, hyperæsthesia of the extremities, irregular breathing, converging strabismus and general twitchings. Food was refused, the evacuations were passed under the patient. Seven days afterwards lumbar puncture was again performed, this time under a pressure of 300 mm., and 15 ccm. of fluid were removed. The condition now improved, the intellect became clearer, but the temperature again rose, and all the symptoms became worse, extreme apathy came on, the breathing became very irregular, cyanosis appeared and nystagmus. Then the condition again improved, this time decidedly. Three days later lumbar puncture was performed for the fourth time under a pressure of 320 mm. The fluid withdrawn was clearer, contained no increased albumen; 5 ccm. were removed. Lasting reconvalescence now set in with enormous appetite. He increased in weight, and in three weeks was discharged.

On examination of the fluid removed no bacteria were found, and the inoculation tubes were at first sterile. In eight days, however, cultures developed, pure cultivation of thick, very mobile roots, with whips, clubbed ends of polymorphic form not stainable by Gram's method. The cultures on agar presented round, clear colonies, the bacteria were facultatively amœbic. The growth began after three days, grape sugar was not split up. The mobility of the bacilli was very active in the bouillon culture. Milk was uot curdled by them Inoculation experiments on animals and injection into the dural sac gave no indubitable results. Ætiologically the disease was attributable to the bacillus, which was not present in the nasal secretions. The bacterium was new, and hitherto undescribed, its long latency was especially striking. The cause of the happy result, undoubtedly lies in the robust constitution of the patient, and in the possibly slight virulence of the germ. The lumbar puncture did not contribute to the success, it was only of diagnostic importance.

As regarded epidemic cerebro-spinal meningitis, either the meningococcus intracellularis Weichselbaum, or

Fraenkel's pneumococcus could cause it. It was a disease for notification, but a diagnosis could not be made until one or the other micro-organism was discovered. He had not notified his case, as neither of their organisms was present.

Heubner had never found the meningococcus except in epidemic cerebro-spinal meningitis. Occasionally he had found cocci morphologically similar, so that he was inclined to the hypothesis of Stadelmann, that the meningococcus belonged to a large group. Even in diphtheria people had accepted various micro-organism as pathogenic, but later on they had agreed that the offending organism was Loeffler's bacillus. It might be the same with epidemic cerebro-spinal meningitis.

Hr. Kronig had in one case seen pure cultivations of meningococcus cellularis with staphylococcus aureus, the presence of the latter being probably due to furunculosis, from which the patient was suffering. In another case he found the meningococcus, in company with Fraenkel's pneumococcus; he had also found the latter in lumbar puncture fluid in phthisical cases. It was known that this could be injected into the dural sac without causing any mischief. In several cases of suppurative meningitis he had found Fraenkel's pneumococcus twice, and in others the meningococcus. He did not consider even the latter the specific excitor of epidemic cerebro-spinal meningitis, for it could also be caused by the pneumococcus.

Hr. Jacob from his experimental investigations held that there was a certain specific relationship between the meningococcus and the epidemic disease. Other highly virulent cocci could not set it up.

Hr. A. Fraenkel had found the meningococcus in a case where injury had been suffered. It was to be assumed that the bacteria were already present, and that they had wandered into the arachnoidal canal as a result of the trauma. One case of colotyphus presented the clinical features of epidemic cerebro-spinal meningitis, but of course no bacilli (Weichselbaum) were found. He related a third case, actually one of syphilitic meningomyelitis in which on lumbar puncture being made, the pressure was only 2 mm. The cerebral membranes were attached to the foramen magnum so that the communication was closed between the ventricular cavities and the arachnoidal sac—hence the low pressure. The ventricles were dilated to the maximum.

Hr. Krönig remarked that minimal intra-spinal pressure was nothing new. In such cases the upper part was always shut off, and that this was so, could always be concluded, from the pulse oscillations. If these pulse oscillations were absent the communication between the cerebral and spinal cavities was closed.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 30th, 1899.

STENOSIS OF THE TRACHEA.

AT the Gesellschaft der Aertze, Harmer exhibited a male patient, æt. 24, on whom he had successfully operated for stenosis of the trachea. It appears from the history that this young man had croup when he was five years of age, for which tracheotomy was performed, but for some reason not yet explained the canula was never removed, which gave rise to a large cicatrix so that at the age of 16 the whole pharynx and vocal cords were involved in a thick, hard belt of fibrous tissue.

According to our plastic dicta two operations are given for the correction of this distortion on the aerial tract—viz., (*a*) that long wearisome endo-laryngeal process of distending the passage by means of a tube; (*b*) extra-laryngeal operation by means of re-opening the cicatrix and guiding the union, or what is more recently performed cutting out the cicatrix altogether and so promote union of the healthy edges of the tracheal wall.

Harmer selected a modification of the latter method by making an opening into the larynx in which he left thick threads of silk as drains. Later he applied a Schornstein cannula and dismissed the patient from hospital with it in, and it was removed a few months later. The edges of the wound were finally pared and freshened for reunion, which took place soon after with excellent results. Before the operation the man was unable to converse with his fellow inmates unless by signals or movement of the lips, whereas now he can speak with a loud voice, though a little rough, which may yet improve. With the assistance of the laryngoscope the vocal cords are shown to be quite normal with a good wide larynx.

RONTGEN RAYS AND SKIN AFFECTIONS.

Schiff demonstrated a patient who had suffered from sycosis, chronic eczema, and blepharitis after treatment with the Röntgen rays.

For the sake of contrast, and to prove the virtue of the rays, one side of the patient had only been treated, leaving the other half in its original condition. After ten sittings all the hair had fallen out of the sycosed portion, and the ezcematous eruption had immensely improved, while the blepharitis had been quite healed, though the cilia, which had fallen out under the action of the rays, were absent.

TONOMETER.

Gärtner next showed an instrument to the society which he has lately improved for taking more exact records of blood-pressure in morbid states of the body.

In the criticism that followed this demonstration Federn put a few questions concerning its practicability, among which he asked if he could confidently, say for the general weal of the profession, that the blood pressure was decidedly reduced in neurasthenia. Gartner replied by saying that blood pressure *was not lowered* in neurasthenia in the cases he had examined.

CELLULOID IMPLANTATION FOR OSSEOUS DEFECTS.

Weinlechner, in his record of surgical cases, told the Society that celluloid was an excellent substitute for bone, being easily disinfected, free from absorption, and plastic when warm. In cranial openings it was indispensable, and in many cases prevented Jackson's epilepsy, though not in every case, as some would allege. There is another use recently practised in the coaptation of nerves where the plates are furnished with cannulæ or small tubules for the reunion of nerves, these are useful in resections.

Weinlechner added that he had practised another use of this celluloid in cases of resecting elbow-joints where it is often desirable and necessary to obtain pseudo-arthrosis. In such cases he places a plate of celluloid between the resected bones and prevents their union. He next illustrated his paper by examples. The first was a locksmith, æt. 28, who had received a blow from a hammer on the right temple, causing a large

swelling, which was finally removed and found by microscopic examination to be a tuberculum. Owing to epileptiform attacks after removal, Weinlechner laid the cerebrum bare over a wide area, which he covered with celluloid to prevent union of the dura mater. After eight months the epileptic fits disappeared.

The second case was a similar injury with hernia of the cerebral contents, in which a celluloid plate acted as an osteoplastic barrier.

The third had been a fungoid growth of the elbow-joint, for which he had resected and applied a celluloid plate between the bones to prevent union. The patient could make a wide excursion with the arm with great freedom about the joint.

The fourth and fifth cases were operations for neuralgia of the infra-maxillary and infra-orbital nerves, where resection and avulsion had been tried in vain. A celluloid plate was applied before the ligament in the former, and a celluloid wedge driven into the foramen ovale for the latter.

Continental Health Resorts.

[FROM OUR SPECIAL CORRESPONDENT.]

MONT-DORE (PUY-DE-DOME, FRANCE).

The thermal establishment at Mont-Dore (recently reconstructed on the plans of Monsieur Emile Camut) belongs to the department of Puy-de-Dôme. It contains very complete hydrotherapeutic appliances, of the most modern and approved character, and very systematically arranged. The two separate buildings are connected by a bridge, and two handsome staircases lead to the upper floor. The building is set apart for treatment by vapour, containing rooms for inhalations and pulverisations. The other building contains the springs and baths, and has been re-arranged in recent years at a cost of £120,000. It has numerous galleries for baths, douches, inhalations, pulverisations, nasal-douches, foot-baths, and hydropathic treatment generally. In the upper story is a large central hall, with a roof supported by eight fine columns of polished Vosges granite, each column twenty-seven feet in height, and cut from a single block. The galleries are artistically decorated with antique statues, pillars, votive-tablets, and other objects rescued from the Gallo-Roman ruins. The establishment itself is erected at *l'Angle*, at the foot of a mountain, on the spot where the Celtic and Roman remains were situated; and it is over the springs themselves, so that the waters lose neither their heat nor efficacy by distance.

The waters are administered in four principal methods: drinking, inhalations, douches, and baths. They are drank in various doses of half a glass to four glasses daily, and are most effectual taken in the mornings, fasting. Almost invariably they create appetite; sometimes causing diarrhœa, and occasionally constipation. The kidney secretion is almost always speedily increased, and the secretions from the mucous membrane of the larynx and trachea sensibly modified. The aspiration of the vapours of the Mont-Dore mineral waters is a mode of application growing in favour among the local physicians, especially in cases where the invalids are too weak for bathing or drinking. Patients remain in rooms filled by steam (produced by peculiar engines) and heated from 82 degs. to 89 degs. Fahrenheit for twenty minutes to one hour, as prescribed in each individual case. (The air of these vapour-rooms is renewed by powerful ventilators, and thus perfectly purified. Vapour thus introduced is found to soothe the irritation of the respiratory mucous membrane, and to reduce congestion of the lungs; preparing the way for other and special treatment for asthma, bronchitis, and phthisis. It is also found a preventive of hæmoptysis, which sometimes succeeds a course of sulphurous waters.

The inhalation of the vapours of the Mont-Dore waters, and of the waters pulverised into fine sprays have a very sedative effect upon the mucuous membranes, and a most remarkable effect upon granular sore throats. The douches are given in jets and showers, local or general, and produce especially a stimulation of the circulatory system. Nasal douches and irrigations of ten or twelve minutes' duration are found useful in diseases of the nose, chronic coryza, ozæna, ulcerations, &c. Vapour douches are employed for chronic catarrhs, sciatic and intercostal troubles, rheumatism, and wherever it is desirable to produce revulsive action of the skin. Garglings with the mineral waters at various temperatures are prescribed for affections of the throat, pharyngitis, and laryngitis.

A peculiar feature of the Mont-Dore establishment is the special hot baths in the *Pavillon*, built immediately over the actual springs. They are taken as half and one-third baths, the water running through them varying from 108 degs. to 109 degs. Fah. These baths are the most active of all the treatments given at Mont-Dore, speedily producing marked effects. The bather's skin becomes red, his pulse gains greatly in rapidity and strength, his respiration quickens, and he perspires most freely. In ten minutes his skin moistens and softens notably to the touch, and his breathing equally increases. Dr. Bertrand attached much importance to the diaphoretic action of the *Pavillon* baths. To the looker-on the foot-baths are, however, the most amusing part of Mont-Dore treatment, as mentioned in a former letter, in my "Notes on an August Holiday in Old Auvergne," it is one of the unique sensations of the district.

The establishment is open from June 1st to September 30th. The treatment customarily continues from fifteen to twenty-one days, and the most favourable times are considered to be the *second* fortnight in June, and the *first* fortnight of August. When the atmosphere is *heavy* and strongly *electrical*, the excitability of the patients may increase, attended with sleeplessness and gastric derangements; in these instances the treatment is suspended for some days, otherwise it continues daily and consecutively. The regimen varies according to the peculiarities of each case; stimulating food, rich sauces, and spiced meats are forbidden; otherwise (except in special instances) no fixed rules of diet are observed.

The "cure" at Mont-Dore operates as a tonic generally. Usually it is strongly sedative; the pulse quietening; sleep becoming more regular, and congestions ceasing. Appetite increases, digestion improves, baccilli disappear, the skin recovers its normal nature, and there is a general recovery of strength and health.

But, naturally, the age, sex, temperament, constitution, hereditary symptoms, and other incidents of each patient must ever be considered. These indicate the proper method of administering and applying the waters, and upon this method depends much, for the waters,

according to the care and the mode of application, may increase instead of lessening congestions, and may become exciting instead of sedative. It cannot be too frequently impressed upon invalids seeking relief at Continental Health Stations that to obtain the desired results able and locally-experienced medical advice and supervision are intrinsically important, for the different waters affect different people in different ways. Hence the necessity of an experienced physician's guidance during the "cure." At Mont-Dore are a number of such physicians, speaking various languages. The English resident physician, Dr. E. Emond, who is well known in London, is a member of several English, French, and Spanish medical societies, and has had many years successful practice at Mont-Dore.

The Operating Theatres.

WESTMINSTER HOSPITAL.

Acute Mastoid Abscess. Perforation in the Posterior Portion of the Mastoid (Bezold's).—Mr. de Santi operated on a man, æt. about 47, who had been admitted under him with acute mastoid abscess. The history was that the patient had had an attack of facial erysipelas, after which he had profuse fœtid discharge from the ear; this was followed by the formation of a large deep-seated cervical abscess extending from the mastoid process to the level of the thyroid cartilage. There was a large sloughing mass in the external auditory meatus. The patient had a high temperature and looked very ill. After the administration of an anæsthetic an incision was made over the mastoid extending right down to the abscess, which was found to be underneath the deep cervical fascia, and from which a large quantity of pus was let out. The mastoid antrum was opened in the usual way and the pus evacuated from it. On careful examination perforation of the mastoid bone was found in its deep or posterior aspect, and this perforation communicated with the abscess cavity in the neck (Bezold's perforation). The whole of the parts were then thoroughly dried and drained. Mr. de Santi said that Bezold's perforation was an uncommon condition to find, but he considered that it was most important for the surgeon to bear in mind that such a complication might occur, for unless the mastoid bone itself were operated on in such cases, the deep seated cervical abscess which resulted from the perforation would not heal.

The patient did very well till three weeks later, when he got a sudden attack of cutaneous erysipelas on the other side of the face; this caused serious constitutional symptoms, and profuse suppuration from the old abscess cavity. The case was treated with antistreptococcic serum by the house physician, Dr. Bond, and the patient made an excellent recovery.

GREAT NORTHERN HOSPITAL.

Ruptured Tubal Pregnancy.—Mr. Peyton Beale operated on a woman, æt. about 30, who had been admitted with the following history: She had been quite well until three days previously, the last menstrual period having been completed about one week before. On lifting a chair she stated that she felt something give way in her right side. This was followed by a sharp pain, which passed off in the course of a few hours. She was seen by a medical man on the following day, and was then becoming rather collapsed, the abdomen getting distended, and the pulse feeble and quick. On the next day she was sent to the hospital, when her condition was as follows: Abdomen enormously distended, tympanitic in front, quite dull in both flanks, face and skin very pale, pulse hardly perceptible and very rapid, gasping respiration, and she appeared as if dying. The abdomen was immediately opened in the middle line, and was found quite full of very dark blood clot; this was rapidly pulled away, and the abdomen repeatedly flushed out with hot sterile water; it was then seen that there was a small rent in the right Fallopian tube, which last, however, was not larger than normal. The tube was rapidly ligatured on each side of the rent, and the intervening portion removed The abdominal wound was closed in the usual manner, a small aperture being left above, through which a glass funnel was inserted and hot salt solution was poured in, the air being allowed to escape by the side of the funnel. Salt solution was poured in until the abdomen was as distended as it was prior to operation; stitches were then inserted on each side of the funnel, so that when it was withdrawn very little fluid escaped. The whole operation only lasted ten minutes, and no anæsthetic was administered after the primary skin incision. Mr. Beale said the case was of interest: First, on account of the very slight injury which had apparently caused the rupture of the tube, it was difficult, he thought to believe that pregnancy could only have been of one week's duration, but in cases of tubal pregnancy menstruation commonly persists. Secondly: On account of the large amount of saline solution which was injected and which it might be said was absorbed within one hour, so that one hour after operation the patient had full pulse. There seems, he remarked, to be no reason why the quantity of saline solution injected should not equal the quantity of blood effused, and he stated that he would be prepared in a similar case to inject still more by forcing a funnel between two of the stitches if necessary after the first lot had been absorbed; indeed, he considered that in cases of hæmorrhage from any part of the body, hot saline solution should be forced into the peritoneal cavity, as it could be so rapidly done through a cannula and was so quickly absorbed. The ovary was not removed, he said, because it would have involved the application of more than one ligature, and time was of the greatest importance if the patient's life were to be saved, and he thought that in such a case nothing but that which was absolutely necessary at the time should be attempted.

The woman made an uninterrupted recovery.

A New "Food" Hospital.

At the ordinary general meeting, held last week, of the shareholders of "Mellin's Food Company, Limited," the chairman took occasion to remark that Mr. Mellin had established a new children's hospital, in which the inmates would be reared on the food bearing his name, which "he believed would have a great effect on the medical profession." By this admission the public would naturally conclude that the medical profession was against Mellin's Food for infants, and that it needed the practical demonstration of a new hospital to convince it of its unwisdom. If this is the opinion held by the chairman, we would like to point out to him his mistake, the profession as a whole has always considered "Mellins'" to be an admirable food for infants, prepared on a sound and scientific basis.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 5, 1899.

COVENTRY AND ITS MEDICAL CLUBS.

FOR some years past the so-called "Battle of the Clubs" has been actively waged in the busy manufacturing town of Coventry. So far back as 1892 it was publicly stated by the chairman of the Provident Dispensary of the town that out of a population of 52, no less than 25,000 or 26,000 belonged to the organisation in question. Since that date we understand that no returns have been published, but it may be safely assumed that any change in numbers will have been in the direction of increase in an institution that admits all comers without question of income. Within the last few days we have been informed upon what we believe to be good authority that persons whose income amounts in some cases to a thousand a year are, nevertheless, on the books of the Provident Dispensary, and thus secure for themselves medical attendance and medicine at the paltry and miserable pittance of one penny per week. Upon such evidence as this, if established, any system would stand self-condemned. Unfortunately, there is no need to hesitate in accepting the statement as to the membership of unfit persons, because the published facts of the case bear out the charge in every particular. In July, 1897, for instance, the report of the Ethical Committee of the Birmingham and Midland Counties' Branch of the British Medical Association appeared in the official organ of the Association. After a full and exhaustive inquiry it showed that the medical staff received a sum varying from 1s. 1d. to 1s. 4d. per head out of the annual payment of 4s. 4d. by each member; that the staff was wholly under the control of a lay committee, and were not permitted to consult with any medical man outside their own ranks; that canvassing for members was carried on, and that the medical profession was exploited by the dispensary with a view of making a pecuniary gain out of their services. In September, 1897, the Provident Committee rejected with one exception the specific request of the medical staff for the following additions and alterations to existing rules:—(1) a wage limit; (2) the cancelling of the rule requiring the appointment of a new Medical Officer when the aggregate salaries of the staff should equal an average of £350 respectively; (3) all the members of the staff to sit on the committee instead of only two; and (4) children's subscriptions to be raised. The fourth recommendation was the only one adopted in its entirety, but the sum mentioned in the second clause was raised from £350 to £400. In commenting upon these proceedings the members of the staff were pointedly advised by all the leading medical journals to resign their appointments. Last summer, at Edinburgh, a further important stage of the affair was notified in the following announcement:—"That after a prolonged and careful inquiry, the Council of the British Medical Association is of opinion that the members of the Coventry Provident Dispensary staff are continuing a system of medical relief which is incompatible with the best interests of the profession, and hurtful to their professional brethren practising in the neighbourhood." Since that time the Council of the British Medical Association have remained silent upon the subject. As readers know, the whole question of the Medical Aid Associations was brought before the General Medical Council a few weeks ago, and has been postponed for future discussion. Meanwhile, another annual meeting of the British Medical Association is at hand, and it is to be hoped that the Coventry Question will be brought once again into prominence. After having laid their hands to the plough the Council of the Association can hardly refuse if called upon formally to take further action. The staff of the Coventry Dispensary have been treated with the utmost patience and leniency, but surely the time has now arrived for sharp and decisive action. The case of Coventry is the case of the country at large. Let the medical profession at Portsmouth raise such a discussion as shall settle once and for all the attitude of the main mass of practitioners with regard to the "sweating" and advertising tactics adopted by the friendly and other societies that include medical relief in their scheme of operations. One point should be kept carefully in mind—namely, the value of a strong and united expression of opinion at this juncture in influencing the future action of the General Medical Council. It is to be hoped that the medical men of Coventry, or better still, the Midland Counties branch of the Association will prepare a further pointed and concise memorandum of the facts of the case for the benefit and behoof of the Portsmouth meeting.

THE DIETETIC VALUE OF DRIED FOODS.

AN interesting feature of recent industrial progress in dietetics is the revival of dried foods as a

factor in provisioning. Of course the earliest form of food preserving consisted in the simple process of sun-drying; and later on artificial heat, combined with the more or less efficiently antiseptic smoking, came into force. But drying, as applied to preserving foods, has its limitations, and was not altogether satisfactory, for in the process something more than the mere superabundance of moisture was lost. This was peculiarly true as regards vegetables and fruits However, systematic experimentation, chiefly in America, then in Australia, and quite recently in England, has resulted in great improvements. We now have sliced dehydrated fruits—such as apples, pears, and apricots—which in a dry form can be closely packed, will last long, and on being soaked in water regain their natural physical characters, as well as their original flavours. This perfection is attained by the careful selection of fruit, and judicious drying in closed but ventilated appliances. What has been done with fruit is now being done with vegetables. At the present time vegetable garden produce is being preserved in England mostly by the simple process of dehydration. This has been carried so far and so successfully that even beetroot in thin slices can be dried hard, yet retaining all its characteristics, including colour, and when these slices are soaked in pale malt vinegar, they swell, become tender, and impart a bright red tint to the liquor. Onions, potatoes, turnips, carrots, asparagus, seakale, and even lettuce can be treated in the same manner. It is to be noted that the process is merely one of systematised preparation and drying, no chemicals are used, and yet flavour and colour are absolutely retained. It is clear enough that this improved system of drying has many advantages over some other methods of preserving foods. There is reduction of bulk, lessening of, and when properly packed, complete safeguard against the dangers of fermentation, and the exclusion of all added chemical antiseptics, which, as commonly used with fresh or bottle fruits, must have a more or less decided influence on digestion. Moreover, these dried vegetables and fruits can be quickly prepared for consumption, and can be kept for travelling, or for storage against seasons of scarcity, with far greater ease and sense of security than edibles put up in glass or tin. In more than one direction, this improvement in desiccation has been applied to flesh foods with some amount of success. Indeed, as regards the drying of eggs, the process proves of the highest excellence and utility. The dried eggs, in powder or small oval pellets, have merely to be soaked in a little water, when they can be beaten up and used for every description of culinary work with absolutely satisfactory results. Considering the reliance that one must place in eggs in invalid dietaries, and the unreliability of their supply under various circumstances, this victory of the manufacturers is a veritable boon. A welcome feature in this new phase of food preserving, is that the provisions are generally of home growth and British manufacture, and will thus prove a help to the farmer as well as to the consumer. It is unnecessary to dilate upon the advantages attaching to dried goods in the matter of storage, say on board ship, for travellers for victualling armies in the field, or for stocking storerooms in order to have a reserve against sudden demands on the commissariat or unexpected dearth in the markets. But what must be emphasised is the fact, that by the scientific application of artificial heat, the vegetables and fruits are deprived solely of their moisture, and thus they retain al their nourishing and health-giving qualities, in fact, merely require to be given the chance of re-absorption of water to become fresh vegetables and fruits once more. This new tendency in the food market is full of interest, and deserves to be noted by our readers, as its practical bearing may sooner or later become apparent to them. In conclusion, just a few practical hints. These dried fruits, vegetables, and meats should be soaked in water for fifteen or twenty minutes before attempting to cook them, and if they are to be boiled, heat gradually. When fruit is in question, stew until soft, and do not add sugar until the last moment. Sugar added too soon is apt to harden the fruit and to caramelise rapidly. Onions and potatoes, when once thoroughly soaked, may be placed to drain in a sieve, and then be dried in a cloth, when they will be quite ready for frying.

COMPARATIVE MEDICINE.

THE anti-vivisectionists are very fond of quoting opinions to the effect that experiments on the lower animals afford no safe guide to the treatment of disease in human beings. Taken literally, no doubt there is some truth in the assertion, but if we take a broader view of the subject it will be seen at once that there is no such thing as human disease, any more than there can be any purely human physiology or anatomy. Human anatomy is but one small department of ethnology, and he who has limited his studies solely to the dissection of human beings cannot be said to have attained any real grasp of scientific anatomy. It has only been by prolonged observation of the body functions in animals that we have slowly built up the present science of physiology as applied to man. Comparative anatomy is now generally recognised as a department of study indispensable to the proper comprehension of anatomy as a whole; but we are now invited to go a step further, and to formulate a scheme for the study of comparative medicine. The more we learn of the etiology of disease the more we are fain to recognise the intimate connection that exists between disease in man and in animals. Animals, indeed, are responsible for a large share in the dissemination of many of the diseases from which human beings suffer. To study diseases such as malaria, diphtheria, and tuberculosis exclusively from a human point of view, is to court failure, inasmuch as the general principles underlying the propagation of such diseases must necessarily escape observation.

We are gradually getting to understand that the comparatively brief time allotted to the studies which qualify for medical practice might more advantageously be devoted to learning to grasp principles, for the details can only be learned in actual practice. The study of comparative medicine, however, is of a kind which pre-supposes a certain and not inconsiderable standard of knowledge of disease as it presents itself in human beings so that it will have to be of the nature of post-graduate work. Harvard University is, we believe, the first educational body to give expression to these ideas, and a chair of comparative medicine has been founded for the express purpose of providing facilities for its study and for the original research which such study implies. The departments under the new organisation will be medical, veterinary, dental, and post-graduate. It is hardly necessary to point to the immense benefits likely to accrue to the community from the study on a large scale of the therapeutical and prophylactic problems of the day in properly equipped laboratories and hospitals designed for experimental research on the lower animals and the study of their diseases. It is hoped in this way to co-ordinate the observations which are being carried on in special departments, and while specialism in study is just as essential to thoroughness of work as specialism in medicine is to dexterity in treatment, it is felt to be desirable and possible to break down the barriers which at present separate investigators in the various departments and tend to minimise the value of their observations by narrowing their respective horizons.

Notes on Current Topics.

A Medico-Legal Problem.

A SOMEWHAT remarkable case was tried at the Winchester Assizes last week, which opened up several knotty questions in criminal psychology. A young soldier was charged with having fired upon the sentries sent to relieve him. He discharged in all four shots, inflicting serious injury upon one of the men. There was no suspicion of personal motives, seeing that he did not even know the injured soldier. It seems that the accused, who was only eighteen years of age, was doing sentry duty on a bright moonlight night, and he appears to have been greatly disturbed by certain ghost stories that were current relating to apparitions believed to haunt the barrack quarters where he was stationed. The prisoner, however, declared that he had no recollection whatever of the affair, though immediately after his arrest he admitted that he knew he was firing at the relief party though he was unable to explain why he did so. It appeared that the prisoner's rifle ought not to have been loaded according to the rules, and no explanation was forthcoming as to how and when it was loaded. The whole story, as given in the reports, is strongly suggestive of auto-suggestion, a psychical condition which is extremely probable in a nervous lad under these circumstances. The absence of motive, and his evidently confused mental condition when arrested, point to some abnormal mental perturbation which gives support to his statement of inability to recall the events. Unfortunately we are not placed in possession of any details of the prisoner's family history, which, might possibly have thrown considerable light on inherited tendencies. It is a relief to find that in view of his good character, though found guilty, he was discharged on his own recognisances, as otherwise we should have experienced grave doubts whether grave injustice had not been done. Similar occurrences have often been reported in persons subject to *petit mal*, but in the absence of any positive information on this point, it is unnecessary to speculate on the plausibility of the diagnosis in this instance.

Conscientious Objectors at Oldham.

MR. CHAPLIN can hardly point to Oldham as a local proof of his assertion that the actual number of vaccinations has increased under the new Vaccination Act. In the course of the Parliamentary election contest now going on in that town the question of vaccination has come into prominence. It was publicly claimed by an anti-vaccinationist that his party comprised 97½ per cent. of the total population It was further stated that no less than forty thousand certificates of exemption have been granted to "conscientious objectors" by the local magistrates The Unionist candidates are reported to have expressed themselves as "stern believers in vaccination." The Radical candidates, on the other hand, declared against compulsion. Under such circumstances the ultimate destination of votes may be pretty safely surmised should the compulsoriness of vaccination be made a test question. Most medical men will agree that the vaccination laws should not be made a party matter, but the die has now been conclusively cast. If Mr. Balfour and his friends expected to gain any lasting support from the anti-vaccinationists he is likely one day to fall on a bitter awakening. In the keen fighting of an electoral campaign who can wonder if the Liberals adopt the non-compulsory attitude which has been passed into law by their opponents. Any Conservative candidate who advances at this late hour of the day his conscientious admiration for compulsory vaccination should ponder well and duly Mr. Balfour's great legislative achievement in the contrary direction.

Diabetes Among Native Indians.

THE educated Bengalee has lately been proved to be a great sufferer from diabetes, and the causes of the malady have been attributed to excessive brain work, malnutrition, and early marriages. It is pointed out in a native paper that there are hundreds of cases of the disease at the present time. Moreover, many well-known Bengalees have thus fallen victims to early marriages and university education. We learn that the remedy lies in the hands of the leaders of Bengalee Society and the

Government which is mainly responsible for the system of education that prevails. Quoting from our authority it is stated "Hindu parents who are anxious that their sons should enjoy health and long life should not think of marrying them before they attain at least their twenty-fifth year, and the Government should see that the subject of study and number of text-books for the various examinations are fixed, with the precaution that they may not overburden the minds of the examiners (*sic*) and that greater attention is paid to physical education in the schools than at present." It is a great deal, no doubt, to have discovered, as in this instance, the cause of the diabetes, and the advice tendered for dealing with it is excellent. The examiners, no doubt, will appreciate the delicate reference to themselves. Of course the examiners should be properly looked after, otherwise diabetic coma might become a frequent occurrence among them while discharging their duties in the class rooms. If, however, diabetes is largely prevalent in Bengal, as here stated, possibly the matter will attract the notice of the officers of the Indian Medical Service stationed in the province, and in that case it would be interesting to learn from them what in their opinion is the cause of its prevalence.

The Plague in Egypt.

AT the end of last week the total number of cases of plague reported at Alexandria reached the total of forty-seven, of which eighteen have ended fatally. Ten of the new cases occurred within the last seven days. The fact that no cases have occurred elsewhere in Egypt is to some extent satisfactory. At the same time it would be idle to attempt to overlook the extreme gravity of the present situation. The invasion of plague of a country where general sanitation is in so backward a state as that of Egypt must always be a serious matter, nor does the occurrence of one fourth of the cases within the last week tend to reassurance; on the contrary, it clearly points to a local increase in the disease. Unless the outbreak can be kept within a ring fence, and stamped out before the autumn at Alexandria, there is every prospect of a rapid and disastrous invasion of many towns along the Mediterranean littoral. Happily, in these modern days of high standard sanitation in Great Britain, there is little chance of this scourge of mankind ever gaining anything more than a detached and precarious foothold in our seaports. Indeed, one need not fear the plague nowadays any more than cholera. Filth diseases need a filth environment for their successful fostering. However, it must be admitted that it is so far satisfactory that the plague in Egypt is confined to Alexandria. According to the correspondent of the *Times*, the disease is attacking the lower classes in the native quarters only. The measures adopted—namely, isolation of the sick, segregation of those who have been in contact with them, and the disinfection of their houses and effects—are keeping the disease well under control. The enforcement of these precautions, moreover, it is of interest to note, is not resented by the population, a fact which goes to show that the natives are beginning to see the wisdom of the action of the sanitary authorities.

Hot-air Baths for Workhouses.

CONTINUITY of policy is a desirable thing in most administrations, whether they be great and central or small and local. An ideal of that kind, however, is rarely attainable amidst the turmoil of our modern social machinery in motion, and the wheel that moves in one direction to-day may drive in exactly the reverse way to-morrow. An apt illustration of this see-saw tendency was afforded a week or two since by the Cheltenham Board of Guardians. It seems that the late Medical Officer of the workhouse and his deputy were so struck by the merits of a certain hot-air apparatus that they forthwith induced the guardians to make an installation. Then came a Medical Officer who knew not Joseph, and he has sent in a recommendation to discontinue this special treatment. Now, there are weighty reasons for caution in abandoning any therapeutic measure that offers relief to these scourges of the poor, chronic rheumatism and rheumatic gout. As everyone who is familiar with Poor-law administration knows, those two conditions cripple a large proportion of the paupers who drift into the workhouse infirmaries with no prospect of ever leaving them again. The treatment of the disabled joints in those above-mentioned conditions seemed hopeless until the local hot-air bath appeared upon the scene. The progressive step of the Cheltenham Board, therefore, in providing the necessary apparatus for carrying out the new treatment deserved the highest consideration. Alas! that they have so soon fallen from grace! A short sum of the total loss to the nation yearly by reason of rheumatoid arthritis would be a revelation to statisticians. Will not some enterprising Board of Guardians apply the method systematically if necessary under special skilled medical supervision, and publish a statement of results?

A Public Unsympathetic towards Idiots.

The position of the class of unfortunate persons for whom such institutions as the Royal Albert Asylum provide accommodation, is one which excludes them from that human aid and sympathy which they so much deserve, owing to their unhappy condition; and, as the chairman of the meeting held in the Town Hall, Liverpool, a few days ago observed, of all philanthropic movements, this is one which should most strongly appeal to the public. Unfortunately, the public develops its social instincts and sympathies in fashionable channels, and the rather appalling appearance and manners of some of the unfortunate inmates of institutions for idiots, shut themselves and their fellow afflicted inmates out from the knowledge, interest, and sympathy of the outside world. And just because such institutions are, therefore, not so much in the public eye. they do not receive the practical help deserved. All this,

notwithstanding, there are men like Sir J. T. Hibbert who rise to the occasion, and recognise that the work done for an institution of this character may be described as thrice blessed, for it confers a blessing on the patients, on their families and their homes, and on the nation at large. The Royal Albert Asylum has done good work in the past, it is still doing splendid work, and the friends of the institution support it by their energies and their means in a manner which is creditable to their Christian charity.

The Royal College of Surgeons, England, and its Members.

THE Supplementary Charter which is shortly to be applied for by the Council of the Royal College of Surgeons to enable them to confer the honorary Fellowship upon persons of distinction who are not members of the College, will doubtless be fully discussed at the meeting of the "Body Corporate" at the College this afternoon (Wednesday). The occasion will be made use of by the Society of Members to represent to the Council that the opportunity would be an exceedingly favourable one for obtaining for the members a share in the government of the College. By incorporating this concession in the Supplementary Charter, it is pointed out that the Council would settle a long-standing controversy, which, especially during the past fifteen years, has occupied a prominent position in College politics. The Society lay stress on the fact that at least one ex-president, many Fellows, and some 5,000 members have expressed agreement with the suggestion that the members of the College should be directly represented upon the Council. But while every effort may be made to extract this reform from the Council, there is very little reason for supposing that it will be granted. The adamantine position which the Council have hitherto assumed regarding this question is not likely to undergo any change even under the altered circumstances of making an application for a Supplementary Charter. The object, moreover, of the Charter is not one which the members could honestly oppose, and, therefore, even if it were opposed, no risk would be incurred to its application Under the circumstances, then, we cannot admit that the Society of Members have chosen a favourable opportunity for bringing their claims before the Council, for the Council have nothing to lose by their refusal to consider them. The case, however, would have been vastly different if it had been intended to apply for a charter embodying controversial matters. The members would then be in a position to seriously imperil its prospects by actively opposing it unless and until their demands had been incorporated in the document. But, in any case, the possibility is that the proposal to admit members of the College to the Council would meet with a great deal of opposition from the majority of the Fellows, and, clearly, if the Society of Members are seriously desirous of bringing about this reform, they should first of all endeavour to win the Fellows to their side.

The Resuscitation of the Royal London Ophthalmic Hospital.

IT is somewhat remarkable that for so many long years the largest and most renowned ophthalmic *clinique* in the world should have been so poorly "housed," as has been the case with the Royal London Ophthalmic Hospital in Moorfields. However, we are glad to record that something has at last been done to remove this stigma from a rich and influential community. Last week their Royal Highnesses the Duke and Duchess of York opened the new building of this hospital in the City Road, which consists of three blocks—the whole of the ground floor being taken up with the out-patient department. The wards afford accommodation for fifty in-patients, and throughout everything has been designed upon a scale in accordance with modern requirements. The Chairman, in referring to the work of the hospital at the opening ceremony stated that the charity was founded as long ago as the year 1804, and that the average daily attendance during last year was 416, on each working day. Regarding finance it is interesting to note that the old hospital building was sold for £78,000, while the new structure has cost £80,000. These sums so far as they nearly balance, seem to be satisfactory, but there is an important difference financially between the old and the new hospital. In the former case the building was on freehold land, while in the latter a ground rent of £1,210 will have to be paid every year for the 99 years during which the lease has been granted to the hospital. It is, therefore, proposed to raise a sum of £50,000, and so invest it that the interest arising therefrom will provide for the ground rent. The Duke of York made a gracious speech in declaring the new building open, and congratulated all those concerned upon their successful efforts in bringing the building scheme to such a satisfactory conclusion.

The Progress of Cremation.

THE last report of the Cremation Society of England shows steady progress in this method of disposing of the dead. In 1898 there were 173 persons cremated at the Woking Crematorium, whereas in 1885—the first year in which the Society commenced operations there were only three, and in the next year ten. A point worthy of note is that the cremations so far have been mainly carried out upon the instructions of the richer classes, despite the fact that the charges are by no means prohibitive. This result would seem to imply that the less-favoured classes are still struggling with the sentiment that cremation is opposed to the ordinary procedures of burial which obtain in this country. It is probably quite true that cremation is still regarded by the majority of the community as too unconventional, and, therefore, undesirable. But it is also quite possible that in the course of time this feeling will become less and less pronounced, and that the public will come to recognise in cremation a desirable, economical, and scientific method of the disposal of the dead to which it is expedient to

resort. Sentiment, of course, is a powerful incentive to the retention of the time-honoured earth-burial system with its many old associated customs and, we might add, extravagances. But, despite all this, we believe that the day of cremation will come—long before the world is itself destroyed by fire in accordance with prophecy—and that the sanitary needs of the population will render this method necessary.

Constipation in Children.

CONSTIPATION in infants is the practitioner's bugbear. He recognises the unadvisability of the habitual administration of laxative drugs to the young, but is often driven to countenance their use by the paucity of the resources of which he disposes. It is important to bear in mind that constipation in infants is due in large measure to the element casein which, if it be present in milk in larger proportion than normal, as compared with the fatty elements, tends to interfere with the due performance of the digestive functions. A child fed on normal casein, but with a low proportion of fat, will probably be constipated. In breast-fed children it does not follow that the proportions of casein and fat are normal, for the maternal supply may be faulty in this respect. Disturbances of health, especially in the direction of indigestion, on the part of the mother, will necessarily be reflected in the composition of the lacteal secretion, as can be demonstrated by analysis. The first step, therefore, must evidently be to regulate the habits and life of the mother. She must be placed on a fresh meat, fresh vegetable, and fresh cooked fruit diet with due provision for regular exercise and restriction in the matter of tea drinking and other dietetic irregularities. This *régime* will diminish the proteid and increase the fatty constituents of the milk, and will go far to rid the infant of the tendency to constipation. Should it fail the best treatment for the child is the administration of cream in doses of from one to two teaspoonfuls in warm water from time to time just before the periodical meal. Failing trustworthy cream, half a teaspoonful of cod liver oil is a good substitute. In bottle-fed children the treatment of constipation is much simpler, for we have only to secure a due proportion of fat and proteid. It may be necessary in some cases to reduce the ingestion of proteid by giving cream, water, and sugar mixture *vice* one or more of the ordinary meals of prepared milk. Dr. Kerley suggests a mixture of four ounces of cream with twelve ounces of milk, which will give four per cent. of fat with a minimum of proteid. In older children the same care to secure a due proportion of fat in their dietary is equally imperative, for much of the constipation from which such children suffer is primarily due to a deficiency of fat. This is a point which ought to be attended to from the earliest period because, if allowed to continue, we get what may be called "fat dyspepsia." The administration of fat then becomes difficult, but the obstacle can usually be got over by a little perseverance. It is surprising how many persons at all ages declare themselves unable to digest fat. This is in many instances due merely to the formation of a habit; the stomach has been allowed to become unaccustomed to the digestion of fats, and until the tendency has been overcome the mere sight of fats excites repulsion.

Medical Practice in a Free Country.

AN inquest held last week in London is worthy of a passing note. An East-End Jewess, rejoicing in the euphonious name of Lipshitz, called in the services of a "Dr. Barnato, of Russia," to attend her sick child. At the ensuing inquest medical evidence was tendered to the effect that the physic given to deceased by this Russian immigrant was not suitable to the case, although, on the other hand, it did not hasten the unfavourable termination of the illness. Witness claimed that he was qualified to practice in his own country. One of the jurors observed: "This is a free country, and I think every one has a right to act here and get a living." That is the precise view of a great proportion of the inhabitants of Great Britain, with regard to unqualified and qualified medical practice. They imagine that it is a mere question of liberty of action, forgetting there are many things in which the Government has to step in and protect the subjects of the realm. The sale of liquor, for instance, demands strict supervision. The practice of the legal profession is hedged in with iron-bound regulations, and although a similar remark is not applicable to the practice of medicine and surgery, there is no conceivable argument that could be advanced in favour of state regulated legal practice that does not apply with equal force to medical practice.

The Premier as a Chemist.

IT is stated that Lord Salisbury has discovered and completed an important chemical process in his private laboratory at Hatfield, and that the results will be made known to the world on his behalf at a forthcoming meeting of one of the learned Societies. The scientific world has for long known that it had in the English Premier a devoted student to chemical science. Despite the arduous duties attached to his official post, he, nevertheless, snatches every available opportunity of prosecuting his favourite study. No doubt scientific researches provide for Lord Salisbury that solace and recreation without which it would be impossible for him to conduct the affairs of this nation with the strength and ability which he has shown. However, it is expected of an English Premier that he prove himself a man of parts, apart from his high official position, and it may be said of Lord Salisbury that he is the first of his class who can lay claim to the reputation of a scientist.

THE RT. HON. VISCOUNT KNUTSFORD and Lady Knutsford will distribute the prizes to the students and nursing probationers of the London Hospital Medical College in the Library, on July 18th, at 4.15 p.m.

The Leavesden Poisoning Case.

SENTENCE of death has been pronounced on the unfortunate girl who has been found guilty of the charge of having poisoned her sister, an inmate of Leavesden Asylum, by means of a cake forwarded anonymously by post. The motive appears to have been the gaining of a small sum, for which the deceased was insured, in order to forward the prisoner's marriage prospects. The judge spoke in severe terms of the miserable inadequacy of motive and the terrible nature of the crime. To our mind it suggests the irresponsible state of the prisoner's mind, especially when we recall the fact that her sister was an admitted lunatic. It is to be hoped that the Home Secretary will cause an exhaustive inquiry to be made into the mental condition of this unfortunate criminal.

Is There an "Odor Mortis"?

A CURIOUS incident is related in the current number of a French contemporary. A favourite cat was the constant companion of an old lady, who in the course of time became ill and died. A few days, however, before the latter event, occurred, nothing would induce the animal to remain in the room with its mistress. The cat was passed on to a second mistress, and soon became attached to her new owner and her surroundings. In the course, however, of some months later, the second witness fell ill, and ultimately died, and again a few days before her death took place the cat refused to remain with her. Thus, argues our contemporary, the prognosis must be bad in a case where the favourite cat refuses to have anything more to do with its owner. Perhaps the animals detect an "odor mortis."

Embalmers for the Military.

A CURIOUS departure has been taken by the United States' War Department. In deference to the feelings and relatives of such soldiers as may hereafter die on duty in connection with the recent territorial acquisitions, the Department has made arrangements whereby a professional embalmer will be attached to each army transport. The embalmers will be civilians under the control of the Quarter-master General. A portable crematory would appear much more appropriate under the circumstances. We do not profess the superstitious importance to post-mortem repatriation which actuates the Chinese, and armies in the field can ill afford to encumber their transport services with cargoes of embalmed soldiers.

A Stutterer Cured.

THE *New York Medical News* relates the case of a soldier who was afflicted with such a severe stutter that he narrowly escaped rejection at the medical examination. While on service in Cuba he was shot through the mouth, the bullet passing out at the back of the neck. He recovered from the wound and now stutters no more, and he is reported to be busy completing the telling of stories which he had never been able to finish on account of his halting speech. Fortunately there are less drastic means of curing this distressing infirmity than the one employed in this instance, or cures would be rare.

The Anti-Tuberculosis Crusade in Ireland.

A VERY important meeting, convened by the Royal Academy of Medicine of Ireland, took place on Friday last, the occasion being especially dignified by the presence of the Lord Lieutenant, who occupied the presidential chair. Delegates named by almost every medical, sanitary, and municipal body were present. Resolutions enunciating the principles upon which the tuberculosis crusade ought to be conducted, with which all our readers are familiar and are in accord, were moved by the Registrar-General, the President of the College of Physicians, and other distinguished persons. His Excellency, in his usual happy vein, and with his usual facility of expression, expressed his entire sympathy with the movement, and his belief that it would yield great results. But he made two reservations, first, that it would be a mistake to attempt the formation of a purely Irish organisation to effect that which could be more effectually attained by establishing a branch of the present Association in England; second, that he considers that all proposals for immediate coercive legislation on the subject would be premature and unwise, in which view we entirely concur. The subject of public consumption sanatoria was judiciously avoided by the speaker, inasmuch as it would have raised the question of enormous expense and coercive legislation to which His Excellency referred.

Abortionist Prosecution.

FROM time to time we have commented on the flood of pernicious advertisement let loose upon society under the name of Madame Frain. The real nature of the business thus carried on with unabashed pertinacity in the heart of the metropolis must have become evident to anyone after a glance at the trade circulars sown broadcast by that enterprising lady and her successors. We have long ago protested, in the name of common-sense and law of that it is a ridiculous travesty of justice to prosecute the actual abortionist, while those who incite to the act are allowed to go free. We are glad to see that the police authorities are coming round to that view, that is to say, if one may judge from the fact that they have lately undertaken a criminal prosecution of the notorious Frain group. This step should have a wholesome deterrent effect upon others of the same class, whose name is legion. Clearly the next logical action of the police will be to prosecute the newspapers that aid and abet the commission of felonious acts by the insertion of advertisements that directly or indirectly incite to the act of abortion.

IN the *Bulletin de Therapeutique* Weber states that the nausea, excitant, and other unpleasant sequelæ of chloroform narcosis may be certainly got rid of by administering chloroform water to the patient for as long a period as possible before the operation.

The New "Doctor of Pharmacy."

WE have long since warned the profession that the time is coming when most respectable chemists will dub themselves "Doctor," and one more sham diploma will be added to those of the spectacle vendors, midwives, plumbers, and all the rest. The proposal originated, appropriately, in the land of wooden nutmegs, faked-up eggs, and all other shams, and it was taken up by one or two of the inferior French universities. It is now taken up by Mason College, Birmingham, which calculates that the University of Birmingham (when it has one) will be delighted to rake in that form of grist for its mill. The curriculum to be required from the new "Doctor" is a *voluntary* course of six or nine months at dispensing and bottle-washing. We are gratified but not surprised to note that the journal of the Pharmaceutical Society throws cold water on the scheme and points out that, as a scientific qualification, the new doctorate will be of no use, as it will not be granted by any of the respectable Universities of Great Britain.

Liquid Air as Physic.

THE physicist has of recent years been coming to the help of the physician and surgeon. Liquid air, it is now claimed, can be produced so cheaply that it may be used as a convenient and practicable motive power for the surgeon and dentist. The Americans are trying its local application for ulcerative conditions, and claim to have obtained results "positively wonderful." Possibly this will form an addition to our next edition of the British Pharmacopœia. Meanwhile "fresh air" in this unusual form must be experimented with cautiously.

The Defunct "Index Medicus."

THE efforts made some time since to secure support for that invaluable compilation, the *Index Medicus*, unfortunately failed in their object, and as the inevitable result of this lack of support by the medical profession, its publication has been definitively abandoned. The loss will be severely felt by those who glean in the medical literary vineyard, but there is a ray of hope in the suggestion that the American Medical Association, through its trustees and the editor of its journal, may undertake anew the editing and publishing of the *Index*.

THE RIGHT HON. LORD JAMES of HEREFORD, Chancellor of the Duchy of Lancashire, will distribute the prizes to the students of Charing Cross Hospital Medical School to-day (Wednesday) at 3.30 p.m.

ROSSCLARE, on Lower Lough Erne, has been purchased for the purpose of establishing a consumption sanatorium in Ireland on the Nordach or Miffing system. The situation is all that can be be desired for such an institution.

PERSONAL.

DR. C. W. MANSELL MOULLIN has been elected President of the Röntgen Society.

SURGEON-CAPTAIN J. MILES JENNING, Royal Army Medical Corps, has been made a Companion of the Distinguished Service Order for services in the Soudan.

DR. J. ROBERTS THOMSON, F.R.C.P., London, has been placed on the Commission of Peace as a Magistrate for the Borough of Bournemouth.

DR. MITCHELL BANKS, of Liverpool, and Dr. John Sibbald, Lunacy Commissioner for Scotland, received the honour of knighthood from Her Majesty the Queen at Windsor on Friday last.

DR. W. J. R. SIMPSON, Professor of Hygiene in King's College, London, has been nominated as Honorary President of the International Congress of Medicine, to be held in Paris next year.

DR. HORTON-SMITH has been appointed Gulstonian Lecturer, Dr. Cheadle, Lumleian Lecturer, and Dr. Halliburton, Croonian Lecturer for 1900, by the Royal College of Physicians, London.

H.R.H. THE PRINCESS OF WALES, visited the Cheyne Hospital for Incurable Children, of which she is President, on Thursday last, and personally gave a present to every child with a cheering word of sympathy.

THE Society of Arts has awarded the Albert Medal to Sir William Crookes, F.R.S., "for his extensive and laborious researches in chemistry and in physics, researches which have, in many instances, developed into useful and practical applications in the arts and manufactures.

MR. HY. ARCHIBALD STONHAM, M.R.C.S., will have the sympathy of the entire profession. A few days ago he was returning from visiting a patient, when he was savagely assaulted and robbed by two men. Fortunately they were arrested and have been committed for trial at the Thames police-court. Mr. Stonham was mercilessly handled, and the shock to his system has been naturally severe.

AFTER a long term of service Mr. Thomas Bond, M.B., F.R.C.S., has severed his connection with the Westminster Hospital. His connection as surgeon with that Institution has lasted from 1873 to 1899. As a lecturer on medical jurisprudence he has obtained a wide-world reputation at the Westminster School. Mr. A. H. Tubby, M.S., F.R.C.S., has resigned his post of assistant-surgeon, according to a rule of the hospital, with a view of candidature for the vacancy left by Mr. Bond's resignation.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE ROWDY RESIDENTS.—At their usual weekly meeting, held a few days ago, the managers of the Edinburgh Royal Infirmary at length arrived at a conclusion as to the facts relating to the horseplay which we have already

alluded to as having occurred in the residency of the hospital, and delivered judgment thereanent. As the actual cause which led to the matter being brought under their notice was discovered to have been the work of a few men who had but lately occupied residential posts, but who are now ex-officials, the present members of the staff were let off with a reprimand and the inevitable intimation that measures would be taken and new rules and regulations ordered whereby the control exercised by the Medical Superintendent and the Board over the conduct of residents when off duty would be still further strengthened. The ex-residents who were the culprits, and who at once came forward to bear the blame and to apologise, were gravely reproved, and deprived of their right to make use of their hospital tickets for attendance at the wards or cliniques for the next six months. The crucial point lies in the imposition of new restrictions to be laid upon the private life of the resident medical and surgical staff of the future. The more numerous the rules the greater will be the inducement to evade or break them. The less confidence reposed in the residents by the Board, the more likely will displays of unruliness and outbursts of animal spirits be. "Ragging" is a subject of curious etiology. It seldom does any harm; often much good. He who cannot understand its underlying import, and who by "cutting up rusty" stimulates further attentions from his colleagues, must have a discontented mind. Exuberance of youth, newly freed from undergraduate fetters, is but seldom vented in any unfriendly or malicious sense; it is not to be compared to the horseplay which is far too common possibly to be encountered by them in acts of unprofessional etiquette in their later days.

PENDING the completion of the new and palatial City Hospital which Edinburgh is building for herself just out of her present limit towards the south, the Town Council's Public Health Committee approved of a scheme whereby a limited number of pathological reports on specimens sent in by the town health authorities should be obtained from the Research Laboratory of the Royal College of Physicians for a temporary period.

STUDENTS AND BELVEDERE CLINIQUES.—The Hospital Committee of the Glasgow Corporation has had under consideration the question of charging fees to students who receive instruction at Belvedere Fever Hospital. Dr. Johnston, the superintendent, having made inquiries in various cities and towns, reports in regard to the information obtained from these places that "the teacher is paid by the students either directly or indirectly in all places except Edinburgh, and even there it is proposed to alter the custom and come into line with the general practice. Except in three hospitals (Edinburgh, Manchester, and Liverpool), where the teaching is done by a visiting physician, the medical superintendent of the hospital takes personal conduct of the classes." Dr. Johnston further reports, as well as suggests, to the Hospital Committee, that in view of the near completion of Ruchill Hospital, that the London system where three guineas (£3 3s.) are paid for sixteen demonstrations, and £4 4s. for twenty-four demonstrations might be adopted in Glasgow. It would perhaps be more prudent to speak of charging an already overcharged set of students for clinical instruction in infectious diseases, were such charge limited, say to £1 1s., but the suggestion of fixing it at £3 3s. to £4 4s. has not unnaturally raised the ire of students. And it may be asked what do medical men receive from the Glasgow Corporation for reporting a case of infectious disease? Half-a-crown payable at the end of three months! But should they neglect to report a case, the Corporation can inflict a fine of forty shillings. Another question arises out of the proposal. To whom do these heavy fees belong when imposed? Do they go into the pocket of the teacher (superintendent) or into the coffers of the corporation? As the teachers of the practice of medicine are able to give the necessary theoretical lectures on fevers, it will not be necessary for the time of the superintendent of a fever hospital to be taken up in delivering lectures on cases which can be demonstrated at the bedside of infected patients.

Manchester.

[FROM OUR OWN CORRESPONDENT.]

VICTORIA UNIVERSITY.—Saturday, July 1st, was "Degree Day." A large and brilliant gathering assembled to witness the interesting ceremony. Among the recipents of Honorary Degrees was Professor T. Clifford Allbutt, Dr. Edward Schunck, and Mrs. Henry Sidgwick. An unusually large number of candidates were presented as qualified for degrees, or in connection with distinctions gained. This year large contingents have come from University College, Liverpool, and Yorkshire College, Leeds. Six received the degree of M.D., gold medals being granted to three.

CREMATION.—The authorities of the Manchester Crematorium, one of the most satisfactory in the country, have just issued a circular stating that several deaths have lately occurred among their original shareholders, and that their friends have not resorted to cremation but to ordinary interment. It is suggested, therefore, that the supporters of cremation should distinctly record their desire to be cremated after death, and forms have been circulated with the request that one be forwarded filled up to the offices, and the other deposited with the will of the signer. This is reasonable, although hardly a pleasant request.

DALTON'S TOMB.—The Council of the Manchester Literary and Philosophical Society have issued a statement that Dalton's tomb in one of the city cemeteries has fallen into great neglect. The monument was provided originally out of the Dalton Memorial subscriptions in 1853, but no existing body now seems to be responsible for its proper preservation. It is rightly felt that the continued neglect of the resting-place of one of Manchester's greatest worthies would be a scandal and discredit, and an appeal is made for subscriptions to provide means by which repairs may be made as required.

MANCHESTER THERAPEUTIC SOCIETY.—This is the only society in Britain devoted exclusively to the study of matters therapeutical. At the last annual meeting the following officers were elected for the session 1899-1900. President, Dr. Dreschfeld; vice-presidents, Dr. Dixon Mann, Dr. Wilkinson; hon. treasurer, Dr. Williamson; hon. secretary, Dr. Wild; committee, Dr. A. Brown, Dr. F. J. H. Coutts, Dr. Kelynack, Dr. Vipont Brown, Dr. Goodfellow, Dr. J. E. Platt.

Literature.

HAYES'S INFECTIVE DISEASES OF ANIMALS. (a)

SOME years ago Professor Friedberger and Fröhner, of the German Veterinary Schools, brought out their excellent *Lehrbuch der Speciellen Pathologie und Therapie der Hausthiere*, which has been so favourably received that a translation into French by the Veterinary Professor Cadiot and M. Ries was published in 1891, and, if we mistake not, an English translation has also been issued in America. Captain Hayes, who is well known as a popular writer on horses, now gives us a portion of the work in English, and the first volume is sent out, the second being promised to follow before long. To those who cannot read the book as it appeared in German or in French, this English edition will prove of some service in giving an idea of the opinions entertained among German veterinary surgeons with regard to the more important infective diseases of animals, though to do justice to the original authors and the title of their book it would have been better if the *whole* had been translated as in the French edition. The entire volume before us is not occupied with these infective disorders, a considerable portion being allotted to such chronic constitutional diseases as anæmia and chlorosis, leucæmia, scurvy, gout, diabetes,

(a) "Infective Diseases of Animals." Translated from the German and Edited by M. H. Hayes, F.R.C.V.S. with notes on Bacteriology, by Dr. G. Newman, D.P.H. Vol 1. London: W. Thacker and Co.

&c. The infective maladies treated of include all those with which we are familiar, and as some of these, such as glanders, rabies, anthrax, tuberculosis, and the variolæ of two or three species of animals, are transmissible to mankind, the work possesses a certain interest for medical men, who will find some useful information with regard to these serious disorders. Friedberger and Fröhner have treated them with that thoroughness and ability which is so conspicuous in the work of German veterinarians, and though we may be inclined to differ from them to some extent on points of pathology, yet, on the whole, their views may be accepted as based on intelligent observation and experience. The translator appears to have accomplished the task he undertook in a satisfactory manner, and has added notes here and there throughout the work when he thinks it necessary to correct, add to, or illustrate the statements of the authors. In these notes there are one or two little slips which a better acquaintance with the subject would have prevented. For instance, at page 420, in a note appended to rinderpest, the translator says:—"Our exact knowledge of the occurrence of rinderpest in England dates from 1865, in which year this bovine scourge was imported from Revel by Russian cattle." If there is any fact better established than another it is that this decimating disease was present in this country for several years, and on several occasions during the last century—of this there is ample proof in Dr. Fleming's "History of Animal Plagues" (*a*)

An interesting appendix to the volume contains a notice of some diseases which are not dealt with in the German edition, such as the South African horse-sickness, the Indian surra, and a disorder of the larger domestic animals caused by ticks in Queensland and Jamaica, as well as in this country; but while alluding to these, the Translator makes no mention of the serious losses caused in certain parts of Africa by the tse-tse fly. The notes on bacteriology, by Dr. Newman, of King's College, will be found useful, as they are clear, brief, and informing on this important subject. Altogether, the book can be recommended to those for whom it was written, as a pretty correct exposition of our present knowledge of the diseases with which it deals, presented in a convenient and readable form.

NEW SYDENHAM SOCIETY'S ATLAS OF PATHOLOGY. (*b*)

THIS instalment of the above well-known Atlas deals with a very interesting subject—"Lymphadenoma, or Hodgkin's malady." It consists of three beautifully coloured plates, reproduced from drawings by Sir R. Carswell, of a typical case of the disease in the Hôpital St. Louis, Paris. The first plate represents a dissection of the side of the neck and axilla, showing the chain of enlarged glands. The second gives a surface and sectional view of the spleen, which was closely studded with brain-like nodules. In the third plate we find a faithful and brightly coloured representation of the appearance of an enormous mass of glands that lay beneath the liver and raised up the duodenum, pancreas, &c., into close contiguity with that viscus. As regards the letter press that accompanies these plates it calls for little remark being purely explanatory. The title, "Infective Disease of the Lymphatic System," would, however, seem unjustified as the most recent researches have failed to establish the "infective" nature of Hodgkin's disease—unless the word be used in the sense in which it is sometimes applied to carcinoma. But in that case one would have to class carcinoma as "an infective disease of the mammary gland" which is assuredly incorrect so far as our present knowledge goes. Again, the case illustrated was not subjected to microscopic examination, and the pathologists who did the post-mortem regarded it as one of "cancer," which in the opinion of the writer of the letter press was not unjustified in the case of the tumour beneath the liver at least. It is also very much to be regretted that no effort has been made to illustrate the microscopic anatomy of the disease, and that no discussion of such important points as the correct nomenclature and the relation to Leukæmia has been introduced. These are grave defects in the work from the scientific standpoint. Whilst fully considering the artistic merit of the drawings, we feel it our duty to express the opinion that in order to render them of educational value something more than mere reproduction is necessary, and that something has been left undone by the New Sydenham Society.

(*a*) "Animal Plagues: their History, Nature and Prevention." Vols. I and II. By George Fleming, C.B., LL.D., F.R.C.V.S. London: Bailliere, Tindall and Cox.

(*b*) "New Sydenham Society's Atlas of Pathology." Fasciculus XII. London: H. K. Lewis. 1899.

THE OXFORD ENGLISH DICTIONARY. (*a*)

THIS double section contains the central portion of the letter H, of which letter it constitutes one-fourth. It contains 2,439 main words, 374 combinations explained under these, and 714 subordinate entries—3,527 in all. These words are illustrated by no less than 13,768 quotations, a number far in excess of any other dictionary, and a good evidence of the thoroughness with which the work is being done

MUTER'S ANALYTICAL CHEMISTRY. (*b*)

AN eighth edition is of itself equivalent to a certificate of popularity, and in respect of the value of scientific manuals the *vox populi* may certainly be accepted as the *vox Dei*. This concisely written but very comprehensive manual deals with the practical aspects of the organic and inorganic chemistry with the qualitative and quantitative, on the lines adopted at the South London School of Pharmacy. Our familiarity with the earlier edition of this invaluable work enables us to state with assurance that, in the limits which the author has assigned to himself it is entirely without a rival. A student who takes this work as his guide and works through it cannot fail to become familiar with all the chief developments of analytical chemistry from the simplest operations upwards, including many organic questions usually overlooked in works of this kind. Originally written for the use of students of pharmacy, it will prove not less serviceable to medical students preparing for university examinations, while as a work of reference, it may be relied upon by physiologists and studious practitioners. The reactions have been adapted, where necessary, to the B.P. (1898). We note, with some curiosity, the statement that the index has been intentionally omitted in the present edition, experience having shown that an index to a practical book leads to such an immense number of cross references as to be bewildering. We are hardly able to follow this reasoning, though it may be conceded that the table of contents will *a la rigueur* answer all the purposes of an index.

LEAF ON THE LYMPHATIC GLANDS. (*c*)

WE have no hesitation in affirming that this little work, with its numerous coloured illustrations, is a valuable contribution to anatomical science and incidentally to surgery and medicine. It is not that the painstaking author has made any particularly original discovery in respect of the glands under consideration, indeed, he gives a wide berth to certain points, such as the course of the various lymph streams, respecting which one would have liked to hear more. What he has done, however, is to systematise our knowledge of these groups of glands and to confirm and complete by actual dissections, details already more or less adequately treated in current text-book.

By the aid of a series of diagrams the position of the main groups of lymphatic glands is clearly indicated,

(*a*) "A New English Dictionary on Historical Principles, founded mainly on the Materials collected by the Philological Society." Edited by Dr. James H. H. Murray, with the assistance of many Scholars and Men of Science. Heel-Hod. Volume V. Oxford: At the Clarendon Press. London, Edinburgh, Glasgow, and New York: Henry Frowde.

(*b*) "A Short Manual of Analytical Chemistry." By John Muter, Ph.D., F.R.S.E., &c., Analyst to the Metropolitan Asylums Board, &c. Eighth Edition. London: Bailliere, Tindall, and Cox. 1898.

(*c*) "The Imperial Anatomy of the Lymphatic Glands." By Cecil H. Leaf, M.A., M.B., F.R.C.S., Demonstrator of Anatomy at the London Hospital. London: Archibald Constable and Co. 1898. Price 10s. 6d.

and the bearings of these data on surgical practice made plain. To some of the groups of glands the author has ventured to give new names, a somewhat risky proceeding though they indicate with sufficient accuracy the positions occupied by the various glandular groups.

GILLESPIE ON DIGESTION. (*a*)

A WORK of this calibre is rather a tough morsel for the reviewer to digest. It covers such a large field, and comprises such a disconcerting array of facts, statements, and mere hypotheses that it defies, while it invites, criticism. The author evidently has very settled views on diet, and these have led him to investigate the phenomena of digestion with a perseverance and a thoroughness which are as rare as they are admirable. The work represents an attempt, something more than an attempt indeed, to describe in the brief compass of some 425 pages, the general laws governing digestive processes in all living bodies. We are invited to regard the organisms as an association of cells, working on trades union principles, and grouped according to occupation *qua* function. In the great question of nutrition it is impossible to lose sight of the fact that individual and racial idiosyncrasies play an important part in determining what from an alimentary point of view, is good, and what is bad. Therefore, in laying down rules a margin of divergence must be conceded, and it is the *role* of the physician to adapt general rules to individual cases. We do not propose on this occasion to follow the author in his speculations as to the influence of diet on temperament. We have a shrewd suspicion that the influence is the other way about, and that it is the temperament that governs the choice of diet and not the other way about. There is one point, however, to which the author calls attention, which is worthy of notice—viz., that too rich a diet, yielding to the body a greater income than suffices to balance its current expenses, may lower the bodily functions to a point below that appertaining to the slightly underfed, but not illfed individual.

We are first initiated into ancient theories of digestion, a subject in which our ancestors took considerable interest, though they could hardly be said to see even "through a glass darkly." The influence on diseased conditions of modifications of diet could not escape the notice of those vigilant observers who, to some extent, made up for their lack of scientific knowledge, by close clinical observation. One has only to read Galen to see to what a pitch of perfection clinical observation was carried in what we are pleased to call the Dark Ages. The next chapter deals with the digestive process in plants which, the author suggests, may serve to indicate the modes and means by which protoplasm in all vegetable and animal cells can most easily and economically procure a "living wage" It is but a step from the carnivorous plant (which furnishes material for a very interesting chapter) to the animal, and this drags us at once to the important subject of ferments and fement action. The author has adopted the standard classification into organised and unorganised ferments, respecting which he has much of interest to say, but recent researches on yeast, for example, render it probable that our views will shortly undergo profound modification, indeed the division between the two classes of ferments may prove as unreal as that which once existed between organic and inorganic chemistry.

The author deals very fully with food elements and their digestive disintegration, and gives some very elaborate tables to show the influence of experimental and other circumstances in respect of the quantity and quality of the digestive juices. One stands aghast at the labour which many of these investigations must have entailed, but they confer a special value on the work, which will remain a standard work of reference for future generations of writers on this and germane subjects.

A carefully argued chapter on metabolism leads us to the more practical section of the work. In the chapters on "Dietetics and Animal Heat," the use of stimulants and foods in general we have a large amount of valuable information, embodying the latest views on what we may term physiological alimentation. The analyses of the principal groups of food stuffs is given and their nutritive value discussed. Readers who lack the patience or desire to study the more recondite problem of digestion may be recommended to take cognisance of the concluding chapters on "Foods" which contain many practical deductions, expressed in a pleasant chatty manner, well calculated to make it easy of digestion.

(*a*) "The Natural History of Digestion." By A. Lockhart Gillespie, M.D., F.R.C.P.Edin. Lecturer on Materia Medica and Therapeutics in the Medical School of the Royal Colleges, Edinburgh, &c. London: Walter Scott, Ltd. 1898.

MOYNIHAN ON RETRO-PERITONEAL HERNIA. (*a*)

THIS volume is a review of the anatomy and surgery of the various peritoneal fossæ, with special reference to the development of strangulation of abdominal viscera in them. The author deals in addition with the herniæ through the foramen of Winslow.

In discussing the duodenal peritoneal fossæ, he describes no less than nine varieties of these pouches in the region of the duodeno-jejunal flexure. After an exhaustive account of the anatomy and origin of the folds and fossæ, the occurrence of duodenal herniæ is treated. This form of internal strangulation has two distinct varieties, one where the increase of the hernial sac is to the left of the middle line, and the other—the less common—to the right. The author discountenances the use of the term "duodeno-jejunal" hernia, preferring that of "left" or "right" duodenal hernia, and with this we entirely agree. It would appear that duodenial herniæ are the most frequent of all the herniæ into peritoneal fossæ, and therefore the practical hints given are of importance, especially that of the necessity of dividing the neck of the sac only after two ligatures have been applied, because of the large vessel that is invariably present at this situation.

The fossæ about the cæcum have been to a very great extent mystified by the variety of descriptions that have been given of them, but Mr. Moynihan has discussed them with distinct clearness.

Probably the chief importance of these peritoneal pouches is the liability for the vermiform appendix to become incarcerated in one of them, and the subsequent possibility of inflammation being thereby induced. This may be a not infrequent determining cause of acute appendicitis.

The remaining fossa in the series is that known as the intersigmoid. and the author shows that hernia into this is of very rare occurrence, as he is only able to cite two cases from English literature, but these are typical ones.

The anatomy of the foramen of Winslow is well dealt with, and the passage of bowel through it discussed.

There is an excellent bibliography of the subject of retro-peritoneal hernia, and the book concludes with a most interesting and beautiful series of photographs of the various specimens of such herniæ in the London and Provincial Museums, together with one from the practice of Dr. Louis Mitchell, of Chicago.

We warmly congratulate the author on the contribution, and that so exhaustive a one, which he has made to surgical literature on this most interesting class of intestinal obstructions.

THE CHEMICAL AND BIOLOGICAL ANALYSIS OF WATER (*b*).

IN the pages of THE MEDICAL PRESS AND CIRCULAR some time since we reviewed at some length "The Analysis of Milk and Milk Products," by Messrs. Pearmain and Moor. The review was, on the whole, complimentary, and we feel that we ought to state at once that, well as that instalment was done, this second part on water analysis is even more deserving of praise.

The authors in their introduction express a sort of

(*a*) "On Retro-peritoneal Hernia, being the 'Arris and Gale' Lecture on the Anatomy and Surgery of the Peritoneal Fossæ." By B. G. A. Moynihan, M.S., Lond., F.R.C.S., Eng.

(*b*) "The Chemical and Biological Analysis of Water," by T. H. Pearmain and C. G. Moor, being Part II. of "The Analyses of Food and Drugs." London: Bailliere, Tindall, and Cox. 1899.

apology for including water among foods. Why? Surely it is the food, *par excellence*, by which we live and exist, and by the aid of which all other foods are alone assimilated. As it is largely consumed *per se*, it becomes necessary that we should perfect our knowledge of its analysis, unfortunately one of the hardest problems presented to the professional analyst.

The authors divide the analysis of water into three divisions—(1) Chemical Analysis, (2) Biological Analysis. and (3) Physical Analysis.

They very properly say that "undoubtedly the chemical examination is usually the most important." Of late years too much stress has been laid upon bacteriology in connection with water analysis, but the reviewer, from practical experience, can only endorse the views of the authors of this work, who find that bacteriological investigations, as regards water examination, should generally be taken as an aid to drawing an inference. There was some danger that too little attention would be given to its chemical analysis, and that, carried away by the wonderful development of bacteriological science, we should lose sight of those chemical indications which had been the sheet-anchor of the analyst. This, so far, is happily at an end, and each branch has taken again its proper place. The chief use that the writer can see, in our present knowledge of the bacteriology of water, is the isolation and identification of certain pathogenic organisms, such as the comma bacillus, typhoid bacillus, &c. The work, however, should only be undertaken by the bacteriological specialist. In speaking of this the authors say: "An analyst, whose practice does not involve the constant study of the organisms which are in question, in the various phases of their life history, can do no worse service to himself or his clients than to undertake work which includes their identification." This is perfectly true. Even in the hands of experts, the information is of the most meagre description.

The numeration of bacteria, at first thought to be of immense import, is, by our present state of knowledge, of no more significance than any one of the chemical processes, such as the determination of the albumenoid ammonia.

Of late years the microscopic appearance of the suspended matters has been neglected. The determination of the larger forms of microscopic life in town supplies has been ignored. Great importance was formerly attached to this, which may be properly considered as part of the physical examination of a water. In the days of Hassel, &c., such examinations were considered as of the highest significance, but with the rise of bacteriological science they seemed to disappear from the expert's reports. Perhaps the men of half a century ago, although excellent microscopists, did not possess sufficient knowledge to properly apply the investigation to water analysis. It has now taken its proper level, and analysts, if they find this kind of life, are enabled to diagnose its bearing upon the condition of the water. Thus, if the microscopist finds the Beggiatoa alba, or sewage fungus, in a water, he knows it is a sure sign of the presence of a large amount of putrid organic matter. If he finds fungi he knows they cannot exist in the water itself, but are formed in decaying organic substances. The natural habitat of the crustaceæ is solid decaying matter, and in presence of large quantities of decomposing organic *debris*, Messrs. Pearmain and Moor dwell upon this part of water analysis to some length, and some excellent drawings from the pencil of Miss Ethel Smith White are added, which make this part of the book very practical.

The "Chemical Examination" part of the work is very complete and up to date. In estimating free and albumenoid ammonia the authors seem to have neglected the precaution of performing these operations in an ammonia-free atmosphere. The omission of some precautions in this direction may account for the amusing discrepancies found in the results of different analysts, with the same water; yet the process is so simple and well understood that such discrepancies should not exist. Some analysts go so far as to erect a closet for the distillations in connection with this process. The apparatus suggested by C. Tichbone (Sc. Proc. R.D.S., Vol. III., Pt. S) is so simple and yet so effective in its action that it should be more generally used.

Over 50 pages of the book before us are taken up with the consideration of the bacteriology of water. It is very concisely and tersely put, and the authors run on a fairly even keel as regards the rather controversial questions connected with bacterio'ogical water analysis. We think they have done it full justice, without attaching undue value to its practical bearing. They do not underrate the pathological value of the science as applied to such an important food as water, but it is quite clear that the authors have a grasp of the subject upon which they are writing. This part of the work is exceedingly well written, and will be found of immense use to students of sanitary science.

NEW BOOKS AND NEW EDITIONS.

THE following have been received for review since the publication of our last monthly list:—

BAILLIERE, TINDALL, AND COX (London and Paris).

Urinary Analysis and Diagnosis. By Microscopical and Chemical Examinations. By Prof. Louis Heitzmann, M.D. Pp. 254. Price 10s. 6d.

The Analysis of Food and Drugs. By T. H. Pearmain and C. G. Moor, M.A., F.C.S., F.I.C. Second Edition. Pp. 206. Price 3s. 6d.

Essentials of Modern Treatment of Disease. By K. M. Nadkarni, editor of the "Indian Medico-Chirurgical Review." Pp. 462. Price 5 rupees.

The Quarterly Journal of Inebriety. Edited by T. D. Crothers, M.D. Vol. XXI. Pp. 221.

Traité de Médicine et de Therapeutique, sous le direction de MM. Brouardel et Gilbert Tome sixieme. Pp. 652. Price 12 francs.

BLAKISTON, SON, AND CO. (Philadelphia).

The Newer Remedies, a Reference Manual. By Virgil Coblentz, A.M., Ph.D., F.C.S. Third Edition. Pp. 147. Price 1 dol.

THE CHEMIST AND DRUGGIST OFFICE (London).

Proctor's Practical Testing, revised with the British Pharmacopœia, 1898. Price 2s. 6d. net.

J. AND A. CHURCHILL (London).

Selected Papers on Stone, Prostate, and other Urinary Disorders. By Reginald Harrison, F.R.C.S. Pp. 190. Price 5s.

THE F. A. DAVIS COMPANY (Philadelphia and New York).

An Epitome of the History of Medicine. By Roswell Park, A.M., M.D., Pp. 384. Price 2 dols.

CHARLES GRIFFIN AND CO., LIMITED (London).

The Diseases of Children, a Clinical Handbook. By George Elder, M.D., F.R.C.P.Ed., and J. S. Fowler, M.B., F.R.C.P.Ed. Pp. 391. Price 10s. 6d.

A Medical Handbook. By R. S. Aitchison, M.D., F.R.C.P.Ed. Pp. 363. Price 8s. 6d.

FREDERICK J. HANBURY (London).

The Flora of Kent. Being an Account of the Flowering Plants, Ferns, &c., with Topographical, Meteorological, and Botanical Notes of the County. By F. Janson Hanbury, F.L.S., and Ed. S. Marshall, M.A., F.L.S. Pp. 444.

HENRY KIMPTON (London).

Gleet and Chronic Diseases of the Urethra. By Gerald Dalton, M.S.A.Lond. Pp. 48. Price 1s.

JAMES MACLEHOSE AND SONS (Glasgow).

Chemical and Microscopical Aids to Clinical Diagnosis. By Carstairs C. Douglas, M.D., B.Sc. Pp. 258.

KEGAN PAUL, TRENCH, TRUBNER, AND CO. (London).

Bradshaw's Dictionary of Bathing Places, Health Resorts, &c., for 1899. Pp. 372. Price 2s. 6d.

Evolution by Atrophy in Biology and Sociology. By MM. Demoor, Massart, and Vandervelde. Translated by Mrs. Chalmers Mitchell. Pp. 322. Price 5s.

LONGMANS, GREEN, AND CO. (London and Bombay).

The Serum Diagnosis of Disease. By E. C. Cabot, M.D., Mass., U.S.A. Pp. 134. Price 7s. 6d.

A Manual of Surgical Treatment. By Watson Cheyne, F.R.C.S., F.R.S., and F. F. Burghard, M.D., F.R.C.S. In six parts. Part I. Pp. 286. Price 10s. 6d.

METROPOLITAN ASYLUMS BOARD.

Annual Report of the Statistical Committee for 1898 with Appendices in two volumes.

MEDICAL PUBLISHING COMPANY, LIMITED (London)

Pyorrhœa Alveolaris and its Relations to General Medicine. By John Fitzgerald, L.D.S. Pp. 62

OLIVER AND BOYD (Edinburgh).

Anæmia and Some of the Diseases of the Blood-forming Organs and Glands. By Byrom Bramwell, M.D., F.R.C.P.Ed. Pp. 450. Price 12s. 6d.

THE OPEN COURT PUBLISHING COMPANY (Chicago).

The Psychology of Reasoning. By Alfred Binet. Translated from the French by A. G. Whyte, B.Sc. Pp. 191.

YOUNG J. PENTLAND (Edinburgh and London).

The Murmurs of Mitral Disease. By E. Mansfield Brockbank, M.D., M.R.C.S. Pp. 47.

Aseptic Surgery. By C. B. Lockwood, F.R.C.S. Second Edition. Pp. 264. Price 4s.

The Edinburgh Medical Journal. Edited by G. A. Gibson, M.D., F.R.C.S.Ed. New Series. Vol. V.

SAMPSON LOW, MARSTON AND CO., LIMITED (London).

Handbook of Medical Gymnastics. By Anders Wide, M.D. Pp. 374. Price 10s. 6d.

Twentieth Century Practice, an International Encyclopædia of Modern Medical Science. Edited by Thos. Stedman., M.D. Vol. XVI. Infectious Diseases.

THE ROYAL BRITISH NURSES' ASSOCIATION.

Roll of Members for 1899. Pp. 132.

JOHN WRIGHT AND CO. (Bristol).

Our Baby: for Mothers and Nurses. By Mrs. Langton Hewen. Sixth Edition. Price 1s. 6d.

An Introduction to Dermatology. By Norman Walker, M.D., F.R.C.P.Ed. Pp. 247. Price 8s. 6d. net.

Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

COLONIAL DEGREES: REGISTRATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—On April 29th you were kind enough to publish a letter from me, stating that the Medical Council, acting on the advice of Mr. Muir Mackenzie, had passed a resolution confirming the action of the Registrar in refusing to register the diploma of F.R.C.S.I. as an additional qualification on the Colonial List, and I stated then that I had appealed to the Privy Council on behalf of the applicant.

The appeal, I am glad to say, has been successful, and I have just received a communication from the Privy Council Office, informing me, by direction of the Lord President of the Council, that the General Medical Council have intimated to His Grace that on the 6th inst. they resolved to accede to the application, and have directed the Registrar, in future, to register additional or higher qualifications on the Colonial List.

I have not yet received any intimation from the Registrar of the General Medical Council, but I see in the report of the proceedings that Mr. Muir Mackenzie stated that his first opinion was given without a full knowledge of the facts before him.

In my appeal to the Privy Council, I did not in any way add to the application made to the General Medical Council, which, I take it, should have been submitted to Mr. Muir Mackenzie, when his opinion was asked, as refusal to register a qualification might, and probably has, inflicted injury on an applicant legally entitled to registration.

Thanking you and the members of the General Medical Council, who assisted in effecting this registration.

I am, Sir, yours truly,
CHARLES FREDERICK KNIGHT, M.D.

Edinburgh, June 29th, 1899.

Small-pox in Hull.

It appears from a statement made by the President of the Local Government Board last week in the House, that of the 83 cases of small-pox at Hull, as to which the Board have received information, 62 showed evidence on examination of having been vaccinated, and 21 appeared to have been unvaccinated. The rate of death among patients exhibiting evidence of vaccination has been 9·7 per cent., whilst among those exhibiting no evidence of vaccination it has been 57·1 per cent.

New Surgical Appliances.

NEW UTERINE DOUBLE CURETTE.

By DR. ALEXANDER DUKE,
Cheltenham.

FOR the various operations requiring curetting I think it will be found an advantage to possess an instrument which will do double the work effectually and in a much shorter time.

The curette depicted, made for me by Messrs. Evans and Wormull, Stamford Street, London, will be found in practice to act well, and with ordinary care can do no injury to uterus. It consists of two curettes or ring knives (lying inside each other while instrument is closed) the blunt edges alone presenting The width of outer loop from side-to-side measures little more than half an inch, so that that amount of dilatation of "os" and cervix will be found sufficient to admit the blades to pass into uterus while steadied by tenaculum or volsel'um. The milled nut on outer side being then released by fingers, the weak spring action will be found sufficient to open blades to the extent allowed by nut and bring the cutting edge or edges into close proximity with uterine walls. (The depth of cutting edge exposed can be graduated to a nicety by means of the milled nuts, the necessary number of half turns having been counted before instrument is introduced.)

The blunt edge of *inner* curette should project slightly *from outer during introduction*; there will *then* be no danger of incising the cervix while passing instrument into uterus. The blades can also be used by rotation while withdrawing curette slowly from uterus, thus making the complete removal of endometrium far more certain and avoiding the necessity of having at some future time to repeat the operation. The instrument can be used either as a single or double curette by keeping the blades almost closed or opened respectively.

Laboratory Notes.

L'EAU D'OREZZA.

WE examined this water nearly a quarter of a century ago, and found it to contain a considerable percentage of iron, both as carbonate and protoxide, calcium carbonate, magnesium, carbonate with traces of potassium, and sodium chloride. We put it through present-day tests with some curiosity and found its leading characteristics had undergone but the slightest variation during this long interval, showing it to be what is claimed for it, a natural ferruginous water of stable character and of decided value in anæmia, chlorosis, and general debility. It contains more free carbonic acid, and is, therefore, more effervescent than most others of its class, a point in its favour which invalids will readily appreciate.

It seems passing strange that a natural product of such excellence should be comparatively so little known in this country, while on the Continent it is so popular a remedy with the profession. It issues from a mountain spring nearly 2,000 feet above sea level in the island of Corsica, whence it is bottled and conveyed to the various depôts in the usual manner. Probably it may be destined to a fuller appreciation in the future, as Sir Hermann Weber speaks highly of it in Clifford Allbu t's new "System of Medicine," and recent writers have recognised its therapeutical value. The shippers and

agents for this country are Messrs. Mark, Whitwill, Son and Judge, and it is obtainable at all chemists and mineral water dealers.

ELIXIR PHOSPHORUS (HORN).

THIS preparation may be described as a clear, stable aromatic fluid of syrupy consistence, containing, according to the prospectus, a fiftieth of a grain of free phosphorus in each fluid drachm, an assertion which is approximately borne out by the results of chemical analysis, and which also shows that the preparation contains no chloroform, ether or oil. The elixir is miscible with water, without any turbidity, and the mixture is free from any unpalatable taste. This is not the place to dilate upon the therapeutical application of free phosphorus, but when it is desired to administer the drug, this preparation appears to offer certain advantages. It is manufactured by Mr. O. E. Horn, D.Sc, of Bournemouth.

CHOCOLATE-COATED MEDICINE TABLETS.

MESSRS. PARKE, DAVIS and Co. have favoured us with samples of sundry recent additions to their list of chocolate-coated tablets, notably (1) tablets of calomel, ipecacuanha, bicarbonate of soda and bismuth, for infants; (2) cubeb compound tablets, for gonorrhœa; (3) euonymin, podophyllin, and calomel tablets; and (4) calomel and bicarbonate of soda.

These chocolate-coated tablets are characterised by perfect uniformity in point of size and weight (for each kind); and by their, pharmaceutically speaking, perfect finish. They represent, indeed, "le dernier cri de la pharmacie." The remorseful incontinent will welcome the tablet of cubeb compound as a pleasant change to the nauseous pastes and mixtures with which the old-fashioned practitioner beguiles his ailment, and children will appreciate the "corrective" tablets as a heaven-sent substitute for the teaspoonful of liquid redolent of rhubarb and other medicaments, good, no doubt, in their way, but not popular with unreasoning childhood.

Medical News.

Royal Institute of Public Health.

THE annual Congress takes place this year at Blackpool, under the presidency of the Marquis of Lorne, K.G., the Mayor of Blackpool being honorary president, and Dr. Jasper Anderson is honorary secretary of local committee. A Health Exhibition in connection with the Congress will be held from September 21st to October 14th, of appliances connected with public health, special attention being paid to those for the abatement of smoke, the object being the much-needed improvement of the smoke-polluted air of our towns and cities, and the economical consumption of fuel. There will also be a special section for public and private means of preventing fire, and of appliances for saving life from fire. Mr. W. G. Larkins, who was the curator and manager of the Exhibition at the Royal University in connection with the Dublin Congress last year, has been appointed to the same responsible position at Blackpool, and may be communicated with at the Public Health Office, Blackpool.

Chelsea Hospital for Women.

WE are asked to announce that this institution will be closed to in-patients from the middle of July to the end of September in order to permit of the following necessary alterations and improvements being carried out:—Enlargement and modernising of operating theatre, new hot-water service, new lift, installation of electric light. These improvements will cost nearly £3,000, and in view of the great pressure at which the work of the hospital is carried on, they can be no longer delayed. An appeal is being made for assistance towards defraying this expenditure. The out-patient department will be closed during August only.

More "Peculiars."

FREDERICK NORMAN and his wife, members of the "Peculiar People," have been committed for trial on a charge of causing the death of a female child, aged 5, by withholding medical aid The medical evidence showed death to have resulted from exhaustion consequent upon an attack of pleuro-pneumonia.

The General Medical Council and the Certification of Midwives and Opticians.

THE Corporate and Medical Reform Association request us to point out that in reply to the memorials, the General Medical Council has adopted resolutions implying that for registered practitioners to take part in such certification is "improper conduct," within the purview of the Council (*vide Lancet* and *B.M.J.*, June 10th, 1899). In 1893 the Council's Executive Committee framed for the Obstetrical Society a form of licence for midwives which the Council approved and the Society adopted. As the Medical Act denies recognition of the right to practice midwifery to persons not registered under the Act, these proceedings of the Council and all its proceedings recognising such licences, are illegal. Yet how can the General Medical Council, it is asked, after sanct oning these licences bring itself to convict practitioners of "infamous conduct" for issuing them? But if it will not convict one registered practitioner for examining or licensing midwives, how can it convict another for examining and passing opticians in sight-testing? And is not the sole escape from this embarrassing dilemma which we can anticipate a predetermined acquittal upon either charge? The General Medical Council has thus, by refusing their power to rescind its illegal proceedings, repudiated its judicial character, and destroyed its judicial competency as to the conduct of practitioners in examining and certifying either midwives or opticians. The direct representatives are in a hopeless minority, and the Council has twice in three sessions refused to recommend an increase in their number, and has also refused to amend, in accordance with the terms of the Medical Acts, its illegal form of return of corporate members, which enables them to be illegally returned. Under such circumstances vigorous measures are stated to be urgently needed to protect the rights of the profession and the public safety, and the remarkable success and general approval attained by the memorials is a guarantee of the success of more energetic and no less constitutional proceedings. An address or petition to the Privy Council to exercise its authority under the Medical Acts will be submitted for consideration.

Death Under Chloroform.

AN inquest was held last week at Sudbury, on a man, æt. 34, who had died at the St. Leonard's Hospital during the administration of chloroform previous to an operation necessitated by an injury to the hand. There was the usual struggling, which subsided, only to be promptly followed by respiratory failure. The report before us gives no information as to the amount of chloroform given in the matter of administration, but it is plain that the pernicious, so-called "open" method was followed. Unfortunately, these are matters which coroners juries are ill-fitted to discuss and appreciate, so the usual verdict was returned in accordance with the medical evidence.

Recalcitrant Guardians.

THE Dewsbury Board of Guardians have instructed their vaccination officer not to take any proceedings against defaulters under the Vaccination Act, the Local Government Board's instructions to that officer to the contrary notwithstanding. It remains to be seen what course the central authority will take to put the insubordinate guardians in order.

Diphtheria in Staffordshire.

AT Longton, in Staffordshire, upwards of 550 cases have been notified during the last few months with 102 deaths. The Medical Officer of Health personally notified the Sanitary Committee that unless they build an infectious disease hospital, do some radical work to the drains, concrete building sites, watch the places where refuse tipping is going on, they must consider that they are only playing at sanitary reform, making matters on the surface to please the eye, but not to please the eye of intelligence.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

PUZZLED.—Syrupus calcii lactophosphatis of the new *Brit. Pharm.* is made by dissolving 25 parts of precipitated carbonate of calcium in 60 parts of lactic acid, adding 46 of concentrated phosphoric acid, orange flower water, sugar and water. This drug was greatly lauded upon its introduction for its virtue in phthisis. That it really possessed some value is more than likely, but modern open-air therapeutic methods have superseded all drug cures by a more rational comprehension of the etiology and pathology of tubercle.

THE EFFECT OF TITLES ON THE FEMALE MIND.

A CORRESPONDENT has related to us an amusing episode in connection with the recent bestowal of a title by Her Majesty on the h ad of a household. Some months b fore our *confrère* could dub himself with the coveted prefix, his wife was apprised of the fact that the honour was shortly forthcoming, and her mind was immediately in a state of perturbation. The servants were summoned and put through their paces daily. They were instructed to practise addressing her as my lady this, my lady that; to answer the door to imaginary callers on her ladyship, and to the delivery of orders to tradesmen and others for lady so-and-so, until the entire household became one of expectant excitement. Meanwhile Dr. —— was an amuse spectator of feminine exultation.

DR. A. T. T. is thanked for his communication; the course pursued is quite the most dignified and proper under the circumstances.

FATALITIES FROM THE LOW FLASH OIL.

STATISTICS have been compiled by the editor of the *Star* news paper showing that sixty-three deaths have resulted from accidents with lamps in which the low flash oil has been used during the past half year against thirty-six in the corresponding period of 1898. What an outcry there would be had this serious loss of life resulted from an epidemic. But, say the authorities, if ignorant people will buy this common oil they must put up with the consequences.

DR. G. S.—There are entrance scholarships at most, if not all, medical schools, particulars whereof can be obtained by application to the Deans of the respective schools. In London most of these go to university students, no restriction being imposed in respect of the financial status of the candidate. While we quite agree that candidates for such scholarships ought to be required to sign a declaration of want of funds we know of no school where it is required. It, therefore, often happens that the rich man does not go empty away.

OBSERVER (Bradford.—We shall be pleased to receive any evidence you may be enabled to place at our disposal bearing on the case you refer to. We may mention incidentally that it is likely to be threshed out in the Law Courts, but we trust, not at our expense.

DR. R. J. L. Communication to hand as we were at press.

MR. HY. KNIGHT.—Thanks, but scarcely suitable.

M.D.EDIN.—The work referred to has, we understand, been out of print for some time but a new edition is promised shortly.

Meetings of the Societies and Lectures.

WEDNESDAY, JULY 5TH.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Specimens will be shown by Dr. Lewers, Dr. Lediard, and Mr. Gilford (introduced by Mr. Targett). Demonstration:—Prof. A. Thoms n: On the Sexual Differences of the Fœtal Pelvis. Papers:—Dr. Lewers: A Case of Persistent Mento-posterior Position of the Face in which the Child was delivered Alive by the Axis-traction Forcep.—Dr. Savory: Notes on a Case of Puerperal Eclampsia.

FRIDAY, JULY 7TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8 p.m. Cases and Specimens. 8.30 p.m. Papers:—Major H. Herbert, I.M.S.: Changes in the Conjunctiva produced by Chronic Inflammation (with lantern slide demonstration).—Mr. Rockliffe and Mr. Hainworth: Penetrating Wound of the Orbit with Traumatic Meningitis, Recovery. Annual General Meeting.

SATURDAY, JULY 8TH.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND (Anatomical Schools, New Museums, Cambridge).—2 p.m. Specimens and Exhibits will be shown by Prof. J. Musgrove, Prof. T. Wardrop Griffith, Prof. S. Martin, Prof. A. C. Haddon, Prof. A. Birmingham, Dr. R. J. Berry, Mr. W. L. H. Duckworth. Papers and Lantern Demonstrations: Prof. A. M. Paterson: On Perforations of the Parietal Bones (with exhibition of specimens).—Dr. H. Gadow: On Intercalation.—Mr. C. B. Lockwood: The Lymphatic System of the Appendix Vermiformis.—Dr. C. J. Patten: Exhibition of Slides showing the Form and Position of the Abdominal and Thoracic Viscera in the Lemur.—Prof. J. Symington: A Note on the Thymus of the Koala.—Dr. W. H. Gaskell: The Meaning of Giant Fibres.—Prof. Macalister: Cephalic Index Curves of 1,000 Egyptian Skulls.—Dr. Barclay Smith: Scaphocephaly.—Mr. N. B. Harman: The Palpebral and Oculo-motor Apparatus of Fishes.—Prof. C. Addison Tables and Illustrations of a Research on the Topographical Anatomy of the Abdominal Viscera.—Mr. H. Higgins: The Movements of the Knee-joint.

Vacancies.

Belfast District Asylum.—Locum Tenens Assistant Medical Officer for a few months. Salary, £3 3s. per week, with residence and attendance.

Berrywood Asylum, Northampton.—Assistant Medical Officer. Salary commencing at £150, with board, lodging, washing, and attendance.

Borough Asylum, Portsmouth.—Junior Assistant Medical Officer. Salary £100, with board, lodging, and washing.

County Asylum, Gloucester.—Third Assistant Medical Officer, unmarried. Salary £105 per annum, with board (no stimulants), lodgings, and washing.

County Asylum, Prestwich, Manchester.—Junior Assistant Medical Officer, unmarried. Salary commencing at £125 per annum, with apartments, board, attendance, and washing.

Essex and Colchester Hospital, Colchester.—House Surgeon. Salary £100 per annum, with board, washing, and residence.

Fisherton Asylum.—Assistant Medical Officer. Salary commencing at £120 per annum, with board, lodging, and washing. Apply to Dr. Finch, The Asylum, Salisbury.

Manchester Royal Infirmary.—Resident Surgical Officer for twelve months, unmarried. Salary £150 per annum, with board and residence.

Staffordshire General Infirmary, Stafford.—House Surgeon for two years. Salary £100 per annum, with board, lodging, and washing. Also Assistant House Surgeon. Salary £50 per annum, with board, lodging, and washing.

Surrey County Asylum, Brookwood, near Woking.—Medical Officer for about four months. Salary at the rate of three guineas per week, with apartments and all found.

Appointments.

BERRILL, A., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Woodford Sanitary District of the West Ham Union.

BYFORD, W. F., M.R.C.S., L.R.C.P.Lond., Medical Officer and Public Vaccinator for the No. 1 Sanitary District of the Ruthin Union.

COLES, CHARLES, M.D., D.P.H.Lond., L.R.C.P., Medical Officer of Health to the Leicestershire and Rutland Combined Districts.

GRIFFITH, A. H., M.D.Aberd., F.R.C.S.Edin., Honorary Ophthalmic Surgeon to the Royal Infirmary, Manchester.

KNAGGS, R. L. M.D.Camb., F.R.C.S., Hon. Demonstrator of Surgical Pathology by the Council of the Yorkshire College.

LAWRENCE, G., M.R.C.S., Medical Officer to the Chepstow Workhouse.

LEAF, CECIL H., M.A., M.B.Cantab., F.R.C.S., Surgeon to the Outpatients at the Gordon Hospital for Diseases of the Rectum, London.

MACVICKER, C. G., B.A., M.B.Irel., Medical Officer and Public Vaccinator for the Fourth Sanitary District of the Wells Union.

MARSH, J. H., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health, Macclesfield.

MEACHEN, G. N., L.R.C.P.Lond., M.R.C.S., Assistant House Surgeon to Guy's Hospital, London.

PITT-TAYLOR, F. S., M.B., Ch.B.Vict., Assistant Medical Officer to the Mill Road Infirmary, Liverpool.

REYNOLDS, E. S., M.D., F.R.C.P.Lond., Honorary Assistant Physician to the Royal Infirmary, Manchester.

SINCLAIR, A. M., M.B., C.M.Aberd., Honorary Medical Officer for the Burnley Victoria Hospital.

Births.

CARR.—On June 30th, at 19 Cavendish Place, W., the wife of J. Walter Carr, M.D., of a daughter.

DALTON.—On June 26th, at Cranmer House, Cambridge, the wife of J. H. C. Dalton, M.D., of a son.

GOURLAY.—On June 30th, at Faringcote, Guildford, the wife of F. Thornbrough Gourlay, of a son.

NEWINGTON.—On June 27th at The Grange, Edenbridge, the wife of Chas. W. Newington, M.R.C.S., L.R.C.P., of a son.

WALTER.—On June 25th at Lytham Road, Blackpool, the wife of R. A. Walter, M.R.C.S., L.R.C.P., of a son.

Marriages.

AUDEN—BICKNELL.—On June 27th, at All Saints' Church, Notting Hill, W., George Augustus Auden, M.A., M.B., B.C.Cantab., of Bootham, York, to Constance Rosalie, daughter of the late Rev. R. H Bicknell, M.A., Vicar of Wroxham, Norfolk.

BOWER—WHITLEY.—On June 27th, at the parish church, Stretton, near Warrington, Harry Edward Bower, M.B., of View Field, Stretton, to May, eldest surviving daughter of Charles Thomas Whitley, of Wallspit House, Stretton.

SARJEANT—KEKWICK.—On June 28th, at St. Mary's Church, Islington, John Frederick Sarjeant, L.R.C.P., M.R.C.S., eldest son of John W. Sarjeant, of Wellington, to Jane Eleanor, elder daughter of the late James Watson Kekwick, of Carlisle.

Deaths.

HUGHES.—On June 24th, Philip Vernon Hughes, M.R.C.S., L.R.C.P., eldest son of the late Philip Hughes, aged 28.

NORMAN. On June 29th, at 21 Sussex Gardens, Hyde Park, London, Julia Claudine, widow of William Alford Norman, M.B., F.R.C.S.

SWABY-SMITH.—On July 2nd, at 124 Mill Lane, Hampstead, C. Swaby-Smith, M.R.C.P.Edin., M.R.C.S., L.L.A., aged 64.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, JULY 12, 1899. No. 2.

Original Communications.

DECIDUOMA MALIGNUM?
A CRITICAL REVIEW FROM A CASE SUCCESSFULLY TREATED BY VAGINAL HYSTERECTOMY. (a)

F. W. N. HAULTAIN, M.D., F.R.C.P.E.,
Lecturer in Obstetrics, Edinburgh School of Medicine.

TEN years ago, Sänger described under the name of Deciduoma Malignum, a new growth of the uterus, which he considered owed its origin to an immediately pre-existing pregnancy. Since then a considerable number of cases have been recorded.

The condition in question is of much importance clinically, and interesting pathologically. From a clinical aspect its importance lies chiefly in its malignancy and comparative rarity. When untreated by radical means, death in the majority of instances occurs within 6 months of the confinement, although in a few instances it seems to run a more chronic course. The causes of death are hæmorrhage, septicæmia, and pulmonary embolism from metastases, the last being most common.

Its supposed rarity is questionable. Already I have been able to collect 90 cases published; of these the vast majority are German. In England, curiously enough, but six cases have been described, and in Scotland only one. This infrequency in Britain is probably to be explained through a want of appreciation of the true character of the growth, many being considered ordinary carcinomata and sarcomata, and claiming no particular attention. This contention is supported by the fact that up to 1896 when the condition was comparatively unknown, only 26 cases could be found in the literature, while now, three years later, 90 cases have been recorded.

Though important clinically, it is doubtless from a pathological standpoint this so-called deciduoma is of paramount interest; indeed, it is questionable if any pathological subject within the last five years has comparatively had bestowed upon it more investigation or given rise to such diversity of opinion as regards its structure, origin, and designation. Observers may be divided into two primary groups. 1. Those who believe the growth to be an ordinary sarcoma having no connection with pregnancy, and 2. Those who consider it to owe its origin to an immediately pre-existing gestation. The first group embraces practically the opinion of all the British investigators, with the exception of Teacher. (b) While the second group only agree to differ in detail. Thus we have Sänger suggesting its decidual origin, Gottshalk maintaining it arises from the stroma of the chorionic villi, and Williams, from the syncytium alone; while Marchand. Gebhard, Teacher, and many others assert its structure embraces both the epithelial layers of the chorionic villi. To still further complicate matters, the question of the origin of the syncytium forms a point of debate as to whether the tumour is maternal, fœtal, or both.

(a) Paper read and Demonstration given before the British Gynæcological Society, June 8th, 1899. For discussion see page 6, No. for July 5, 1899.
(b) "Pathological Journal," 1899.

Before venturing any assertion on this much-vexed question, I will take the opportunity of describing in detail a case which I had the good fortune to have placed under my care.

On October 18th I was asked by Dr. Thomson, of Musselburgh, to see with him a woman who was suffering from copious uterine hæmorrhage, and who gave the foltowing history:—

On September 10th, after a period of amenorrhœa which had lasted for ten weeks, she was seized with a sudden and profuse hæmorrhage for which the vagina was plugged. As the bleeding continued and the uterus was found to be enlarged it was decided to evacuate its contents. After the introduction of a bougie into the uterus and tight vaginal plugging, she spontaneously expelled a myxomatous mole. Her recovery seemed in every way normal and satisfactory; but on October 6th slight bleeding reappeared, and after a few days there was expelled a large fibrinous mass, not unlike a carneous mole. During and after its expulsion the bleeding was excessive and reduced the patient to a state of profound anæmia. At this time I now saw the patient. On local examination the uterus felt enlarged and soft, and the cervix sufficiently patulous to admit the finger for a considerable distance, though not entirely to the fundus.

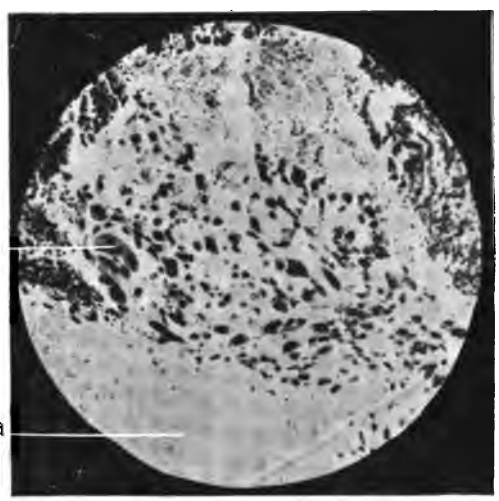


FIG. 1.—Uterine scrapings which show (F) nucleated protoplasmic masses and large actively proliferating malignant cells. (d) Fibrin.

Being of opinion I had to deal with subinvolution due to retention of gestation products, I curetted the uterus, and was at the time struck with the free nature of the bleeding which occurred, and which could only be stopped by very thorough intra-uterine plugging. As I was suspicious on this account of some malignant growth, I preserved the scrapings, and carefully examined them microscopically (Fig. 1). They showed the characteristic multi-nucleated protoplasmic masses and large nucleated cells described as occurring in deciduoma malignum, and, I therefore advised immediate

hysterectomy. As Dr. Thomson informed me, however, that the patient was well, the bleeding entirely having ceased, and that she and her friends would not hear of such radical methods being adopted, I reluctantly abandoned the idea of immediate operation, but strongly insisted that in the event of hæmorrhage recurring, such should be carried out without delay.

On November 21st, 1898, more than a month after curetting, a sudden profuse hæmorrhage occurred, and the patient was sent to my hospital. On arrival, after a journey of some miles in an ambulance, during which she was bleeding profusely, I found her in an extremely exhausted and exsanguine state. So much so indeed that I felt immediate operation to be unsafe. As I was aware of the terribly malignant nature of the disease, I hesitated to delay operation long, and on November 24th performed vaginal hysterectomy, which was easily and rapidly accomplished. The ovaries and tubes were not removed. Her recovery was uninterrupted, and she is now in evident health, although eight months have passed.

On examination of the uterus there was found on section a small growth (walnut) springing from the upper part of the anterior uterine wall, sessile in nature and bulging into the uterine cavity. It was covered (with the exception of a small portion) by apparently smooth healthy mucosa, and from the uncovered portion there protruded a mass of blood clot. The rest of the uterine cavity was lined by an apparently healthy mucosa.

On a complete section of the tumour the portion which bulged into the uterine cavity appeared to be composed mainly of fibrinous material, which indefinitely and irregularly gave way to a grey, apparently cellular layer, which in turn encroached into the substance of the uterine wall in an equally indefinite and irregular manner by means of prolongations along the blood sinuses. This infiltration was by no means extensive, and appeared to leave a large area of healthy uterine tissue between the growth and the serous surface of the uterus.

FIG. 1A.—(F) Necrotic are. (C) Cellular area of activity. (V) Villi.

Microscopically: The structure of the growth is seen to be composed of blood clot, two varieties of cellular elements and chorionic villi (Figs. 2, 3, 4).

The cellular elements are of two types, (1) large polyhedral cells, which stained lightly, and whose large nuclei show a wide intranuclear network, and (2) multinucleated deeply staining protoplasmic

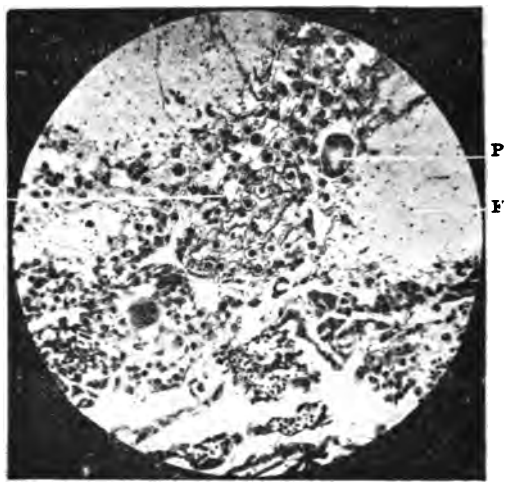
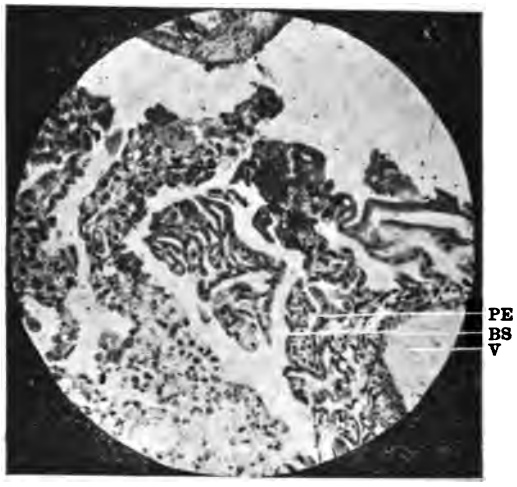


FIG. 2.—Shows large nucleated individual cells and multinucleated protoplasmic masses, (P). Fibrin × 100, (F).



Protoplasmic mass. Blood sinus. Villus.

FIG. 3.—(V) Tip of villus. (BS) Blood spaces. (PE) Proliferating epithelium × 50.

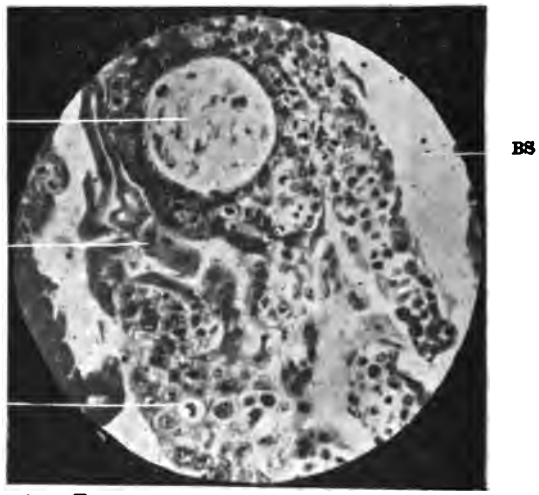


FIG. 3A.—Transverse section of chorionic villus in tumour, showing intense proliferation of both layers of epithelium. (V) Villus. (S) Protoplasmic masses of syncytium. (M) Individual cells showing mitosis. (BS) Blood space.

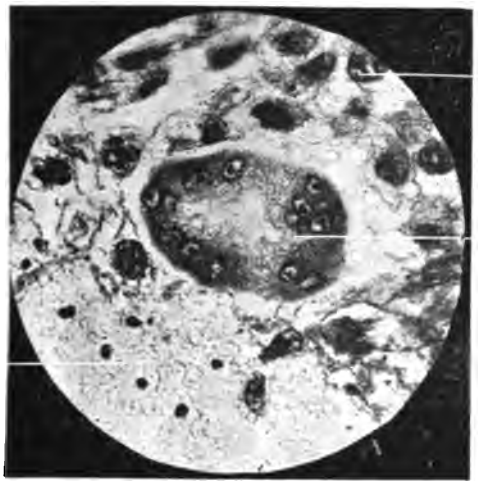


FIG. 4.—Higher power of cellular layer. (C) Individual cells with intranuclear network. (P) Nucleated protoplasm. (F) Fibrine, × 400.

masses of all varieties of shape, whose nuclei are extremely rich in chromatin and show no wide intranuclear network as in the other cells, Both varieties of elements, however, show a marked tendency to retraction of their protoplasm and vacuolation. Mitotic figures were frequently observed in the individual cells, but nowhere in the protoplasmic masses. The relationship of these two types of cells varies greatly; in some instances it appeared as if groups of individual cells were confined in alveoli formed by processes of nucleated protoplasm. This is most apparent when in close relationship with the chorionic villi. As one proceeds further from the villi the cells and protoplasmic masses are arranged indefinitely. The individual cells, in some places, are much in excess of the protoplasmic masses, while in others the latter only

FIG. 5.—Branching multinucleated protoplasmic processes in free blood spaces.

are to be distinguished (Fig. 5). Nowhere is there evidence of intercellular substance, or blood-vessels, although free blood is intimately mixed with the cells, and is also found in the vacuoles in their substance.

Extending into the muscle can be seen clumps of both types of cells, apparently following the perivascular lymph spaces, while throughout, individual cells may be seen finding their way indiscriminately, with a special tendency to penetrate the venous sinuses and engraft themselves on the interior of their walls, where they continue to proliferate.

The chorionic villi in some instances show degeneration of their stroma, but others present an almost normal appearance. In all, however, there is evidence of great activity in their epithelial coverings. On section of the tumour three areas might be microscopically described: 1st, the submucous or peripheral area, which forms the main bulk of the tumour mass, and is necrotic in character, composed of fibrin and cellular elements in all stages of degeneration; 2nd, a cellular area or tumour proper, which is composed entirely of actively proliferating cellular elements and chorionic villi mixed with free uncoagulated blood; while, 3rd, we have the area of infiltration, in which may be seen cells and protoplasmic masses isolated, and in groups insinuating themselves into the blood channels (Fig. 7), and surrounded by the degenerating muscular fibres of the uterine wall. From what has been described, therefore, it would appear as if the *rôle* of the cellular elements composing the growth was to penetrate the blood channels, in which, so long as the blood circulation con-

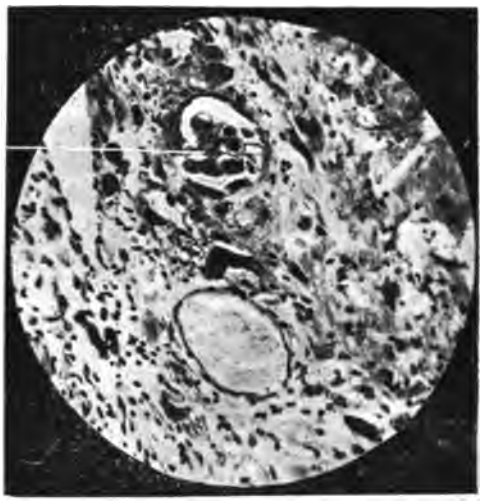


FIG. 7.—Area of invasion. Both varieties of malignant elements (C) in small vessel and surrounding tissues.

tinued, they maintained their vitality and proliferated rapidly, but when coagulation and extravasation of the blood took place, they rapidly degenerated. It also appears as if the protoplasmic processes and masses had an amœboid character not only in their power of movement, but more especially in the phagocytic action on surrounding tissues; everywhere they were surrounded by a free blood space, and in the interior of many of the masses could be seen degenerated blood and *débris* in the process of absorption. From this action their power of rapid infiltration is very great

In seeking for an origin of this curious variety of growth, and at the same time recognising the fact as pointed out by Sänger, that they always arise after an immediately pre-existing pregnancy, one naturally turns for a physiological prototype to the placenta.

Here, as is well known, in the early weeks we have extreme activity in the epithelial coverings of the villi, especially at their tips, when they come in contact with the decidua (Figs. 10, 11). By means of this epithelial proliferation more villi are formed, and at the same time through the phagocytic action of these epithelial layers, maternal blood-vessels are opened into and an actual encroachment made into the decidua itself. In due course, however (accord-

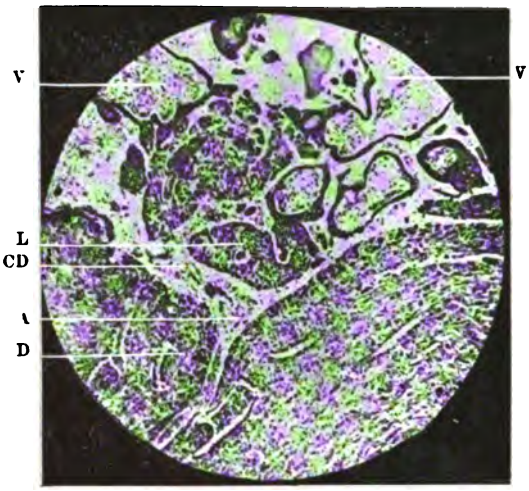


FIG. 10.—*Normal placenta*, sixth week. (CD) Chorio-decidual space into which (A) vessel opens by dilatation, see endothelial lining. (V) Villi with intense proliferation of Langhan's cells. (D) Decidua. (L) Protoplasmic multinucleated masses, from specimen of Dr. Gulland's.

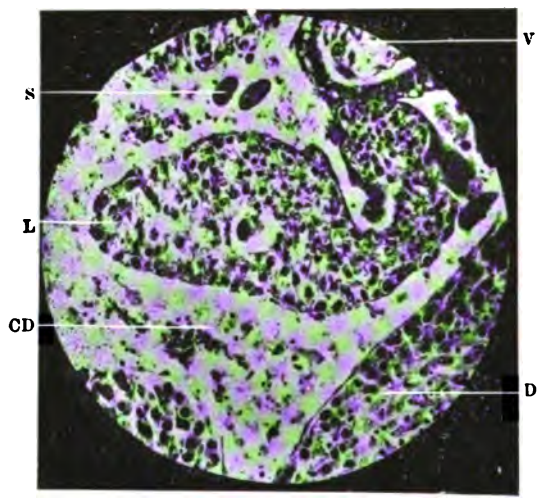


FIG. 11.—Normal placenta, sixth week × 200. (V) Tip of villus. (D) Decidua. (L) Proliferating cells of Langhan's layer. (S) Multinucleated protoplasmic masses. (CD) Chorio-decidual space lined by endothelium.

ing to Fothergill), the decidual cells, which are also phagocytic in action, overcome the ingression of the chorio-epithelium, destroy it entirely when in contact with it, and thus prevent infiltration of the uterine wall by villi. In other words the decidua may be looked upon as the first line of maternal defence against the inroads of parasitic villi. On microscopic examination the villi are found to be covered by two layers of epithelium, an inner composed of individual cells (Langhan's layer) and an outer of nucleated protoplasm not differentiated into cells (syncytium), and on comparing these layers with the cells of the tumour in question one is struck by the similarity. If further proof be wanting of their identity one need only turn to the villi found in the tumour, which, as shown (Fig. 7), display an intense activity in both layers of epithelium. The individual cells of Langhans layer, dividing and multiplying in all manners and ways, whilst the syncytium can be seen everywhere throwing out large complex processes of a similar structure to itself. It cannot but be considered from the appearances thus presented, that the origin of at least this tumour has been from the epithelial layer of the villi.

In further investigating the origin of the so-called deciduomata in general, one must naturally turn to an examination of the structure of myxomatous chorion, a condition with which it seems to be closely allied, as shown by the fact that of the 91 cases of deciduoma recorded, 49 followed the expulsion of this variety of mole. And if it be kept in mind that myxoma of the chorion is in itself an infrequent condition, occurring only once in 1,800 pregnancies, *a priori*, it is to be expected that a connecting link may be found between the normal villus of the young placenta and the growth in question. In this reasoning one is not disappointed, for microscopic examination of so-called myxomatous villi demonstrates this abnormality to be due to an intense activity in the syncytium and to a lesser extent of Langhan's layer, by which rapid proliferation and the formation of new villi is accounted for. (Fig. 12). It will also be noted that there is an extraordinary vacuolation of the syncytium. As one

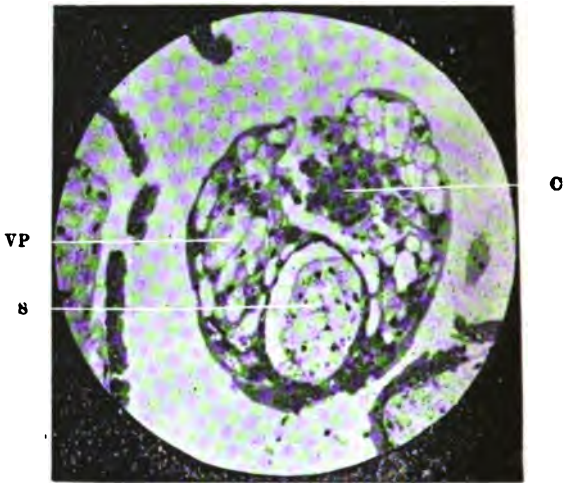


FIG. 12.—Myxoma of chorion. Transverse section through small villus × 200 showing (S) retracted stroma of villus. (VP) Enormous hypertrophy and vacuolation of syncytium. (C) Proliferation of Langhan's layer.

would naturally expect, a result of this excessive activity in the epithelial layers of the villi is an increased aggressive action of the villi on the surrounding decidua and a deeper penetration into its substance. In some instances, as is well known, this may be so extreme that the villi not only travel through the entire thickness of the decidua, but penetrate the muscular wall of the uterus, and give rise to spontaneous rupture or peritonitis; or in other cases pass into the blood stream and give rise to metastases and pulmonary embolism.

It is no mere fancy, then, to argue that, under certain conditions, villi with actively prolifierating epithelium may penetrate the muscle wall of the uterus, and in this situation by continued activity of their epithelial coverings, give rise to the new growth we are now considering. This condition is certainly more likely to result from a myxomatous mole pregnancy where the villi are specially active, and more prone to overcome the resistance of a normal decidua, but it is also possible through a weakness in the decidual defence, that the villi of a normal pregnancy, may reach the muscular wall of the uterus and there continue in a state of activity, and give rise to an epithelial growth. The chain of evidence

in favour of this new growth being of epithelial origin has, to my mind, no weak link; the structural appearances, the physiological prototype of the young villus, and the interesting association with myxoma of the chorion which it closely resembles anatomically, physiologically, and pathologically, all serve to prove that the growth is of epithelial origin, at least, so far as concerns the case under our immediate notice.

(To be concluded in our next.)

THE SEXUAL DIFFERENCES OF THE FŒTAL PELVIS. (a)

BY ARTHUR THOMSON, M.A. Oxon, M.B. Ed.,

Professor of Human Anatomy in the University of Oxford; Lecturer on Anatomy in the Government School of Art, South Kensington.

AFTER demonstration by the aid of numerous diagrams and lantern slides of the sexual differences in the conformation of male and female pelves during fœtal life as resulting from his researches the author commented on the absence of any reference to the subject in most anatomical works, and he pointed out that to Fehling belongs the credit of discovering that the differences in form and appearance are such as to enable the observer to distinguish between the pelvis of the male and female as early as the third month of fœtal life. He referred to the statement which still finds currency that no such differences obtain until the period of puberty, and he discussed the explanations that had been offered of the causation of the differences at that period. He alluded in particular to the views held by Matthews Duncan, who suggested that the changes were less marked in the male pelvis, in which the bones were thicker, stronger, and stouter, and more early consolidated with each other, these conditions being at once the signs and causes of the peculiarities of a masculine pelvis. The author's object was to insist upon the fact that at a comparatively early period in the development of the fœtus the sexual differences are as pronounced and characteristic as they are in the adult. He showed a number of pelves taken from fœtuses which had been previously hardened in spirit which had been preserved as moist specimens, this moist condition being an important point to bear in mind in drawing deductions. He noted that in respect of the proportions of the pelvis as a whole the breadth-height index is high—viz., 85·6 for the females and 82·4 for the males, in other words the height of the fœtal pelvis is great in proportion to its width. It follows that during the growth of the pelvis from the fœtal to the adult form there is a greater proportionate growth in width than in height. In the fœtal condition, however, the breadth-height index in the female is higher (85·6) than in the male (82·4), the converse whereof holds good in the adult, so that the female pelvis during growth appears to increase in size more rapidly in width than in height, a circumstance no doubt associated with the peculiarity in the form and size of the hinder portion of the ileum. In the fœtus the splay of the lateral walls of the pelvis is greater in the male than in the female, and it is noteworthy that this difference is characteristic of the different sexes in the adult. This difference in the splay of the pelvic sides reacts on the proportions of the true and false pelves, so that in the female the lower segment bears a larger proportion to the upper segment; while in the male, owing to the greater splay of the pelvic wall as a whole, the proportion of the lower segment to the upper is much less than in the female. The author attached considerable importance to the proportion of the width of the ileum to the total pelvic height. His results show that during growth the increase in width of the ileum is proportionately greater than the increase in height of the innominate bone. It is, however, in the true pelvis that the appearances characteristic of sex are principally met with, and they are as well marked in the fœtus as in the adult. The form of the inlet in the male is described as caudate as contrasted with the more uniformly oval elliptical or reniform aperture in the female. The proportion which the sacrum bears to the pelvic inlet is of some importance, and as a matter of fact the fœtal sacrum is larger in proportion to its surroundings than in the adult. He finds, too, that the females even in the fœtal condition possess a sacrum which bears a relatively larger proportion to the maximum pelvic width in the male such as maintains in the adult. He showed that the sacrum in the fœtus exceeds the width of the pelvic inlet, and he pointed out that the increase in the size of the diameters of the inlet of the pelvis is due in large measure to the growth and development of that part of the iliac bone which overtops and forms the upper boundary of the great sacro-sciatic notch. He pointed out that the narrowness of the fœtal sacrum so often alluded to in works of reference has no existence in fact. He notes in the male fœtus a higher sacral index than in the female, indicating a proportionately greater width of sacrum in that sex, the converse of what obtains in the adult. Passing on to the true pelvis the author noted that apart from the differences in the outline of the inlet the walls of the true pelvis in the male encroach much more on the cavity owing to their greater obliquity. The relative width between the ischial spines is greater in the adult than in the fœtus attributable to the fact that, unlike most of the other spinous prominences on the innominate bone the ischial spines are not provided with secondary epiphyses from which it may be assumed that their growth ceases at a much earlier period with the consequent effect of proportionately increasing the width between them in the adult. The author drew attention to the marked difference between the angle of the pubic arch in the male and female fœtuses, differences which can easily be recognised without the aid of instruments when the specimens are placed side by side. It is evident, indeed, that although there is an increase in the angle with the growth of the pelvis, the sexual difference is maintained throughout. Another feature in which the adult female pelvis differs from the male is the form and size of the great sacro-sciatic notch. This in the female is usually wider and shallower than in the male. If the forms of the male and female adult innominate bone be compared, it will be seen that in the female the width of the posterior part of the ilium is greater than in the male, and this difference exists even during fœtal life. From a consideration of the facts already stated, it follows that in many of its forms and proportions the fœtal pelvis conforms very closely to the adult. The greatest difference is met with in the innominate indices and in the proportion of iliac width to pelvic height. To sum up, it appears from a consideration of the foregoing facts that during fœtal life the essentially sexual characters are as well defined as in the adult forms, and that any differences that occur during growth between the adult and fœtal forms, due it may be to the influence of pressure or muscular traction, affect both sexes alike, and that such influences are in no wise accountable, as has been maintained, for the characteristic features of the pelves of females as contrasted with the male.

(a) Paper read at the meeting of the Obstetrical Society, July 5th, 1899. The discussion will be found on page 35.

ON A CASE OF TUBERCULOUS OVARY REMOVED BY ABDOMINAL SECTION. (a)

By W. J. SMYLY, F.R.C.P., M.D., T.C.D.,

Gynæcologist to the Adelaide Hospital; formerly Master of the Rotunda Hospital, Dublin, &c.

UNTIL quite recently such a condition was unknown, but Martin, in his recent work on diseases of the ovaries, states that 184 cases have been recorded in recent years, so that the disease is not so rare as had been supposed. As a primary affection, however, it is extremely rare, three cases only having been recorded by Edmonds, Jacobs, and v. Franke, but even these are doubtful. The patient was æt. 28, and had been married two years. She enjoyed good health until shortly before marriage, when she had influenza, from which, however, she completely recovered. About Christmas, 1897, she began to feel ill, and had gradually got worse. I first saw her in April, 1899. She complained of always feeling tired, and seldom left her bed before midday, had profuse night sweats, and had steadily lost weight—18 lbs. in the last twelve months. She was greatly emaciated, had the appearance of a person in advanced phthisis, and had not menstruated for seven months. She had no cough, nor any physical signs of pulmonary disease. The abdomen was somewhat distended, and a small tumour could be detected in the left inguinal region, which, upon bimanual examination, proved to be the uterine adnexa of that side. The uterus and right appendages appeared to be normal. Tuberculous disease of left uterine adnexa was diagnosed, probably involving the tube, and associated with tuberculous peritonitis.

Operation.—On opening the abdomen no general tuberculous disease was found. There were, however, dense pelvic adhesions, but no visible tubercles. Both tubes were found diseased, the right being about as thick as an ordinary pencil; the left, somewhat larger, lying upon an ill-defined mass about the size of an orange. When freeing the right tube it burst, and some pus escaped, but it was removed, with the accompanying ovary, without difficulty. The tumour on the left side had developed in the meso-rectum, which was intimately connected with it, passing over it from left to right, and then down behind it. The peritoneum was opened in front of the rectum, and about a quarter of an inch from it, but in attempting to detach the latter, though the greatest care and gentleness were used, the finger penetrated the gut. Keeping the finger ends in contact with the tumour, it was enucleated without difficulty, brought up out of the pelvis, and removed with the tube in the ordinary manner. Upon examining the cavity left, however, it was discovered that the entire anterior wall of the rectum was wanting as far down as the reflexion of the peritoneum. After consultation with Dr. Gordon, who assisted at the operation, it was decided that an ordinary enterorrhaphy offered small prospect of success, not only because of the extent of the injury, but also because of the condition of the surrrounding structures. It was, therefore, determined to resect the injured portion of bowel, and about two inches having been removed, two ligatures were inserted, one on either side of the lower end of the upper portion of the bowel, and by means of these it was drawn down into the lower portion, and secured there by a double row of sutures. Having sponged out the pelvic cavity, and packed the sutured portion around with iodoform gauze, the ends were brought out at the lower angle of the abdominal incision, the rest of which was closed in the usual manner.

The patient suffered severely from shock, but improved somewhat towards evening. Next day, however, she was not so well; the pulse was very rapid and weak, and the surface bedewed with cold, clammy sweat. During the night vomiting set in with violent abdominal pains, and Dr. Smyly was summoned to her early in the morning. She had then violent abdominal pains, with evident peristaltic movements of the intestines, but no flatus had escaped. There was constant vomiting, no radial pulse could be felt, and her arms were cold up to the elbows. An endeavour to reach the constriction per anum failed. Dr. Gordon saw her in consultation at 9 a.m., but as the wound presented an unhealthy appearance, and could not be used to form an artificial anus, and as it was evident that to have opened the abdomen in another position it would have proved immediately fatal, it was decided that nothing further could be attempted. During the day she gradually became worse, and the vomit assumed a fæcal character. Shortly after midnight, however she took a turn for the better, passed flatus, and shortly after a fæcal motion; pains and vomiting ceased, and she took and retained nourishment. Since then she has steadily improved, takes her food well, and is putting on flesh. A considerable but steadily decreasing quantity of fæces, however, escapes from the abdominal wound. The specimen under the miscroscope shows giant cells and caseation.

(a) Read before the Royal Academy of Medicine in Ireland, May 26th, 1899.

A COUNTRY HERBALIST'S CURE FOR THE "KING'S EVIL." (a)

By JOHN KNOTT, M.A., M.D., and Dip. Stat. Med. (Univ. Dub.); M.R.C.P.I.; M.R.I.A.; &c., &c.

(*Continued from page* 4.)

THE herb which forms the second ingredient of our remedy is thus described by the same author:—

"ULMARIA SIVE REGINA PRATI.—Medowsweete or Medesweete. Of this herb there are two sorts, the one familiar to our country, the other a stranger to us, and only entertained of a few, and those the lovers of rare plants.

"1. ULMARIA VULGARIS.—Common Mede or Meddowsweete. The stalks of this Medesweete are reddish and easie to breake, rising to be three foot high, and sometimes to be four or five, having at the joynts thereof large winged leaves, standing one above another at distances, which are made of many somewhat broad leaves, set on each side of a middle ribbe, being hard, rough or ragged, crumpled much like to Elme leaves, whereof it tooke the name, but having also some smaller leaves with them, even as Agrimony hath, somewhat deepely fluted about the edges, of a sad greene colour on the upper side, and grayish underneath; of a pretty sharpe sent and taste, very like unto Burnet, and will no lesse give a fine rellish to a cup of claret wine if a leafe be put therein then Burnet; at the toppes of the stalkes and branches stand many tufts of small white flowers thrust thicke together, which smell much sweeter than the leaves; and in their places being fallen, come croked and cornered seede; the roote is somewhat wooddy and blackish on the outside, and brownish within, within divers greater strings and lesser fibres set thereat, of a strong sent, but nothing so pleasant as the flowers or leaves, and perisheth not, but abideth many years, shooting forth anew every spring.

"2. ULMARIA MAJOR SIVE ALTERA.—The greater Medesweete. This Medesweete groweth higher than the former, with longer winged leaves set one above

(a) An abstract of this paper was read in the Medical Section of the Royal Academy of Medicine in Ireland on Nov. 18th, 1898.

another upon the crested brownish stalkes, having long footstalkes upon them, each being divided usually into three parts, the two lowest one against another, and every part also consisting of three to five smaller leaves than the other. Separate each from the other, being hard crumpled, and finely dented about the edges: at the tops of the stalkes grow the flowers in longer spikes, more sparsedly and not so thick thrust together, turning downe their heads which are white like the former, and smelling very sweete also, more nearly resembling a goat's beard, whereof some have given it the name than the other; the root is more wooddy, with many blackish strings which smell strong, and taste somewhat harshly; the stalks and leaves dye wholly downe every yeare, and rise againe in the spring.

"THE PLACE.—The first groweth in moyst Meddowes that lye much wet, or neare the courses of water, and the later is found also in shadowie woods, and places very often.

"THE TIME.—They are found in some place or other, all the three Summer moneths, that is, June, July, and August, and their seede is ripe quickly after.

"THE NAMES.—They are not found mentioned by any of the ancient Greekes or Latines, only some think it may bee referred to Rodora of Pliny. It is called by the later writers Ulmaria, a foliorum Ulmi similitudine, of the likenesse of Elme leaves, of Dodonœus Regina prati, and Barba and Barbula Capræ, or Barba Caprina of Tragus, and by him thought also that it might be Picnocomon of Dioscorides, as Gesner in hortis and Lonicerus doe. Fuschius calleth it Barba capri. and Lobel Barbi capra. Cordus Medesusium, from the Germaine word Medesuss, that is Meddowsweete. Some, as Lugdunensis saith, tooke the later to be Melandrium Plinii, and some also call it Drymopogon; Anguillara calleth them Potentilla Major Prima and Secunda, and Thalius the greater sort Argentina Major. Anguillaro saith the Italions call it Christoforianæ, the French call it Barbe de Cheurre, and Roine des Preis the Germanes Geisart, and the greater Wielde Geishart; and Camerariss saith Wormkraut, because, as he saith, the roote is often found, as it were, eaten by Wormes; but it is more likely for that it helpeth horses of the Bottes, and Wormes, and so he saith the country people used it; the Dutch Reinette, and as Lobel saith Gheytenbladt, and Camecruidt, in English Medesweete or Meddowsweete, and Queene of the fields or Meddowes.

"THE VIRTUES.—Being neare a little in taste and smell with Burnet, they are most likely to bee neare of the same facultie, yet Tragus accounteth them more hot and dry; they are also used in the same manner, and with same purposes, to stay all manner of fluxes, bleedings, and vomitings, and women's courses, as also their whites; it is said to alter and take away the fits of quartaine ague, and to make a merry heart, for which purpose some use the flowers, and some the leaves; it helpeth also speedily those that are troubled with the Collick, being boyled in wine and with a little honey taken warme, it doth open the belly; but boyled in red wine and drunke, it stayeth the flux of the belly, &c., it helpeth the Bottes in horses as you heard before; being outwardly applyed it healeth old Vlcers, that are cancrous or eating, and hollow or fistulous, which many have used and much commended; as also for the sores in the mouth, and secret parts: the leaves when they are full growne being layd upon the skinne, will after a small time raise blisters thereon Tragus saith: the water thereof helpeth the heate and inflammation in the eyes; the seede as Camerarius saith being taken, causeth paines in the head; and because both flowers and herbes are of so pleasing a sweete sent, many do much delight therein, to have it layd in their Chambers, Parlurs, &c., and Queene Elizabeth of famous memory did more desire it than any other sweet herbe to strew her Chambers withall: a leafe or two hereof layd in a cup of wine, will give as quick and as fine a rellish thereto, as Burnet will, as I sayd before."

In Salmon's *Herbal*, published in London in the year 1710 elaborate attention is paid to the uses and preparations of Wood Sorrel, which was then, very evidently, at the zenith of its fame.

"OF SORREL WOOD, OR SOUR TREFOIL.

"THE NAMES.—It is called in Greek 'Οξὺς, and in Latine, "Oxys, Oxys Pliniana," Lib. 27, cap. 12. Oxytriphyllum Tragi and Lacunæ (but Oxytriphyllum is a more proper name for the sharp pointed Trefoil) Trifolium Acetosum, Panis Cuculi (Cuckow's meat) also Alleluja (because it was in flower, when in ancient times Alleluja was wont to be Sung in Churches): and Luluja (a corrupted word from Juliola, as in Calabria in the kingdom of Naples it is called), in English, Wood Sorrel or Sour Trefoil.

"THE KINDS.—The chief sorts common with us are 1. Oxys Plinii, Alleluja, Lujula, Oxys alba Communis, Trifolium Acetosum Vulgare; Our Common Wood Sorrel. 2. Oxys flore Luteo Clusii, Oxys lutea corniculata repens Lobelii, Trifolium acetosum corniculatum Bauhini, Oxys Americana, Yellow Flower'd Wood Sorrel.

"THE DESCRIPTIONS.

"3. The first, or common Wood Sorrel. Its Roots are nothing but Strings fastned to the end of a small long Piece, all of them being of a yellowish color, not perishing every year, but abiding with some Leaves thereon in the Winter. It grows low upon the ground without any Stalk, rising from it, having a number of Leaves coming from the Root, which Leaves are made of three parts like a Trefoil, but broad at the ends and cut or dented in their middle (almost in form of a Heart) of a faint yellowish green color, each one standing on a long Footstalk, which at their first coming up are close folded together to the Stalk, but opening themselves afterwards, and are of a pleasing sour relish, more grateful and pleasing than any of the former Sorrels, and yielding a juice, which will turn red when it is clarified, and make a most delicate clear Syrup. Among these Leaves, rise up divers slender weak Footstalks, not growing higher than them, each one having a Flower at its Top, consisting of five small and pointed Leaves, Star fashion, of a white color in most places, or in some dasht over with a small show of blush, and in some (but on the backside only) of some other colors. The flowers being past, then follow small round heads, with small yellowish Seed in them.

"4. Gerard describes it thus:—Its root is very threddy, and of a reddish color. It is a kind of three-leav'd grass, and is a low and humble herb, without stalk: the leaves immediately rising from the Root upon short stems: at their first coming forth folded together, but afterwards spreading themselves abroad, of a fair, light green color, in number three, like the rest of the Trefoils, but that each leaf has a deep cleft in the middle. Among these leaves come up small and weak tender stems, such as the leaves do grow on, which bear small star-like flowers of a white color, with some brightness of carnation dasht over the same. The flower consists of five small leaves, after which come little round knaps or husks, full of yellowish seed. The whole herb is in taste like Sorrel, but much sharper and quicker, and makes better green sauce than any of the other Sorrels. Johnson in Gerard says, that he had some of these Plants sent him, with very fair red flowers, which were gathered in a Wood of Sir Thomas Walsingham's

called Stockwell Wood, at Chissel-hurst, in Kent, and in a little round Wood there adjoining.

"5 THE SECOND OR YELLOW FLOWER'D WOOD SORREL.—Its Root is a brush of Fibres, and abides all Winter without perishing, if it be not too Violent or Cold, the Extremity making them rot and perish, so that the plant must be raised from Seed sown again. It shoots forth several slender, weak, reddish Stalks, trailing upon the ground, yet growing in a heap as it were, the Stalks take Root at the Joints as they lie, spread into many Branches, with many Leaves on them, standing simply one above another, and made of three leaves, cut in at the end like the former, but are much smaller, and of a Pale green Color; at the Joints with the Leaves come forth three or four small flowers together, at the end of a long Footstalk yet each separate from the other, consisting of small and pointed leaves like the former, but contained in smaller, and larger heads, like Cods or Horns, yet not Crooked but pointed small, which quickly fade away on being touched when they are ripe, and spring up again all about where it grew.

"6. THE PLACES.—The first grows very plentifully in many places in England, in woods and by wood-sides, where it may be moist, and shadowed from the Sun. also in other places not too open to the Sun-Beams, the Second grows in Spain. Italy and Sicily; but in a vast plenty in almost all our worne out Plantations of Maze, in South Carolina, and other places adjacent thereto, where I have gathered it many times: there is scarcely any Herb which grows in greater plenty in those Countrys than this.

"7. THE TIMES.—The first Flowers early in April and May, the other in June, July and August, and so continues in flower with the cold of Autumn causes it to perish, the seed ripening in the meantime.

"8. THE QUALITIES.—These are of the Temperature, and properties of Common Sorrel in the former Chapter; but more potent to all those purposes, and are special Alexipharmicks or Antidotes against the Plague, and all sorts of Pestilential, Malign, and Burning Fevers.

"9. THE SPECIFICATION.—Wood Sorrel resists Vomiting, strengthens the Stomach, hinders putrifaction of the Blood, quenches Thirst, provokes Appetite, and is effectual against the Plague, Spotted Fever, Calentures, and other like Malign diseases.

"10. THE PREPARATIONS.—You may make therefrom, 1. A Juice. 2. A Decoction or rather Infusion. 3. A Syrup. 4. A Conserve. 5. A Cataplasm. 6. A Distilled water.

"THE VIRTUES.

"11. THE JUICE.—It has all the before specified Virtues, cools Inflammations, takes away all præternatural heats, whether in the Stomach, Bowels, or habit of the Body; resists putridity, and is most singularly excellent against any Contagious Sickness or Pestilential Fever. Mixt with a fit quantity of double refined sugar, it makes most incomparable Green Sauce.

"12. THE DECOCTION OR INFUSION.—They have the Virtues of the Juice, but not so effectual, and may be given half a Pint at a Time: if they are made in Wine (whether White or Red), they will be so much the more effectual in some cases, more especially where no Fever is present.

"13. THE SYRUP.—It is effectual in the cases aforementioned, does exceedingly cool, and abort the heat of Fevers; and mixed with Juice, makes an excellent Gargarism for a sore Mouth and Throat, being gargled therewith and spit out, and then fresh taken in; it wonderfully helps a stinking foul Canker or Ulcer in those parts, and is singular good in Wounds made by Cut or Puncture, stopping their bleeding and causing them speedily to heal.

"14. THE CONSERVE.—It is cordial, refreshing in hot Fevers, stops Vomiting, and strengthens a weak Stomach, and is profitable against Catarrhs or hot defluxions of Rheums upon the Stomach and Lungs.

"15. THE CATAPLASM.—It is made either of the whole green Herb bruised: or made of the Herb, stewed between two Pewter Dishes, and brought to a Consistence with Crumbs of white Bread. It abates the heat of Inflamations and other hot Tumors, cures simple Contusions, being presently applied, viz., whilst they are recent; applyed to simple green wounds also, it heals them in a short time, by stopping the Hæmorrhage and conglutinating their Lips.

"16.—THE DISTILLED WATER.—It has all the Virtues of the Juice and Decoction or Infusion, but very much weaker: It quenches thirst, and cools inward heats of the Stomach, Lungs, and Liver, being taken morning, noon, and night, half a Pint at a time, sweetned with the Syrup aforenamed; and so mixed it makes a good Gargarism for Sore and Cankerous Mouths and Throats."

And the same notable authority gives a correspondingly elaborate and appreciative account of the qualities, uses, and preparations of the second herb which enters into the composition of our cure.

(To be continued.)

Clinical Records.

COOMBE LYING-IN HOSPITAL, DUBLIN.

A Successful Case of Cæsarian Section.

Under the care of F. W. KIDD, B.A., M.D.,
Master of the Hospital.

THIS case presents many points of interest. The operation was not done for contracted pelvis, but for a large growth which sprang from the posterior portion of the cervix. When seen at first this tumour was drawn up to such an extent that it seemed possible to push up the cervix; however, this method proved quite ineffectual. Patient was æt. thirty-two. and was a primipara; she was visited at her own house on the 3rd December. The tumour was then diagnosed, and the patient was brought into hospital. A thorough examination was made, and as the patient had had labour pains it was determined to operate at 1 a.m. on the morning of Sunday, the 4th December. Every antiseptic precaution was taken, and on Dr. Stevens devolved the duty of attending to the child when born, I was assisted by Drs. Heuston, Cole-Baker, and Scully. Incision was about 2 ins. above and 4 ins. below umbilicus, placenta, which was huge (11 ins. by 7), was on anterior wall of uterus, and to right, and directly under incision in wall of uterus, so that it had to be dissected off towards left side for an inch or two. Then there was difficulty in getting at the lower extremities of child. Finally one was extracted before the other, with the result that the incision in uterine wall was ruptured at top end for a further two inches in an oblique direction. Membranes were unruptured at time of operation. The uterus did not immediately contract, and the bleeding was very considerable. Uterus was sutured with deep, strong silk sutures, going down to but not involving mucous membrane, with alternate superficial sutures of a finer silk drawing peritoneum well over line of incision, parietal peritoneum drawn together with continuous suture of fine silk, and abdominal incision closed with silk-worm gut sutures. Convalescence was somewhat protracted on account of an attack of bronchitis and the severe hæmorrhage; however, the temperature never reached 100 deg. F., and the patient made a remarkably good recovery. The child, which was a male, was born partly asphyxiated, but under the care of Dr. Stevens, who Schultzed him, he came to, but never cried lustily. He died on the third day; had had a slight convulsion the preceding day; his muscles had seemed continually to be tense, and he

had vomited coffee-ground vomit. There was an autopsy, which only revealed some intussusceptions of small intestine, probably caused during the death agony, and some hæmorrhage at lower end of œsophagus. This gave rise to the interesting question as to whether this could have been done by the Schultzing, even when in experienced hands. The stitches were removed on the eighth day, when the incision was found perfectly healed. Before the patient left the hospital a careful examination of the tumour was made. It had come down into the pelvis, and seemed so near that one was tempted to remove it by morcellement through the vagina. However, it was found that the uterus was adherent to the anterior abdominal wall, and this procedure was thrown aside owing to the expressed opinion of Dr. Smyly that if it were done, and hæmorrhage should occur, one could not check it by drawing down the uterus due to its adhesions. It was decided that the operation should be done from abdomen; however, the patient refused operation. Her present condition is excellent, she suffers in no way, and the line of the incision is perfectly even and firm.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, JULY 5TH, 1899.

MR. ALBAN DORAN, F.R.C.S., President, in the Chair.

THE SEXUAL DIFFERENCES OF THE FŒTAL PELVIS.

PROFESSOR ARTHUR THOMSON (Oxford) demonstrated by means of numerous diagrams and lantern slides the results of his researches into the sexual differences in the conformation of male and female pelves observable during fœtal life. We publish elsewhere an abstract of his paper on the subject published in the *Journal of Anatomy and Physiology*.

The author also showed a specimen of the internal and external genitalia of a child, æt. 3, presenting much pubic hair. The voice was bass, but she had not menstruated. Post-mortem no abnormality of the internal genitalia was discovered, but there was disease of the adrenals.

In the discussion that followed, the PRESIDENT referred to the French method of measuring the fœtal pelvis by skiagraphy, after having filled them with mercury, this method gave 21·2 mm. as the width of the pelvic brim in the male, and 17·7 mm. in the female.

Dr. GALABIN admitted that after this admirable demonstration they must give up their ideas as to the existence of any marked differences between adult and fœtal pelves. He suggested, however, that what obstetricians called the "infantile" pelvis was correctly so described. Although the author had demonstrated that the whole width of the sacrum in the fœtus was relatively greater than in the adult, yet it was true that the wings of the sacrum were more developed in the adult and must grow proportionally at a later period. He asked whether that growth took place at puberty or during childhood. If at puberty, would it not follow that since the rest of the pelvis grew more rapidly than the sacrum, there would be a certain stage of life at which there would be what they were accustomed to call the infantile pelvis, *i.e.*, one in which the transverse diameters were not so much developed in proportion as in adult women. He said he did not see that the facts brought to their notice disproved Matthews Duncan's view as to the effect of mechanical forces in determining the form of the pelvis.

Dr. G. HERMAN said he was one of those authors who had copied the statement as to the lateral massing of the sacrum, but this was because he had been unable to obtain the information he required as to the ossification of the fœtal pelvis. He urged that Matthews Duncan's views bore on the effect of mechanical forces on the formation of the pelvis, and not on the merely sexual differences.

Mr. STANLEY BOYD commented on the explanations hitherto offered of the differences between the male and female pelves on the strength of the supposed influence of ovarian activity, and he asked whether there was any evidence of any such action. He also asked whether the alleged differences between the larynx in the male and female were founded on fact.

Dr. HEYWOOD SMITH recalled the case of a child at St. George's Hospital in 1863, who also presented this precocious growth of pubic hair and a bass voice, in whom also there was a tumour of the adrenals.

Mr. TARGETT mentioned that he had already directed attention in a paper to the fact that disease of the adrenals in young children had an influence on the growth of the hair, coinciding in most instances with precocious menstruation.

The PRESIDENT pointed out that it was quite consistent with biology that the sexual distinctions of the pelvis should be already marked at birth, for such was the case for example with the genito-urinary tract. It would be far more remarkable if the changes only occurred at puberty.

Professor THOMSON, in reply, said he in no wise wished to discredit the views of Dr. Matthews Duncan, but it was a fact that this authority had sought thereby to explain the sexual differences. He had carefully avoided discussing the changes that take place in the adult pelvis as contrasted with the fœtal condition. He said he had not heard of this particular method of applying skiagraphy to the measurement of the fœtal pelvis, but from what had been said he was not disposed to attach much importance to the results obtained.

PERSISTENT MENTO-POSTERIOR POSITION OF THE FACE REMEDIED BY THE USE OF AXIS TRACTION FORCEPS.

Dr. LEWERS related the case of a woman in labour for many hours at her first confinement, with the os fully dilated and the membranes ruptured, where the face presented downwards and to the right. Ordinary long forceps slipped, but with axis traction forceps he at once succeeded in delivering her of a living child. This, he said, was the second case of the kind in which, after failure with the long forceps, he had been able to pull down the head by the aid of traction forceps, whereupon rotation took place, and delivery was easy. He admitted that the axis traction was superfluous, the great thing apparently being to pull down the head to a point at which the natural forces could act in the production of rotation. He hoped that those who had not done so would give the axis traction forceps a trial in dealing with this abnormality.

Surgeon-General HARVEY urged that a case in which rotation of the chin ultimately occurred could not properly be described as persistently posterior.

Mr. TARGETT said that he had often seen ordinary forceps slip under similar circumstances necessitating perforation. He mentioned that in persistent occipito-posterior position axis traction forceps gave excellent results.

Dr. W. G. SPENCER urged that the abnormality was not usually persistent, and in only three cases out of forty had he found it necessary to intervene. He showed an instrument devised by the late Dr. Luke Robinson, of San Francisco, consisting of two blades slipping one within the other which enabled one to act very efficiently on the occiput. The use of axis traction forceps under these circumstances was, he thought, unscientific, inasmuch as rotation put an end to axis traction. He thought that long straight forceps would possibly have accomplished the same end. He recommended placing a finger on the upper jaw and this method applied also to brow and incomplete face presentations. They might extend the head strongly and get an assistant to apply the forceps.

Dr. LEWERS said he had used the term persistent because labour had lasted long enough to render intervention indispensable. Failing success with the axis traction forceps craniotomy would have been necessary. Dr. Spencer, he said, was under a misapprehension as to the stage at which he recommended this intervention. It was not at a stage at which it was still possible to convert a face into a vertex presentation that interference of the kind was necessary, for at that stage they were at liberty to hope that rotation would even yet take place.

Cases in which the chin would rotate forwards after the use of the instrument shown by Dr. Spencer might well be left alone. He pointed out that in his cases the women had been nine hours in labour. In cases in which he recommended this procedure there was no longer any room for a change of position *in situ*.

NOTES ON A CASE OF ECLAMPSIA.

Dr. HORACE SAVORY contributed notes of a case of eclampsia in a multipara in which complete and rapid evacuation of the contents of the bowels by copious and repeated enemata had brought about cessation of the fits. He mentioned that the amniotic fluid was an almost jelly-like mass consisting principally of meconium. He commented on the peculiarly offensive odour of the intestinal contents, and suggested that in some cases, at any rate, the eclampsia was due to a failure on the part of the kidneys to eliminate toxins caused by intestinal fermentation, or from some other source such, for instance, as the toxins resulting from the unceasing contractions of the large mass of uterine muscle.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTIONS OF OBSTETRICS.

MEETING HELD FRIDAY, MAY 26TH, 1899.

The President, Dr. F. W. KIDD, in the Chair.

SPECIMENS.

DR. SMITH showed myomatous uterus showing large abscess cavity, removed by panhysterectomy, from a woman, æt. 40, five years married, during which she had given birth to two stillborn children and an instrumentally-delivered full term child last December. The tumour was at that time a little larger than a four months pregnant uterus, and had since then grown rapidly, so that in the April of this year it filled up the entire abdomen. It was diagnosed as a fibro-myoma of a cystic nature He attempted to do the operation of primary ligation of both the ovarian and uterine arteries, and found no difficulty in ligating the ovarian artery, but could not do so in the case of the uterine artery, owing to the weight of the tumour (2½ stone) fatiguing his assistant. He, therefore, decided to split the peritoneum in front high up, and to separate the bladder with a sponge. The bladder was so soft that in doing this he perforated it. He then discovered that the common iliac artery seemed to take the place of the uterine artery, and on separating it there was some hæmorrhage, which was checked by compression of the aorta He amputated the uterus, and, while removing the tumour, damaged the ureter, which he clamped temporarily. The bladder was afterwards stitched with fine interrupted silk sutures, and the ureter treated in the same manner, the peritoneum being finally stitched over it. A large clot of blood which had collected in the bladder was washed out with a Bozeman's catheter, and the patient made a good recovery. The cystic contents of the tumour were found to be an abscess, which had started from the last confinement, the woman having then had septic troubles.

In reply to some remarks by the President and Dr. Purefoy,

Dr. SMITH said the patient a few years ago had been in a Dublin hospital, where a diagnosis was made by making an abdominal incision, but they did not operate, the patient then becoming pregnant again. So rapidly did the tumour grow that it gave the impression of an ovarian tumour.

REMOVAL OF TUBERCULOUS OVARY.

Dr. SMYLY related a case of the above which is published in full elsewhere.

PAPILLOMATOUS CYST OF OVARY.

Dr. KIDD exhibited a small ovarian papillomatous cyst, with the following interesting history:—Patient, T. C., unmarried, æt. 35, was admitted to the Coombe Hospital on May 5th. She had been treated about a fortnight previously in the country for obstruction of the bowels and peritonitis; this had yielded to treatment. After arrival she was examined, and a small ovarian tumour diagnosed. Operation on the 13th. Tumour was adherent to everything—omentum, peritoneum, and intestines—but the adhesions were comparatively recent, and could be separated with a little care. Part of cyst wall looked gangrenous, and when the adhesions were all separated it was found that there was a twist on the pedicle; it required two half turns to put the tumour in its proper place. Patient made a very rapid recovery. Temperature only on one occasion touched 99 deg. F., and stitches were removed on the eighth day. Union was perfect.

MYOMATOUS UTERUS REMOVED BY ABDOMINAL HYSTERECTOMY—DOYEN'S METHOD.

Dr. SMYLY said this was the first time he had resorted to this method of operation, which, he believed, had never before been attempted in this country. The operation was performed for pain, and on opening the abdomen he found adhesions to the omentum and small intestines, in separating which there was a large number of bleeding points to control. This portion of the operation occupied three-quarters of an hour. Doyen's part, which took seven minutes, commenced with pulling the tumour out of the abdomen over the pubes. He then opened the posterior *cul-de-sac*, reached hold of the cervix with a vulsellum forceps, and decorticated it with his finger, afterwards reflecting the peritoneum from the uterus, and finishing the operation in the ordinary way. He had no hesitation in saying this was by far the best method. Besides rapidity it had other advantages, for in the older method they cut the arteries where they are largest, thereby running the risk of death from embolism or hæmorrhage. As a matter of fact he did not see a big vessel at all during the operation.

The PRESIDENT said he had seen the cinematographic representation of the operation in Edinburgh, and he was amazed at the celerity with which an operation of such magnitude could be performed.

Dr. TWEEDY asked if the operation were applicable to every form of myomatous uterus. Was it applicable where the myoma grows behind or in intra-ligamentous tumours?

Dr. SMYLY, in reply, said that Doyen specially recommended this operation because he believed it to be applicable to all cases.

Dr. F. W. KIDD, Master of the Coombe Lying-in Hospital, read a note on a successful case of "Cæsarian Section," in which he was assisted by Drs. Heuston, Cole-Baker, and Scully. This case will be found fully reported under the head of "Clinical Records," page 34. In the discussion that followed,

Dr. SMYLY remarked that every step of the operation, though apparently a simple one, was the subject of controversy. Professor Murdoch Cameron, of Glasgow, has said that the position of the child depended on the placenta, and he would like to know if this opinion was borne out in this case, and if the abdomen of the child was turned towards the placenta.

Dr. PUREFOY said that, although a recent writer had advocated the low incision in preference to the fundal incision, his own experience had led him to think that the high incision was certainly the better. He thought that the careful application of the sutures and adjustment of the peritoneum had a great deal to do with the success of a case. He had always regarded Schultzing with misgivings, owing to the possibility of injury to the soft parts of the child.

Dr. TWEEDY did not see the necessity of avoiding insertion of the ligatures right through the endometrium if the uterus were aseptic, and this method gave a firmer union in his opinion. Lusk says that an incision is made low down in the uterus in order to avoid hæmorrhage, whereas it has been recently claimed that an incision through the fundus, the most muscular portion of the uterus, obviates much hæmorrhage.

Dr. KIDD, in reply, said the child was very nearly in the left occipito-anterior position, and the placenta was more over to the right of the mother. He was not opposed to Schultzing, and he thought that Sylvester's method was far more likely to cause hæmorrhages. With

regard to the question of suturing, he had no guarantee that the uterus was aseptic in this case.

The Section then adjourned.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD JULY 5TH, 1899.

Sir JOHN BATTY TUKE, President, in the Chair.

MR. STILES showed—1. A child two months after operation for large hydrencephalocele, involving by far the larger part of the cranium, with stereoscopic photographs before and after operation. 2. Child after operation for extensive tuberculous osteomyelitis of the tibia, with skiagrams. 3. Child after excision of the wrist for tuberculous disease, with skiagrams.

Dr. ALEXANDER BRUCE showed a patient with typical auditory aphasia.

Mr. STILES and Dr. RAINY showed skiagrams of tuberculous ankle, of separation of the lower epiphysis of the humerus, and of fracture at the junction of the upper and middle thirds of the shaft of the femur, showing typical displacement of the upper fragment.

Dr. ALEXANDER BRUCE showed microscopical specimens of amyotrophic sclerosis of progressive muscular atrophy. The latter showed a degeneration absolutely limited to the anterior cornua, and not affecting the pyramidal tracts.

Dr. HARVEY LITTLEJOHN showed—1. Specimen of strangulation of the intestines by the omentum. 2. Intussusception of the ileum. 3. Stomach and bowels from a case of poisoning by hydrochloric acid; and 4. Similar viscera from a case of poisoning by zinc chloride and hydrochloric acid.

Mr. COTTERILL showed a dermoid cyst of the ovary.

Dr. BRUCE and Mr. COTTERILL read a paper on a case of

CEREBELLAR TUMOUR, CONSIDERED FROM THE POINT OFVIEW OF LOCALISATION AND OF TREATMENT.

The patient was a man, æt. 34, a total abstainer, and free from any sign of syphilis. Five years ago he was seized with deafness in the left ear, which soon became absolute, and has remained so ever since. About three years ago he began to have difficulty in walking, and constantly felt as if he were about to fall over to the left side. He could always feel the ground distinctly under his feet. He then noted that in order to carry out any voluntary movement with either the left arm or leg he had to pay great attention to every part of the action, and could not do it with the same ease as in the case of the right limbs. His gait then became staggering, and seven months ago he had several attacks of vertigo, followed by left-sided occipital headache, which has been continuous ever since. For about the same period he has had some dimness of vision, especially in the left eye. On examination, the patient had a somewhat depressed look; his temperature was subnormal, but, with the exception of the nervous symptoms to be described, all the bodily functions were healthy. He complained of pain in the back, and of left occipital and parietal headache, with tenderness on percussion over the side of the cranium. Common sensibility was normal, except for a degree of anæsthesia of the left conjunctiva. The muscular sense, as tested by weights, was normal, but when the eyes were closed he could not touch a given part of the body with his left arm or leg. Smell was normal. There was total deafness in the left ear due to nerve lesion. Taste was impaired over the anterior two-thirds, and probably also over the posterior third of the left side of the tongue. There was double optic neuritis, most marked on the left side. Slight nystagmus was present in all positions of the eyes; it became much more rapid when the patient looked to the right. When he looked to the left the excursion of the eyes became slower and more extensive. Convergence was good, the right visual field was normal, and the left slightly contracted. The left pupil was somewhat dilated. There was some paresis of the left facial nerve, and difficulty in moving the tongue to the right side. The grasp of the hands was equal, there was tremor of both arms, but much more distinctly on the left side; there, indeed, it closely resembled an intention tremor, but was slower and less rhythmical. The movements of the left leg in walking were stamping, and at every sixth or seventh pace the patient tended to fall to the left side. This was most marked when he walked along a straight line; there was, however, no Romberg's system. The knee jerks were equal. In discussing the diagnosis, Dr. Bruce referred to the paper which he had previously read to the Society, in which the connections of the cord and cerebellum had been traced. This case was a clinical proof of the correctness of the facts he had then brought forward. All the fibres of the cord going to the cerebellum end in the middle lobe, thence they communicate with the roof nucleus, from which fibres run to the nucleus of Deiters of the opposite side. Deiters' nucleus is the nucleus for the vestibular root of the auditory nerve, and sends fibres to the nucleus of the sixth nerve of the same side, and to both third nerve nuclei. It also gives off descending fibres to the anterior cornua of the cord. The function of Deiters' nucleus appears to be to give tone to the muscles, and to relieve the higher centres of the necessity of controlling every detail of a voluntry movement. All the symptoms of this case—the difficulty in performing voluntary movements, the uncontrolled and irregular movements of the eye muscles, and the staggering gait, pointed to a lesion pressing on Deiters' nucleus and the restiform body, and interfering with the arc described above. The question then arose as to whether the tumour was a surface one, or whether it had begun in the substance of the cerebellum. On account of the early onset of the deafness it seemed most likely to lie on the surface. The two most common tumours in this region were tumours of the flocculus and of the petrous temporal. The latter were usually simple fibrous tissue growths, and were pedunculated, so that in view of this possibility, and as the patient was steadily getting worse, Dr. Bruce had asked Mr. Cotterill to operate.

Mr. COTTERILL said that he had never been very sanguine about the case, although he agreed with Dr. Bruce as to the probable site of the tumour. In order to get free access to the cerebellum he had removed the whole of the lower part of the occipital bone, and was able to push the cerebellum to the right, so as to explore the left side with the finger. Unfortunately the patient lost a great deal of blood during the removal of the bone, and death (which occurred two days after the operation) was probably hastened by this. The tumour was found to be in the flocculus, and was beyond the reach of interference.

Dr. FOULIS read a paper entitled

SOME OBSERVATIONS ON THE DEVELOPMENT OF THE TESTICLE.

The paper, which was illustrated by microscopic slides and diagrams of the developing testis of the embryo deer, went to show that the tubuli seminiferi were homologous with the egg ducts of Pfluger in the female ovary.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, July 8th, 1899.

AORTITIS FROM MALARIA.

AT the meeting of the Academy of Medicine, M. Lancereaux spoke on a special form of aortitis to be met with in persons who had suffered more or less from intermittent fever. The affection was to be observed more particularly in men between the ages of thirty and sixty, and was seated exclusively in the ascending portion of the cross of the aorta, and commenced by infiltration and thickening of the external tunic. The middle tunic thus compressed became atrophied, and finally disappeared; the inner tunic became hyper-

trophied and coated with wrinkled patches. The consequences of those lesions were an inflammation of the peri-arterial tissues, notably the cardiac plexus and the appearance of angina pectoris. On the other hand, the destruction of the middle coat of the vessel contributed frequently to the formation of a sacciform aneurysm. Of thirty-seven patients observed by the speaker, all suffered from angina pectoris, and eight presented the signs of aneurysm. The evolution of the affection was very slow. The prognostic was not favourable, the affection frequently terminating with sudden death. The treatment was iodide of potassium and milk diet, with sedatives for the angina. Injections of a solution of serum and gelatine might be tried when the aneurysm was well formed.

HÆMATOCELE.

M. Regnier insisted on the danger of treating hæmatocele through the vagina, instead of which laparotomy should be in all cases preferred. A short time ago he incised the tumour through the posterior *cul-de-sac*, and the hæmorrhage was so alarming that he had to perform laparotomy to remove the cyst. In a second case he was obliged to leave several forceps *a demeure* to control the hæmorrhage. Both patients recovered.

M. Poyz said that although he was a great partisan of laparotomy, he frequently opened hæmatocele by the vagina, and was always able to control the hæmorrhage by plugging.

TUBERCULOSIS AND ALCOHOLISM.

M. Barbier declared that from statistics he had collected on pulmonary phthisis at his hospital, he found that 70 per cent. of cases were those of persons who came to Paris from the provinces, and in all of them the malady terminated rapidly by death. The speaker said that in 98 per cent. of these cases intemperance was admitted.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, July 8th, 1899.

AT the Society for Scientific Medicine of Königsberg, privat docent, Dr Rosinski related a case of

HEREDITARY SYPHILIS

that was the first in which ovular transference of the disease could be proved with certainty. A lady of good family, married six years, with one healthy child, contracted a bad attack of syphilis, the source of which was subsequently found to be a servant maid; the husband remained healthy throughout. Several courses of inunction were carried out, and three months after the last the patient became pregnant again. She aborted in the sixth week, and the fœtus, 16 mm. long, already showed signs of syphilis of the liver. On examining the placenta, the maternal portion was found to be a good deal diseased, whilst the chorionic villi were perfectly healthy. The speaker concluded that the ovary was the source of the syphilitic infection of the fœtus.

At the Congress for Medicine, Dr. Von Schrötter, Vienna, related a case of

GAS ABSCESS

in the abdominal wall of a man, æt. 67. By puncture, 25 ccm. of gas were removed, and by incision discoloured, offensive pus was evacuated. Bacteriological examination showed bacterium coli. A fistulous tract led deeply downwards. The affection was probably periphlebitic (perityphlitic ?). It was of importance not only pathologically, but also clinically, that gas phlegmons, gas abscesses, and abscesses with gas should be more strongly distinguished.

Hr. von Noorden, Franfort, a/m, read a paper on

THE TREATMENT OF CHRONIC KIDNEY DISEASE.

He said that in chronic contracted kidney not nearly so much importance was placed on absolute limitation of albumen as in the other forms of nephritis. When one reckoned up what was permitted of milk, eggs, meat and vegetables, the quantity of albumen was found to be above rather than under 100 grms. Others laid stress on the selection of the meat, and allowed contracted kidney cases only the white flesh of fish, birds, veal, &c., whilst the brown flesh of slaughtered animals, game and fowls was strictly forbidden. Many patients gradually acquired such an objection to white meat, that its consumption was reduced to a minimum, appetite fell away, and disturbances of nutrition came on. The chief difference between brown and white meat lay in the colouring matter, and this we had no ground for holding injurious. From his own observations he was opposed to the view of the harmfulness of brown flesh. Patients fed on white flesh excreted rather more urea than those fed on brown flesh containing equal quantities of nitrogenous material.

As regarded liquids, either, nothing was said or large quantities were recommended for flushing out the kidneys. Ziemssen in his handbook had recommended limitation of the liquids even when arterio-sclerosis of the kidneys was present. By observations during six years, the speaker was convinced that cases of contracted kidney were extraordinarily benefited by limitation of liquids to 5/4 or 3/2 litres per diem. Patients in whom the heart had begun to fail did not often last over a month. In these cases limitation of the liquids was of the highest value. In nearly thirty cases the results were good, the cardiac asthmatic attacks ceased, sleep returned, ordinary diuresis returned, and the cardiac dilatation undoubtedly improved. This favourable condition in many patients kept up for several months and even years. Even in desperate cases where no treatment could be any longer of use, limitation of liquids was advantageous. The best that could be done was to keep the patient in the *statu quo*.

Hr. Ewald, Berlin, had long been in favour of limiting the quantity of liquids in chronic renal cases. His view being based on the idea that a damaged organ should not be overburdened with work. He determined the quantity of urine passed by Oertel's method, and regulated the quantity of liquids by that, if possible remaining below the quantity excreted. He had always acted on this principle both in contracted kidney and in parenchymatous nephritis. By regularly estimating the quantity of albumen, he had convinced himself of the fact that the kind of albumen used, whether of egg, brown or white flesh, was of no consequeuce, as far as the excretion of albumen was concerned.

Hr. Petersen, Heidelberg, read a paper on

SURGICAL PROCEDURE IN BENIGN DISEASES OF THE STOMACH.

About 300 cases of surgical procedures in non-malignant diseases of the stomach had been recorded. Seventy-seven such operations had been performed at the Heidelberg Klinik. The principal indications were (1) absolute

stenosis of the pylorus, 57 cases. The stenosis was caused forty times by ulcer, eight times by cholelithiasis, four times by cauterisation, once by tuberculosis, &c., two after failure of internal treatment, gastralgia, uncontrollable vomiting. the so-called rebellious forms of ulcer (five cases), and six times from dangerous hæmorrhage. Eight of the seventy-seven cases died, or 11 per cent. Advances in surgery shone out, when the cases were divided into two periods:—before 1895 thirty-three operations, with seven deaths = 22 per cent.; since 1895, forty-four cases, with one death = 2·3 per cent. This striking advance was brought about by having the patients in a better state for operation and by increasing experience in the selection of cases, and, secondly, by improved technique, and, above all, by the introduction of Murphy's button. This reduced the length of an operation from three-quarters of an hour to one-quarter; permitted nourishment from the first, and avoided the so much-dreaded spur formation between the upper and lower ends of the bowel. Trustworthy after reports were available concerning forty patients who had been operated on over two years. In the cases of stenosis the reports were at first satisfactory in the better selected method of operation. In gastroenterostomy the permanent recoveries were 99 per cent. In the case of gastralgia 10 per cent. were improved, 90 were completely cured, either by gastroenterostomy or simply by the separation of adhesions. In six cases of hæmorrhage recovery was complete, twice by excision and in the other case by gastroenterostomy. In one case of ulcer, the bleeding was arrested by gastroenterostomy, although the ulcer itself was not treated. If such cases were repeated it would place the treatment of ulcer of the stomach on a new basis.

The changes in the stomach after gastroenterostomy were important. Dilatation receded quickly, but rarely disappeared. The motor function was normal in nearly all cases. Lactic acid disappeared. After operation bile was frequently found in the stomach. Neither the absence of gastric juice nor the presence of bile caused any visible disturbance. A functionising sphincter gradually developed at the fistulous opening. The total results of the period named were before 1895:—Mortality, 25 per cent., uncured, 15 per cent., improved, 10 per cent., permanently cured, 50 per cent.. Since 1895, mortality, 3 per cent., uncured, 6 per cent., improved 10 per cent., permanently cured, 80 per cent.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, July 8th, 1899.

THE TREATMENT OF EPILEPSY.

BECHTEREW in his reports on epilepsy, speaks favourably of combining some cardiacs with bromide of potassium. The simple administration of bromide without this precaution will not succeed. He has now patients under observation treated three years ago in this way who are still free from the attacks, which can only be accounted for by this cardiac combination, as all other conditions are similar to former treatment with bromide alone, with only temporary success. For some time past he has used an infusion of adonis vernal, 2 (30·8 grains), to 2·8 grammes (42 grains) of the sclid in 180 c.c. of water (6·53); to this is added 13 grammes (3·1 drs.), of which 6 tablespoonfuls may be taken in a day. Where there is a depressed state of mind with general irritability, codein is combined with this mixture. Other vegetable cardiacs are equally good, such as digitalis, of which 0·5 to 9·75 grammes (7·7 to 11·57 grains) of digitalis may be given as an infusion in 180 c.c. of water (6·53.) To this may be added sodium and potassium bromides of each to 8 grammes, with 0·15 to 0·2 gramme (2·3 to 3·0 grains.) Of this mixture four to eight tablespoonfuls may be given daily without any cumulative effect, Von Bechterew is persuaded that these cardiacs are as beneficial in the treatment of epilepsy as the sedatives, as they favourably influence the heart and vascular apparatus, as well as hasten the elimination of unnecessary nitrogenous products, such as toxines, from the hæmic circulation.

The same combination of cardiacs and sedatives will be equally beneficial in neurasthenic cases.

FRIEDREICH'S ATAXIA.

Cohn relates two cases of this disease under his care from the same family, in which the parents were addicted to drink, one of them being tuberculous. The two brothers when children developed progressive tendencies towards ataxia. Cohn gives the following symptoms present: static and locomotor ataxia, absence of patellar and Achilles reflex, cutaneous sensibility intact, though the feeling of location was disturbed, bladder and bowel normal, nystagmus, slight disturbance in speech, with Friedreich's symptomatic foot, and one of them had atrophy of the optic nerve. He differentiated the diagnosis from chorea infantilis, multiple sclerosis, tabes, hereditary syphilis, ataxic paraplegia, cerebral tumour, or hérédo-ataxie cérébelleuse. Cohn adds the optic atrophy to the symptoms of Friedreich's ataxia. The head symptoms were tic-like, while the fingers reminded one of athetosis or chorea by their irregular movement, but partially present during repose, as in the ataxia of tabes.

The disposition to the disease is assigned to the drunken habits of the father and an attack of scarlet fever which they had when young; but drinkers are notably common origins of the disease. The therapeutics he recommends are nourishing diet, massage, and compensating exercise similar to that of Fraenkel.

PARTIAL IMMUNITY OF THE SPINAL CORD.

Adamkiewicz has again instituted another hypothesis for the immunisation of particular parts of the spinal cord in syphilitic tabes It is well known that when all the muscles are fatally injured by this disease the muscles of mastication, deglutition, respiration, and cardiac motion are unaffected; this is common to all other ascending paralyses. This relative immunity to morbid changes was undoubtedly due to the providential arrangement of the blood supply. Injections of coloured agents into the arteria magna spinalis or from the arteria basilaria, will not penetrate further than the lower margin of the medulla oblongata. Again the transmission of blood by the arterio-vertebro-spinalis meets with great resistance when injecting into the cord. Another point of note in this direction is the narrow calibre of all the vessels in the medulla oblongata which will act as a protection on the larger ganglion. Perhaps the most potent cause was in the nerve system itself, which in the medulla was less active than in other parts of the neurotic system, and this

combined with the hæmic protection, was enough to explain the constant exemption of this part of the cord.

Toxic Local Centres.

Bruno has announced another theory of cerebral localisation which may be carried to an indefinite length. It is well known that guinea pigs are very refractory to morphia, while the intra-cerebral injection of 0·001 to 0·006 gramme (0·03 grain to 0·09 grain) into the anterior right angle of the cerebrum between the coronal and saggittal sutures, three millimetres deep, will produce rapid clonic and tonic contractions terminating in death.

Sodium chloride, urea, sugar, and Glauber's salts, when similarly injected, have no action whatever. Ferrocyanide of soda is another harmless drug to the guinea pig, but when injected in the same manner is fatal in very small quantities. Subdural injections require very large doses which produce severe tetanic symptoms from which the animal speedily recovers. Methylen-blue is another drug resisted by the same animal, but injected into the brain is fatal.

At the post-mortem the colouring stuff was to be found in the cortical part of the brain, the fluid of the ventricles as well as in the delicate lining.

Progressive Paralysis.

Greidenberg tells us that the incidence of the disease is now transposed in asylums of the insane for what reason he is unable to determine. The disease was up to recent date greatest among men, but at the present time the larger number are females.

Continental Notes.

(From Our Special Correspondent.)

AIX-LES-BAINS.

Aix-les-Bains has had a successful spring season. Every year it is attracting more and more British visitors; many returning from a winter residence in Italy and on the Riviera, who are not invalids, find Aix and the picturesque hills and valleys of Savoy and Dauphiny very agreeable resting-places for April, May, and June. Prior to the Franco-German War, the total number of foreigners of all nationalities annually visiting Aix-les-Bains rarely amounted to 10,000. This number has increased steadily. In 1869, 10,000 British and other foreign visitors; in 1879, 17,000; 1889, 24,000; 1897, 32,000. This year the British visitors have remained longer than usual; some until the end of June, possibly owing somewhat to the weather and somewhat also to the additional attractions of Aix. During the past winter various important improvements have been made to the Bath establishment, and to the two Casinos. The "*Grand Casino and Cercle*," always a very attractive resort, has been much enlarged and improved. The grounds are a picture of landscape gardening; the new Concert-Salon and the new Theatre are elegantly and artistically designed Under the able and experienced supervision of Mr Gandrey, all the arrangements are excellent, and the musical and dramatic performances most satisfactory; so that the Concerts, Comedies, and Operas have always a full and fashionable attendance.

The hot *douches* and *massages* at the Baths of Aix indispose invalids for much active exercise, so that the very agreeable "*distractions*" of the Casinos are valuable adjuncts to "the cure" here, as are also the comforts and luxuries of excellent hotels, which are numerous at Aix-les-Bains. Two other valuable adjuncts to Aix have not yet received the attention they really merit—namely, the waters of Saint-Simon and Marlioz. The Raphy Spring at Saint-Simon (about twenty minutes' walk northerly from Aix) yields an abundant supply of an alkaline-magnesian water, similar to that of Evian, efficacious in chronic gastric troubles, and claimed to lessen "the formation of uric acid in gouty and rheumatic complications" (Dr. Bonjean). The Saint-Simon water is pleasant to drink, either with or without admixture with wines. It is a superior table-water, and so light that 15 to 20 glasses may be taken agreeably daily.

At Marlioz (about thirty minutes' walk southward from Aix), there is a small establishment for the application of the waters there in baths, douches, injections, and inhalations. The spring yields a cold sulphurous water containing sulphuric soda, iodine, bromine, and sulphuric-acid gas. Dr. Macé strongly recommends it for chronic mucous affections, asthma, &c.

Yet another very valuable adjunct to the Baths of Aix is their beautiful situation, amidst hills and vales on the lake shore, inviting excursions, near and far, on every side. Montaigne said:—"He who does not bring with him so much of cheerfulness as to enable him to enjoy the amusements and the pleasure of the company he may meet there, and the walks and exercises to which the beauty of the neighbourhood invite us, must assuredly lose the best part of his visit to any Baths. For this cause I choose those places most pleasantly situated, and where are the best lodgings, provisions, and society."

All these "indications" of the old philosopher abound at Aix-les-Bains!

The Operating Theatres.

ST. MARY'S HOSPITAL.

Cirsoid Aneurysm of the Scalp.—Mr. Quarry Silcock operated on a girl, æt. 18, who had been admitted by reason of the presence of a cirsoid aneurysm of the right side of the scalp, involving the supra-orbital and superficial temporal arteries, and occupying an area three inches in diameter immediately over the eyebrow, and extending backwards into the hairy scalp. The history was, briefly, that the girl had a fall on her forehead when 3 years old, and since then the aneurysm had formed, and had been gradually increasing in size. Efforts had been made in other hospitals to deal with it by ligature of the afferent arteries, but with total want of success. It was therefore decided to excise the tumour. This was done in the following manner:—The scalp was shaved, together with the eyebrow, the skin rendered aseptic, and a circular incision through the skin at the periphery of the area beginning at the inner side was made down to the pericranium aneurysmal area. Pressure was kept up on the different arteries as far as possible in order to control the hæmorrhage in some degree. The bleeding, however, was very considerable, in spite of the fact that small portions only of tissue were cut at a time, pressure forceps being applied to each bleeding point as it arose. Finally the whole mass was circumscribed and the entire aneurysmal area of scalp removed, leaving a gap about the size of the palm of the hand. At one corner

of the wound two sutures were inserted after freeing the edges of the wound a little, but the remainder of the raw surface was left to granulate. Mr. Silcock said that the previous methods of treatment, which may have included others besides that of ligature of afferent arteries, had proved entirely unsatisfactory, therefore it was only left to him to perform excision. This he had accomplished with the aid of about three dozen pairs of pressure forceps, so diffuse had been the hæmorrhage. He remarked that these growths were not really of the nature of a neoplasm, but were a change affecting particular vascular territories, giving rise to dilatation and tortuosity of the arteries, originating possibly in some congenital fault, as in this case in an acquired condition, generally initiated by an injury. He pointed out that the patient was an absolutely healthy country girl. He said that a portion of the pericranium in the centre of the area had to be removed since the tissues of the affected scalp could not be separated therefrom.

Subsequently, in about a month's time, when the whole area was granulating, it was grafted after the method of Thiersch, the superficial granulations being first scraped away. The wound by this time had considerably contracted, but there remained an undue amount of deep seated pulsation just above the eyebrow; the latter had not been encroached upon at the time of the operation, by reason of the subsequent deformity which would have resulted. This pulsation, however, was gradually becoming less marked, and Mr. Silcock did not think the condition called for further interference.

KING'S COLLEGE HOSTITAL.

AMPUTATION OF BREAST FOR SCIRRHUS, FOLLOWED BY SUPRA-CLAVICULAR EXCISION OF GLANDS.—Mr. CARLESS operated on a single woman, æt 50, who had noticed a lump in her left breast for about six weeks. This was attributed to cold. There had been no injury, and the patient had complained of no pain. Two or three cases of carcinoma had occurred in the family. A well-marked tumour could be felt in the outer and upper quadrant of the left breast, which was larger than its fellow, whilst the nipple was a little raised. The skin over the tumour did not dimple on movement, but felt thicker than elsewhere, and the sebaceous glands were more obvious. This condition of the skin was present for an area at least three inches in diameter, although there was no discolouration. The axillary glands were considerably enlarged and reached well up into the apex of the axilla, several glands also could be felt enlarged above the clavicle. The breast was removed together with the sternal portion of the Pectoralis major, the Pectoralis minor, and the axillary glands and connective tissue through two crescentic incisions, enclosing an ellipse of skin with its long axis transverse, and including the affected area of skin already mentioned; another incision was made at right angles to the upper of the two along the border of the Pectoralis minor. In this way the area of operation was well exposed, and it was not difficult to remove the whole mass in one portion. The wound was closed with some little difficulty, so as to produce a T-shaped cicatrix; one or two deep silver stitches with lead buttons had to be employed. Mr. Carless pointed out that although at first sight this case seemed a favourable one, in reality it was anything but of that nature. The extensive glandular infection and the very definite though invisible invasion of the skin together with the family history of malignant disease were a sufficient warrant for the extensive operation he had just undertaken, and which he proposed to supplement in a few days by clearing out the supra-clavicular fossa. Had the patient been strong and robust, he would have undertaken the two proceedings at the same time, so as to make certain that nothing should be left between the supra and infra-clavicular fossæ; but, seeing that she was a somewhat feeble old woman, he thought it better to do the operation in two stages. There was no question in his mind as to the value of removing the pectoral muscles in addition to the breast and axillary contents, but he would limit the removal to cases where the tumour is obviously fixed to the Pectoral, or where there is much axillary trouble. His experience did not show that the movements of the arm were seriously crippled, especially if the patient could be nursed with the arm at right angles to the trunk, but in this particular instance so much skin had been taken away that it would be necessary to keep the arm to the side. The deep stitches would be removed in 24 hours and the drainage tube in 48 hours.

The wound healed by first intention throughout, and ten days later the supra-clavicular operation was proceeded with. An incision was made down the posterior border of the Sterno-mastoid and outwards along the clavicle, the flap of skin thus marked out was dissected up, and the whole of the glandular contents and connective tissue lining the posterior triangle were cleared away from before backwards, the jugular vein at its junction with the subclavian being first exposed, and great care being taken not to damage the thoracic duct. Considerable development of cancerous glands was in this way removed. Mr. Carless alluded to the fact that Professor Halsted, of Baltimore, was clearing the supra-clavicular fossa as a routine measure in all cases of scirrhous mammæ, and that surgeon has found that in a large percentage cancer is present, although no enlargement could be previously detected by palpation.

It is satisfactory to note that the second wound healed throughout by first intention, and that the patient was enabled to leave the hospital three weeks after the first operation.

The Medical Sickness and Accident Society.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society, was held on the 30th ult. at 429, Strand, W.C. There were present—Dr. de Havilland Hall in the chair, Dr. J. B. Ball, Dr. J. W. Hunt, Dr. F. R. Mutch, Mr. J. Brindley James, Dr. Francis J. Allan, Mr. F. Swinford Edwards, Dr. M. Greenwood, Dr. Walter Smith, Mr. William Thomas, and Dr. W. Knowsley Sibley. At the last general meeting of the Society held in May it was resolved that a cash bonus of 10 per cent. on all sickness benefit premiums paid during the last five years should be allotted to the members. The claim list during the first half of 1899 has been somewhat heavy, but, nevertheless, during the six months the income of the Societyhas been so much greater than its outgo that the whole amount necessary to pay this bonus has been saved and no sale of securities will have to be made. The necessary clerical work is nearly complete, and arrangements are being made by which the members may receive the bonus cheques at the end of this month. Prospectus and details may be obtained on application to Mr. F. Addiscott, 33 Chancery Lane, W.C.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 12, 1899.

THE LONDON UNIVERSITY QUESTION.

At last there seems some prospect of London having what it has long, very long wanted, and that is an University like those in most Continental cities, and now in this country in some great centres. When the University of London was started more than half a century ago, it was by the help of those who wanted religion excluded from the studies and graduation of students, and that admission should be provided to the learned professions for those who were prevented, for certain reasons, from obtaining distinction and degrees at Oxford or Cambridge. To found an University, however, is a matter of difficulty. The capital required is great, and the poor London University was not so provided that it could develop as it should be able to do. Change after change took place, and at last the University of London became nothing but an Examination Hall where no education or training was supplied, and all that was done was to test the relative merits of candidates for degrees. Examinations may be very good things in their way, but it would not be difficult to prove that the best men in after life are not always those who have led at the beginning of the race. The London University has become more and more limited in its use in assisting in the education of our younger men, and it has become more and more apparent that what is wanted in London is some such University as every great city on the Continent provides for the sons of those residing in it, and where proper education of every kind is associated with and leads up to a Degree. Science must be taught by competent teachers, and cannot be learnt from books in the way that is possible with classics and mathematics. What is wanted now is technical education, and this can only be acquired by the personal contact of student and master. The opening up of the world can only be effected by Practical Science, by such powers as are wielded by the engineer, and by young men trained to go out into the world and work where civilisation has not yet developed uncultured resources. In choosing Kensington, where Science-Education has been at work now for some years, a wise course has been taken, and we think that our profession ought to aid in every way in supporting this New University, for we want in London some such place for those who intend to devote themselves to the Practice of Medicine. Between the time when a boy leaves school and joins a hospital a year or two may well and should be spent in the study of those sciences with which medicine is more or less closely connected, and a knowledge of which is certain to prove of great value in many ways to the medical man. This is more felt now than it was a few years ago, as Sanitary Science has become an important matter both to the public and to the profession, and it is not easy for our hospitals to provide the means of educating in much that is really outside the hospital, and is not a part of hospital work. The education of our working classes, and the great system of School Boards may interest many, and is truly an important work, but the youths of the middle class ought not to be neglected, and good teaching is not to be obtained without assistance. Let those, therefore, who are interested in the training which is proper for the medical profession, and who realise the great importance of having high-class men to carry out its work. be generous in assisting the objects for which this new university is intended.

THE ANNUAL ELECTION AT THE ROYAL COLLEGE OF SURGEONS, ENGLAND.

The annual election to the Council of the Royal College of Surgeons, England, took place last week, and resulted in the return of Mr. Herbert W. Page at the head of the poll with 286 votes, while Mr. T. R. Jessop was re-elected with 233 votes. Thus Dr. Ward Cousins, the president-elect of the British Medical Association, failed to secure his re-election. Dr. Cousins's career upon the Council has been somewhat a chequered one. Within a period of four years he has had to seek the suffrages of the Fellows upon three different occasions. He was first elected to the vacancy on the Council caused by the death of Mr. Hulke; after having filled the period of Mr. Hulke's term, he had again to appear at the poll; upon that occasion the votes which he obtained only placed him in the position of filling another death vacancy—namely that of Mr. Rivington's. This term expired in the present year, so that Dr. Ward Cousins had last week, for the third time in four years, the necessity of seeking the support of the Fellows for a seat on the Council. Such a record is quite unique in the annals of the Council elections. Dr. Ward Cousins was originally

a candidate whose claims were supported by that reforming body—the Association of Fellows, and as long as the Association continued its active interference his election was practically assured. During the past two years, however, the reforming section of Fellows has taken no active part in College politics, having for various reasons, preferred to remain in this connection in a condition of suspended animation. The effect of this decision has become apparent in several ways. First and foremost there has been a very perceptible decline in the general interest displayed in the annual election. The personal interest alone is not sufficient to infuse excitement into the contest; unless the candidates appear before the constituency pledged to support rival interests it is only natural that the Fellows should abstain from troubling themselves to make use of their electoral privilege. Nothing could better display the languid manner in which the Fellows took part in the last election than the meagreness of the official figures relating to the poll. Out of a total of about 1,200 Fellows only 493 recorded their vote, namely, 477 by post, and only 16 personally. That is to say, no fewer than 40 per cent. of the Fellows failed to consider it necessary to fill in their voting paper. This, then, being the present state of affairs, the elections at the College may now be regarded, in political language, as of the nature of bye-elections, at which candidates are returned on side issues, that is to say, independently of the larger and more important questions of reform, so far as the government of the College is concerned, Just as in the political world, bye elections are regarded as of little value as a test of the drift of public opinion, so in the College elections, as at present conducted, no importance need be attached to the *personnel* of those who are successful. In the absence of candidates representing a rival platform, it really does not matter who is returned at the annual election; there is no burning question of reform at present agitating the constituency, and the organisation of the Association of Fellows for the time being having ceased to be active, there is practically nothing left to stimulate the Fellows into signing their voting papers beyond the personal interest which they may happen to take in a friend who goes to the poll. But this dull and decidedly tame condition of affairs will not always continue. The generation which initiated the reforms carried out by the Association of Fellows has done its work, and the good work which it accomplished from the year 1884 onwards is not likely to be overlooked by future historians of the College, Moreover, several of the present members of the Council were returned under its direct influence, and thus the old-timed Conservatism of the Council has now for some years been leavened by the more opened-minded liberalism of the advocates of reform. Still, the time is bound to come again when the conservatism of the Council will be found to be out of joint with the age, and whenever that time does come it is certain to happen that the annual elections will begin again to excite interest and attention.

THE IRISH "SCALE" FEE SYSTEM.

IT is not very remarkable that Mr. Gerald Balfour, being a Scotchman and naturalised Englishman, took with him to Ireland, as Chief Secretary, the ingrained belief in the English small fee system. He knew that, in England and Scotland, the distribution of medical services for a few pence had, through the agency of Medical Clubs and Aid Associations, come to be universal, and he thought, truly, that a similar low fee system, if not already available, would be very useful to so poor a country as Ireland, and he went determined to provide such a system. Someone, who must have been an Englishman because no one who knows Ireland would have suffered from such a hallucination, told him, before he started for Dublin, a very palpable untruth, to the effect that now Poor-law Medical Officers were bound by etiquette not to accept less than a guinea visit, and were wont to charge that sum to every roadside cottager who required their services, and that, therefore, it had become necessary to provide with gratuitous medical services every individual who said he could not pay the statutory guinea. One would have supposed that a week in Ireland and a quarter of an hour's conversation with the medical inspectors under the Local Government Board would have dissipated this illusion, especially as most of these inspectors had themselves followed the plough as dispensary doctors, and had been glad to accept 5s. or less for a visit, and knew well that others cheerfully accepted half that sum. Whether they were afraid to tell him anything discordant with his own view or not they did not alter that view, and, notwithstanding numerous written and verbal assurances from deputations, he remained "of his own opinion still" that every Irish doctor stands out for his solid guinea in every case, and he set to work to force the doctor into conformity with the English-Scotch system. His first course was to refuse absolutely to do anything to mitigate the monstrous abuse of the Irish system by which any individual—however opulent—is entitled to receive medical relief as a pauper at the expense of the ratepayers. This abuse he preserves and cherishes as a means of forcing the Irish doctors into the English penny-a-week club system. Be it understood that we are favourable to this system under certain conditions, but the attempt of the Chief Secretary to force Ireland to adopt it demonstrates how little he knows of the Irish lower classes, and how badly advised by the Local Government Board he is. The Irish cottage peasantry and small artisans are, at present, totally incapable of mutual organisation for any beneficial object or for any object which will take a penny a month out of their pocket. They will attend a "demonstration" on some political subject in the chapel yard, and will contribute a few pence when they must, but no one ever heard of one of them insuring his life or his house. Still less will they pay for anything which they can get just as good for nothing, and, as successive Local Government Boards have trained them up in the conviction

that they all, even the farmer with £500 in bank, are entitled to free medical advice and medicine from the dispensary doctor, they are not such fools as to pay their money into a club. Therefore, until they find that that privilege has been taken from them they will "club" not one penny.

Notwithstanding these considerations, the Chief Secretary made a scheme which became law with the new Local Government Bill. The doctors of every union were to put their heads together as to what their fees to poor persons ought to be, and to submit a scale of such fees to their guardians, who *might* adopt it and, this done, it was supposed to become binding on doctor and patient. If the scale so approved suggested 2s. 6d. for a visit a mile from home, the doctor, on receiving the necessary ticket, was bound to accept that sum, and no more, no matter who presented it. But Mr. Balfour's scale system went to pieces at once; in fact, it is extraordinary that it hung together at all. First, the doctors were not obliged to submit a scale unless it was demanded by the guardians, and most of them shirked doing this. Secondly, most of the guardians, for obvious reasons, did not wish for any fixed scale, and they carefully forgot to ask the doctors for it. In these unions nothing at all was done. Thirdly, in a minority of unions the guardians, under pressure of Local Government circulars, called upon the doctors for a scale, and the doctors, under similar pressure supplied it, but when submitted to the guardians, it was in most instances scouted by them who asserted that 2s. 6d. was an altogether exorbitant fee. In some cases the document was sent back two or three times for amendment before adoption, and in many the "scale" was repudiated altogether. The beauty of the statesmanlike arrangement was that the guardian who was inclined to abuse his privilege was left in full enjoyment of that privilege. He could give his opulent next-door neighbour an absolutely free ticket as a "poor person," or in the rare case in which he or his friend was endowed with a conscience he could give him a half-crown ticket, which no doubt would be a consolation for the doctor, who would receive that sum, instead of a guinea, without the satisfaction of grumbling. This precious "scale" system has pleased no one but the trafficking guardian, to whom it has given another chance of perpetrating a fraud on the doctor. It has done not one atom of good to the sick poor. It has not attracted one individual, and it has repelled many. Let us, for the sake of Mr. Balfour's repute as a statesman, forget that it ever existed, and apply ourselves to rational and just remedies for the existing state of things.

Notes on Current Topics.

Music and Young Girls.

THE treatment of certain diseased conditions by means of music, as advocated by the too enthusiastic guild of St. Cecilia, does not seem to have made much headway; indeed, there is a sort of reaction against the idea. Some music may possibly have a soothing influence on the sick, but this could hardly be said of high-class music, such as we are accustomed to hear at fashionable concerts. This involves a strain on the attention which the majority of people find to be positively exhausting, akin to that engendered by too prolonged a visit to a picture gallery. It is not, perhaps, the music *per se* that gives rise to the distress, but the unaccustomed concentration of thought on one subject, the focussing of the perceptive energies in one direction. Music, if too freely indulged in, appears to produce a degree of physical debility in both executant and auditor alike. In the latter the induced fatigue is transitory, but of young women who have adopted music as a profession a large proportion suffer from chlorosis and "nervousness." The physical and mental strain entailed by prolonged devotion to the practice of intricate exercises is admittedly very severe, and this should be borne in mind in determining the fitness of a person with decidedly musical tastes for taking up music as a profession. In this, as in most other professions, success, not to speak of eminence, can only be purchased, other things being equal, at the price of a robust constitution, proof against nervous exhaustion. It goes without saying that sitting out a concert does not produce the same deleterious effects on everybody, Some young girls are obviously benefited by periodical outings of this kind, but these are girls whose passion for music does not carry them away and exhaust their receptivity. While we are hardly prepared to endorse the alarming statements which have of late found currency as to the disturbing effects of addiction to musical pursuits, it may be conceded that girls whose nervous systems are in a state of unstable equilibrium are apt to be unduly fatigued by this form of excitement, and in such cases health must be placed before the mere indulgence of taste.

The Sexual Differences of the Fœtal Pelvis.

While the existence of structural differences between the pelves of the male and female adult has long been recognised, the source and method of production of these differences are problems which have occupied the attention of many generations of obstetricians and anatomists. It has generally been assumed that the characteristic features of the female pelvis do not take shape until the period of puberty, and an immense amount of ingenuity has been expended in providing hypothetical explanations of the change. Matthews Duncan, for example, held that the special features of the male pelvis were due to the bones being thicker, stronger, and stouter than in the female, a further factor being their supposed earlier consolidation with each other. This, however, is more of the nature of a statement of appearances than an explanation of their causation, and this observer's theory of the action of natural, *i.e.*, muscular, forces, falls to the ground in view of the fact that such forces must act similarly, if not quite to the same extent, in both sexes. The obscurity which has hitherto surrounded the production of these differences has to a large extent been cleared away by the

painstaking investigations of Professor Thomson, of Oxford, who, in a demonstration at the last meeting of the Obstetrical Society, showed clearly enough, by the aid of numerous beautiful specimens of fœtal pelves, that the distinguishing features which serve to identify the pelvis of the male and female respectively are quite well marked as early as the third month of intra-uterine life: It is highly probable, and by no means inconsistent with biology, that these differences exist *ab initio* though this obviously cannot be affirmed owing to the fact that at an earlier date the identification of sex is not possible. None, however, can doubt that a fœtus is male or female from the very beginning, though evidence thereof is not as yet available, and it follows that if we could only check the observations the same differences would probably be met with coincidently with the formation of the pelvis as a definite structure. This important contribution marks an epoch in our knowledge of the development of the fœtus and will greatly simplify the proper comprehension of the subject.

A Means of Rendering Tobacco Non-Toxic.

IN a recent number of the *St. Louis Medical and Surgical Journal* Dr. Stern calls attention to a procedure recommended some years ago by Professor Gerold, of Halle, but since forgotten, whereby tobacco is divested of the injurious effects due to the presence of nicotine and acrid empyreumatic products. Briefly described, the process is as follows:—fifteen grammes of tannic acid boil in 1,500 grammes of water until the volume is reduced to one kilogramme. Add thirty grammes of the essential oil of origanum vulgare, the solution is then removed from the fire, filtered, and allowed to cool after which it is sprinkled on to eight kilogrammes of tobacco leaves. Dr. Stern has made a number of careful observations with cigars prepared from tobacco thus treated, choosing in preference persons known to have an idiosyncrasy in the direction of intolerance of tobacco, and he invariably noted a complete absence of any of the accustomed unpleasant symptoms, even after three cigars had been smoked consecutively. If, as we are assured, the tobacco thus treated does not lose its characteristic aroma on the one hand nor gain an unexpected flavour on the other, there ought to be a ready sale for the product among our juvenile population at an age when even the now ubiquitous cigarette is apt to give rise to distressing sensations. We fear, however, that the toxic action of tobacco is as essential to the hardened sinner as is alcohol in his beer or champagne. There is nothing essentially attractive in either the taste or odour of the weed, indeed they are drawbacks which are put up with for the sake of the quasi-toxic effects. People do not drink whiskey or absinthe on account of their taste, but in order to obtain certain definite physiological effects, however detrimental these may have been shown to be. There is, however, a certain proportion of non-smokers who are such by reason of their intolerance of tobacco "as she is smoked," and these possibly may be tempted by the prospect of immunity from undesirable after-effects.

The Axis Traction Forceps in Face Presentations.

PRACTITIONERS are familiar with the fact that when the forceps are applied for the purpose of effecting delivery in complete or incomplete face presentations they usually slip, thus, in many instances of deficient rotation, necessitating recourse to craniotomy. Dr. Lewers has done good service by calling attention to the value of the axis traction forceps under these circumstances, not, of course, in all such abnormal presentations, but when for some reason the head gets jammed and cannot come down far enough into the pelvis for the natural forces to determine rotation. He is careful to point out that it is not so much the axis traction action that overcomes the obstacle, but the fact that it is possible with this instrument to obtain a secure grip of the presenting part, thus enabling the accoucheur to pull down the head into a position where rotation can take place in virtue of the operation of natural forces. As these cases are among the most troublesome with which the obstetric practitioner has to deal he will be grateful to Dr. Lewers for a hint which may prove the means of saving many an infant life if judiciously employed.

The Dangers of Medical Practice in the East-End of London.

WE are not surprised to learn that medical practitioners whose lot is cast in the uninviting districts east of the City are displaying an indisposition to abandon the security of their hearths after dark in view of the frequency with which these ministers of mercy have of late been the victims of violent and unprovoked assault. It is much simpler to decline to expose oneself to this risk than to go about armed because the employment of lethal weapons, even for legitimate self-defence, is certain to entail a large amount of worry and trouble, in addition to much notoriety of an undesirable sort. If the inhabitants suffer in consequence, it will be for them to organise concerted measures to stamp out the gangs of human brutes whose exploits vary the monotony of life in the East End. The police are quasi-powerless unless supported by the public, and the drawbacks of medical practice in such quarters are obvious enough without exposure to unnecessary risks. It had always been understood that medical men were known to, and respected by, these nocturnal marauders, but either this immunity never existed or it has fallen into abeyance.

Hospital Appointments in the Naval Medical Department.

THE Government was taken to task last week in the House for having appointed a Deputy Inspector-General to the charge of the Royal Hospital at Haslar, when the services of no less than three Inspector-Generals were available. The reply, of course, was easy enough. Mr. Goschen stated that he had been

guided, not by seniority or etiquette, but by the desire to select the best man for carrying on of the administration of what he rightly described as one of the most important hospitals in the kingdom. This is a sentiment which cannot fail to command general assent, but we fear that these grandiloquent statements of policy are but too often used as a cloak for favouritism and jobbery. We by no means wish to insinuate that such was the case in respect of the appointment under discussion, though one must sympathise with the three senior officers whose claims to consideration have been so roughly overridden.

The Closing of Metropolitan Hospitals.

THE advent of summer has again rendered it possible for the committees of certain metropolitan hospitals to effect some necessary alterations in their institutions by closing them to patients. This year, however, the closing will be on a colossal scale. In the first place all but a small section of the out-patient department of St. Bartholomew's Hospital will be closed. Again, both King's College Hospital and St. George's Hospital will be entirely closed to all patients; furthermore, the out-patient department of St. Mary's Hospital, Paddington, and the West London Hospital will be closed for about two months. So far as the West London is concerned, the Committee have for long seen the urgency of increasing the accommodation of the out-patient department; at present it is quite inadequate for the needs of the patients who attend, and for the requirements of the post-graduate students. The necessity of proceeding with the enlargement of the departments has lately been strongly represented to the Board of Management by the medical staff, and the result has been that the alterations will be forthwith begun, and will be completed at a cost of £1,500. This will also include a new board room, as provided for in the architect's original scheme of the completed enlargement of the hospital.

The Spectacle Makers' Diploma.

A FEW weeks since the question was raised in these columns as to the attitude of the Ophthalmological Society towards those of its members who allied themselves with the granting of questionable medical diplomas to opticians. We now understand that the learned Society mentioned has decided to take no steps in the matter. That position is to be regretted in a body to which medical men naturally look for an outspoken expression of opinion in the interest both of the profession and of the public. There may be difficulties that render the Ophthalmological Society loath to enter into a public controversy, but that consideration can hardly be pleaded in a matter of internal discipline. In our opinion, the medical profession has a right to ask why a member of the Society is allowed to remain an examiner of the Spectacle Makers' Guild. Curiously, the gentleman in question seems to pose as a kind of expert examiner for lay bodies, for we understand his name appears in that capacity on the rolls of the British Optical Association, a title that most of our readers will probably find resounding but obscure. By the way, the arms of the latter distinguished body consist of an ophthalmoscope and two lenses, investing a trial spectacle frame with that supreme simplicity that marks the highest flights of heraldic art. What have the Ophthalmological Society of the United Kingdom to say to the name of one of their members being appended to documents decorated with the foregoing fantastic trades' heraldry? But perchance the spirit of the coming millennium of entire tolerance has descended upon the Council of the Ophthalmological Society.

The "Barker" Anatomical Prizes.

THE Royal College of Surgeons, Ireland, as custodians of this prize, offer for competition a prize of £21, which is open to any student whose name is on the anatomical class list of any school in the United Kingdom. The preparations must be entered before March 31st, 1900. The prize is offered for a dissection of the pharynx from behind, with as many as possible of the nerves, &c., to be found in that region. No prize will be awarded unless sufficient merit be shown, 70 per cent. of the total marks being the minimum. The following is the scale of marks:—(*a*) For the merit of dissection, 60; (*b*) for excellence of setting, 20; (*c*) for originality, 20; total, 100. Those dissections for which prizes are awarded become the property of the College. This prize is awarded by the Curator of the College, the President of the College, and the Professor of Anatomy of the University of Dublin.

The Lay Press Announcement of a "Discovery in Cancer."

IT is stated on the authority of the *Daily Mail* that Dr. Lambert Lack has made a discovery, in the course of exhaustive investigations into the nature of cancer, which is certain to have very far-reaching results. The details of the discovery, we are informed, are not public property, and we are consequently not in a position to arrive at any conclusion as to their value. If it is a fact that the experiments so far have been pronounced by a select committee of the Pathological Society to be practically conclusive; we are not likely to be left long in the dark. The newspaper referred to speaks of the "English doctor's great achievement," and goes so far as to characterise it as "one of the greatest modern discoveries." Supposing this to be the case it strikes us as being somewhat strange that it should be communicated through the medium of the lay press. We learn from the *Medical Directory* that Dr. Lambert Lack is an M.D. of the University of London, and a Fellow of the Royal College of Surgeons of England. We gather, too, that he is an assistant physician to the Hospital for Diseases of the Throat in Golden Square, but we presume that his experiments were not made there. The number of physiological laboratories in London is small, and if his observations were made in one of them we may reasonably expect to receive before

long some official confirmation of such startling news. If Dr. Lack has really made an important discovery bearing on the etiology of cancer, we shall be among the first to congratulate him, but if on the other hand it turns out to be a mere newspaper puff, we shall not be backward in commenting on the somewhat unusual method of publication. Our minds are perfectly open in the matter, and it is for Dr. Lack to establish his contention and make good his claim.

The Ansell Poisoning Case.

SOME of the London newspapers have taken up the case of the unfortunate convict, Mary Ansell, who lies condemned to death for the murder of her sister. For our own part we see no reason to abate the demand we made immediately after the trial for a careful and exhaustive inquiry into the prisoner's mental state. The fact that her sister was an inmate of an asylum at the time of her death gives a clue of great importance in the family history. From other sources we gather that there has been insanity on both sides of the parental stock, and that Mary Ansell herself has shown marked eccentricity during her childish and school days. It is to be hoped that the Home Secretary will not allow any extreme penalty to be inflicted until he has convinced himself upon the most authoritative evidence obtainable that the unfortunate girl Ansell was fully responsible for her acts at the time of the murder. For most medical men the paltriness of the motive and the existence of a family taint would be enough to suggest the exercise of the utmost caution. In a case of this kind should there be a shadow of doubt, we venture to say emphatically that the Crown prerogative of mercy should be exercised without a moment's delay.

The Open-Air Treatment of Consumption in London.

A POPULAR movement is apt to reach a ridiculous stage when it comes to be overdone, and perhaps this criticism may be said to apply to the proposal to carry out the open-air treatment of phthisis in connection with one of the London hospitals for diseases of the chest. It is difficult, for example, to comprehend how the patients will benefit from the inhalation during many hours in the day of a smut-laden atmosphere, such as must be the case wherever such treatment is attempted in London. We do not wish, however, to say a word against the air of the metropolis, which is surprisingly healthy when all things are considered. But, despite its salubrity under general circumstances, we cannot see that to expose hapless consumptives to the continuous inhalation of solid particles of carbon would be especially calculated to improve their pulmonary condition. Better by far that each chest hospital should become affiliated with a sanatorium in the country, to which the phthisical patients could be sent for the outdoor treatment, rather than that valuable time should be wasted in attempting to cure them by following the treatment in London. The point is really a very important one, because it raises the question whether, in view of the present results of the open-air treatment, provision should not be made for all phthisical Londoners to be drafted off to sanatoria in the country in order to undergo this new method of cure.

Death from Chloroform given for Ablation of Tonsils.

ANOTHER fatality, of a peculiarly regrettable kind, is reported from Winchcombe, where a lad, æt. 15, died under choloroform after removal of the tonsils. We were under the impression that the administration of chloroform for this purpose was generally regarded as undesirable in view of the danger of asphyxia supervening. The verdict of "death from paralysis of the respiratory centre" does not help us much, it is only a paraphase of "death from want of breath." The question we are called upon to consider is the cause of the respiratory paralysis, and experience, both clinical and experimental, points to the inhalation of too concentrated a vapour as the source and origin of the evil. These deaths, as we are continually pointing out, occur, well nigh without exception, when chloroform is administered in the slipshod fashion still in vogue by the aid of a towel or mask. We are led to ask when will coroners and their juries cease to accept "slightly flabby heart," "respiratory paralysis," and "idiosyncrasy" as affording adequate explanation of what we are fain to regard as, for the most part, absolutely preventible catastrophes. The occurrence of such mishaps when a regulating inhaler is used is almost unknown, thus testifying to the greater safety of this more scientific method of administration. Of course it is possible to kill with such an apparatus, just as it is possible to give a measured but fatal dose of strychnine solution, but the chances of this happening must obviously be vastly lessened.

Sentence on a Blackmailer.

LAST week an exemplary sentence was passed upon a woman at the Lincolnshire Quarter Sessions for a barefaced attempt to blackmail Dr. Davison, of Gosberton. It appears that last May the accused consulted the medical man in question, who gave her some pills. Ten days later her brother-in-law brought the doctor the following letter:—"Sir,—The pills you gave me have done me no good whatever. Unless you send something, and do me some recompense for insulting me in the way you did at your surgery, I shall inform somebody else about it. It ought to be well worth £10 to you for me to say nothing about it. Unless you send the same amount to me, I shall summon you." In the course of evidence, it transpired that the prisoner, in spite of the alleged occurrence, was willing for the doctor to vaccinate her child. The jury found her guilty, and she was sentenced to twelve calendar months' imprisonment with hard labour. Dr. Davison is to be congratulated for his courage and determination in exposing a criminal attempt at intimidation, a base method of attack to

which medical men are peculiarly liable. A few more salutary sentences of the kind passed at Lincoln would make this sort of offender extremely chary of commencing operations. By the way, why was not Dr. Davison a member of the Medical Defence Union?

How Infection is Spread.

DURING the past week several instances have been recorded of the reckless exposure of infectious patients. In one case a father and mother presented themselves at the fever hospital in Belper, Derbyshire, with a child seven months of age, suffering from scarlet fever. They had been staying in a common lodging-house in Alfreton, and apparently resolved to go off straight to Belper without undergoing any such trifling formalities as admission orders and so on. They accordingly went to South Wingfield station and took train to Belper, whither they travelled in a compartment with other people. At Aberdare, four cases of wilful exposure of patients were heard before the local magistrates. In three instances fines were imposed, but the fourth was dismissed, as the bench held the defendant had been misled by the nature of the medical certificate. The practitioner in attendance, so it was explained, had notified the child to be suffering from diphtheria, but had filled in the form "tonsillitis" so as not to alarm the mother, who was in weak health. Such a course can hardly be commended, and any medical man who acted in so unwise a manner would not expect much sympathy if serious complications ensued. It is clear that the whole system of notification would be rendered useless by the exposure of infectious persons.

The Cheerful Doctor.

THE gravity which the public have learned to associate with the attitude of those engaged in practising the healing art is not inconsistent with a certain fund of cheerfulness and good humour. It may be necessary for some men to cultivate a depressing sobriety of verbal and facial expression in order to acquire a reputation of profundity, but the man who knows his work need be under no apprehension lest cheeriness of demeanour should be mistaken for frivolity. Of course, there are times and seasons when a serious demeanour is incumbent upon the doctor under penalty of appearing flippant or heartless, but in general the public appreciate cheerfulness and are grateful for the bright smile and humorous word which, for a brief space, distract the thoughts of the sufferer from the contemplation of his woes. Cheerfulness in the doctor begets confidence in the patient, inasmuch as it is inconsistent with grave apprehensions, and we have it on the authority of Galen that "confidence and hope do more good than physic." The sick are morbidly sensitive to impressions, and the grave face and solemn manners of the melancholic practitioner cannot but give a disastrous turn to his thoughts. Of course it is not given to everyone to be amusing, but we can all be cheerful, and the faculty of interesting one's patients in such a way as to rouse them from the apathy which enforced reclusion entails is undoubtedly one of considerable value, therefore gaiety short of flippancy and humour apart from triviality are qualities to be cultivated instead of being smothered under the quasi-funereal garb which many medical men still hold to be most appropriate for those the success of whose ministrations is largely dependent on their power of raising the *morale* of the sick who look to them for comfort and return to health.

THE Committee of University College Hospital, London, announce that the institution will be closed during the month of August, with the exception of the maternity department.

THE annual general meeting of the West London Medico-Chirurgical Society will be held at the West London Hospital on Friday next, at 5 p.m., for the purpose of receiving the annual report and the election of officers and council.

PERSONAL.

MRS. FREDERICK SASSOON has sent a donation of one thousand guineas to the Middlesex Hospital for the Cancer Fund.

MR. E. A. MINCHEN, M.A., Fellow of Merton College, Oxford, has been elected to the Jodrell Professorship of Zoology in University College, London.

MR. WILSON NOBLE, Slisinghurst Grange, Cranbrook, has been elected president of the Röntgen Society, vice Mr. C. W. Mansell Moullin, whose term of office has expired.

MR. W. H. NETHERCLIFT, F.R.C.S.Ed., and Mr. G. M. Hirons, L.R.C.P., L.R.C.S.Ed., have been appointed magistrates of the Boroughs of Canterbury and Bournemouth respectively.

THE position of Honorary Surgeon to H.M. the Queen, void by the death of Surgeon-General Maclean, has been filled by the appointment of Surgeon-General Colvin Smith, C.B., I.M.S.

DR. WACE CARLIER, Assistant to the Professor of Physiology in the University of Edinburgh, has been appointed to the newly-founded Chair of Physiology at the Mason University, Birmingham.

MR. HERBERT W. PAGE, F.R.C.S., of St. Mary's Hospital, Paddington, and Mr. Thos. R. Jessop, of Leeds, were elected on Thursday last as members of the Council of the Royal College of Surgeons, England.

DR. JAMES BARR, of Liverpool, has been presented with an address and an honorarium of 150 guineas for past services as honorary secretary of the Lancashire and Cheshire branch of the British Medical Association.

LORD JAMES OF HEREFORD was unable, on account of ill-health, to be present at the distribution of prizes to students of Charing Cross Hospital last Wednesday. His place was taken by the Solicitor-General, Mr. Robert Finlay, Q.C., M.P.

MRS. KANTHACK, widow of Dr. A. A. Kanthack, late

Professor of Pathology in the University of Cambridge has been placed on the Civil List for a pension, "in consideration of eminent services rendered to science" by her late husband.

MR. ROBT. S. KINNIER, L.F.P.S., Glasgow, has been presented with a cheque for £250, a silver salver, and a diamond brooch for his wife by the inhabitants of Saltcoats as a souvenir of the completion of fifty years practice among them.

THE many friends of Prof. C. A. Ewald (of Berlin), in this country will be interested to hear that he has recently completed thirty years as a teacher of Medicine, and will cordially join in the congratulations offered to him in Berlin by his friends and colleagues in celebration of the event.

WE are sorry to learn that Sir Thomas Grainger Stewart, Professor of the Practice of Medicine and of Clinical Medicine in the Edinburgh University, is not making such a rapid recovery from his indisposition as was generally hoped for, although he has made considerable progress towards good health latterly.

AT a meeting of the Cancer Society last week, it was resolved to send out Mr. Arthur C. Duffey, M.B., B.Ch., the son of Sir Geo. Fred. Duffey, late president Royal College Physicians, Ireland, to the United States to investigate what is being done in the State Laboratory at Buffalo with regard to the study of cancer.

THE Council of University College, London, has awarded a Research Medal to Dr. S. B. Schryver, of the Wellcome Chemical Research Laboratories, as one of the former pupils of the College who has most distinguished himself in research. Dr. Schryver received the medal at the official presentation of prizes at the College on Friday, June 23rd.

AT a meeting of the Manchester City Council, last Wednesday, it was announced that a "citizen" had offered to build a hospital for consumption, at a cost of £30,000, and to spend an additional £15,000 on the grounds. This is the second generous offer by an anonymous donor to Manchester during the past few months. Although the name of the donor is kept secret, a shrewd guess has been hazarded.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE LATE PROFESSOR RUTHERFORD.—On Saturday last a bust of the late Professor of Physiology in the Edinburgh University was unveiled before a crowded assemblage of Professors and Students, in the class-room where he lectured for so long. The bust, which was subscribed for by the medical students of his class, is the work of Mr. John Hutchison, R.S.A., partly from a cast of the late Professor's features, made after death, is an excellent likeness of its subject. Sir William Turner, after Sir William Muir, the venerable Principal of the University, had unveiled the bust, spoke in high appreciation of his late colleague's attainments and merits.

H.R.H. THE PRINCE OF WALES IN EDINBURGH.—The Medical Buildings of the University of Edinburgh were the scene of a notable event on Thursday of last week, when H.R.H. the Prince of Wales was presented by the Lord Provost and Corporation of Edinburgh with the Freedom of the City in its well-known hall, the McEwan Hall. The day was held as a general holiday from classes, and the function passed off with a maximum of success.

THE ASSISTANT PHYSICIANSHIP IN THE ROYAL INFIRMARY, EDINBURGH, rendered vacant by Professor R. L. C. Leith's translation to Birmingham, is to be filled up next Monday; applications to be lodged before 12 noon, Friday, 14th. The managers have taken a new departure in deciding to limit the number of testimonials sent in by each candidate to six only. The innovation is meritorious, but in this instance rather hastily adopted, especially as so short a time was allowed between notification of the vacancy and application for the post. Six testimonials require almost more care in obtainal and selection than sixty, and delays in acquirement are frequent. It, however, does away with the very considerable volumes which before now have been sent in by applicants for various of the hospital's posts, formed chiefly of a few score letters of credit.

Obituary.

SIR ALEXANDER ARMSTRONG, K.C.B., M.D.

THE news of the death of Sir Alexander Armstrong, late Director-General of the Navy Medical Department, will be read with much regret. He entered the Royal Navy in 1842, but his fame rests chiefly on his personal contribution to the cause of Arctic Exploration. He spent five years in Arctic regions searching for Sir John Franklin's expedition, and he was on the *Investigator* when the North-West Passage was discovered. He has since done much good work in Naval Hospitals in the Mediterranean and in England. He has written his experience in the North and his views on Naval Hygiene. Arctic explorations have advanced much in late years; and Nansen and his compeers are well aware that this advance was only made possible by the stepping-stones laid down by the great explorers of the past.

Sir Alex. Armstrong, who had retired from active service some years since, held the honorary appointment of Hon. Physician to the Queen and H.R.H. the Prince of Wales. His services were further rewarded by Her Majesty with the K.C.B. Trinity College, Dublin, elected him to the honorary distinction of LL.D., and the Royal Society bestowed on him its Fellowship. He also held the M.D.Ed., and the F.R.C P. of London.

Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

"THE CANCER FOG."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Herbert Snow's address at the inaugural meeting of the Cancer Society, printed in your issue of July 5th, tempts me to send you a few remarks. The whole tone and style of the address, coupled with the fascination which the subject has for a long time exercised on me, are my excuse for troubling you; but another motive drives me. I once had, in the dim and distant reaches of the past, some ambition to be a scholar, and in the early days, when what little intellect I had, began to show its bent and direction I found myself driven noticeably in the direction of philosophy and also of logic. Now I see an appeal made in Dr. Snow's address both to the logician and to the philosopher. 'I greatly wish," he says, "that some competent person would take the trouble to survey, purely from the philosopher's point of view the literature of cancer during the past century." Sir, my practical duties among the surgical and medical therapeutics of cancer for many years past have sadly thwarted any ambition I might once have had to be a philosophical

historian of cancer or of any other literature. But if the philosopher's function be to try to see principles, I have attempted to cultivate that function in the intervals of practical occupation, and the appeal to the logician sounded in this short address presents to my ears a call which I feel myself unable to resist. For such expressions as "constitutional origin, heredity, bacteriological origin, geographical distribution, cancer-houses, damp soils, vegetarianism, electricity," thrown together at haphazard by the writer, as well as others like diathesis, constitution, predisposition, mal-nutrition, hypertrophy, atrophy, ulceration, and the like, have always, since I became slightly acquainted with them, deeply impressed my mind. Now I do not know—I may be wrong, of course—but I rather incline to think that the lament which I see lower down in this address as to "the utter absence of co-ordination and organisation" in our profession is a little confusing in its effect. To appeal, as such a lament does by implication, to co-ordination and organisation is not, I think, quite compatible with the other appeal to the logician, the philosopher, and the philosophical historian which so attracted me in reading the earlier part of the address. I wonder if it will shock you, Sir, if I hint that in my opinion it is not more observations that we require in the study of cancer, but a better use of the observations we already have, if we are to gain any further knowledge of its causes, and therefore of its cure, and especially of its prevention. Surely a total of 24,443 deaths from cancer in 1897 (males 9,573, females 14,870) not to mention the thousands of former years, is sufficient for any man who is in search of materials for observation. "Co-ordination and organisation" would no doubt afford further observations, but when they had been got, what then? and how difficult to get them. How very difficult to get men and women doing the practical work of life to combine in any co-ordinated and organised way to put together new observations which shall promise to be any more instructive than those we have already. I scarcely think that more observations are required. There are plenty already, and the problem regarding them, if by co-ordination and organisation we had obtained them, would still be the very problem that the writer suggests should be grappled with now (or by implication suggests), viz., that we should compare our observations, reflect on them, reason about them, and see if we cannot come to some practical conclusions regarding them. I do not think that a lack of observations is a question with us now almost at all. It is certainly not a burning question. Dr. Snow mentions two respects in which our age differs from its predecessors. Let me mention a third—viz., that the reign of our present gracious Sovereign has been characterised by the accumulation of such a mass of careful and accurate observations as has never been known before. It threatens in fact to overwhelm us. No memory is so prodigious as to be able to carry it, for one is in great danger of failing to see the wood for the trees. It is of comparatively little importance to know that the temperature was 101 deg. F. or 101·5 deg. as compared with knowing that it was high, that it was above normal; or that it was low on the other hand. It is also of comparatively small moment to inquire whether a disease is epitheliomatous or papillomatous, as compared with the question is it hypertrophic or atrophic? And if atrophic, is it directly atrophic, or indirectly atrophic? I am afraid I shock you, Mr. Editor, but I am attempting to follow the most commendable lead in the direction of logical and philosophical inquiry and reflection pointed out by Dr. Snow. Because our ancestors reasoned justly from wrong premises is no reason why we should refrain from reasoning from correct ones. But it is very often assumed that it is. I repeat it; I think careful and accurate observations are not so much a desideratum now as sound reasoning, judgment, and reflection founded on them, and as the attempt to marshal our facts in order and method, and to see the law or laws that govern them, and give them that majestic sweep of orderly succession and methodised arrangement that fill the beholder with awe and wonder and admiration, in place of filling his down-struck imagination with no higher idea than chance, and no nobler conception than chaos. I do not hesitate to say that I should expect much more benefit to accrue from a collection of observations by Dr. Snow himself, or by any other competent observer, and from logical and philosophical examination of them and reflection on them than from any number of co-ordinated and organised observations such as he suggests. There would be no harm, I daresay, in having both, but let us at least use the observations, alas too numerous, which we already possess, and see what we can learn from them.

Now if in the logical and philosophic and historic spirit which Dr. Snow recommends, we approach the examination of the thousands of cases of cancer in England occurring every year, certain reflections must occur to us. Unfortunately for that logical spirit, and for that philosophic attitude our very terms are not fixed. "Heredity," what does it mean? "Constitutional origin" and constitution itself, what is that? "Bacteriological origin," nay, origin at all, are we agreed as to these? I do not see that we are. But for many years past definitions of some of these expressions have been shaping themselves in my mind, and as Dr. Snow does not enlighten us, I must be pardoned for trying to focus and clear and define myself; which, with your kind permission I hope to attempt to do to some slight extent in my next letter.

I am, Sir, yours truly,

PHILOSOPHUS IGNOTUS.

BOSTON MEDICAL LIBRARY FEB 2 1900

Laboratory Notes.

"CAFE VIERGE."

(Prepared by Messrs. Allen and Hanburys.)

This extract holds the first place for excellence among the many coffee preparations we have examined. The manufacturers have succeeded in what is no easy task, namely, in presenting in a concentrated form the characteristic principles for which coffee is valued. In both aroma and flavour "Café Vierge" is greatly superior to most others, and the analytical data given below will convince those who have examined coffee extracts that it is of real value, and contains the soluble constituents of genuine coffee in the true proportions in which they exist

On analysis we have obtained the following results:—

Moisture	60·22
Mineral matter	4·25
Caffeine	1·98
Nitrogenous matter	4·00
Non-nitrogenous matter (by difference)	29·55

When it is remembered that in many coffee extracts the caffeine is below 0·4 per cent., and even lower, it will be seen that this preparation is of the highest quality.

THE "ALLENBURYS" TOILET SOAP.

(Prepared by Messrs. Allen and Hanburys.)

THIS is a very high-class toilet soap carefully prepared. We have analysed it, and our results are as follows:—

Free fat (by petroleum ether)	2·0 per cent.
Water	8·8 „
Soda (as Na_2O)	33·2 „
Fatty acids	46·3 „
Glycerine, &c. (by difference)	9·7 „

From these results and from the characters of the fatty acids we are enabled to thoroughly endorse the claim of the makers that this soap is prepared from pure fats, and is specially suited for tender and sensitive skins, inasmuch as it contains no free alkali, and is prepared from sweet and wholesome fats.

The percentage of water is remarkably low. That is to say, the purchaser is getting *real soap* for his money, whereas in the case of many common varieties an enormous quantity of water is incorporated by the manufacturer, even though the appearance of the soap may not disclose its presence,

Medical News.

Changes in the Catholic University Medical School, Dublin.

AN advertisement in our issue of to-day states that on October 19th two vacancies in the teaching staff will be filled up. First, that created by the resignation of Dr. James Campbell as Professor of Chemistry. For some time he has had the assistance of Jos. P. Frengley, M.B. Second, the Professorship of Ophthalmology, vacated now by Dr. Louis Warner on the lapse of his period of appointment. He is eligible for re-election.

Guy's Hospital Medical School.

GUY'S HOSPITAL and grounds presented a brilliant spectacle on Friday last, when the annual distribution of prizes was made to the successful students. The treasurer, Mr. Cosmo Bonsor, M P., presided, and introduced another of the governors, Mr. Robert Gordon, who, besides presenting £1,200 towards the funds of the Medical School, had given a further handsome donation to the hospital during the past year. The latter gentleman then presented the prizes and certificates to the successful competitors. The following were the chief awards:—The Michael Harris Prize for Anatomy: C. H. Robertson. The Wooldridge Memorial Prize for Physiology: J. T. Hicks and A. E. Pakes. The Hilton Prize for Dissections (1898): C. Tessier. The Arthur Durham Prize for Dissections—First year's students: A. M. Webber; Senior students: C. H. Robertson and A. H. Wall. Dental Prizes - Second year's students (1898): P. S. Campkin; First year's students: C. S. Morris. Practical Dentistry Prize: C. S. Morris. Senior Proficiency Prizes: C. T. Hilton, E. B. Dowsett, G. N. Meachen. The Richard Bredin Prize for Clinical Study: R. H. Swan. The Golding - Bird Gold Medal and Scholarship for Sanitary Science: S. Copley. The Treasurer's Gold Medal for Clinical Medicine: G. S. Simpson; and the Treasurer's Gold Medal for Clinical Surgery: C. T. Hilton. This ceremony concluded, the treasurer moved a cordial vote of thanks to Mr. Gordon, which was seconded by Dr. Pye Smith, F.R.S., senior physician, and supported by Dr. Stevenson, senior lecturer in the medical school. With Mr. Gordon's reply the proceedings in the theatre terminated, and a garden party was then held in the picturesque grounds of the hospital, the band of the 2nd Life Guards playing during the afternoon. The hospital and school buildings were thrown open for inspection, many of the large company present availing themselves of the opportunity afforded.

Charing Cross Hospital Medical School.

IN the absence of Lord James of Hereford, Sir Robert Finlay, M.P., the Solicitor-General, distributed the prizes and certificates awarded during the summer session 1898, and the winter session 1898-99, to the students, at the above school, on Wednesday, the 5th inst,

In his report for 1898-99 the Dean (Dr. Montague Murray) announced that the winter session would be opened in October with an introductory lecture by Dr. Mitchell Bruce. He remarked that the school record this year had been one of steady and continuous progress. In 1897 the entries from all sources were 71. This year they were 82, and when the new Hospital Buildings are completed he had no doubt that the increased clinical attractions would result in a still larger number of entries. The New Dental Hospital of London, in which the Charing Cross School was much interested, had also progressed rapidly. Dr. Galloway had succeeded Dr. Arkle as Assistant Physician to the Hospital and Vice-Dean to the Medical School. Dr. Hunter had been appointed Lecturer on Practical Medicine and Physician to the Electrical Department, and Dr. Bosanquet had become Medical Tutor. Dr. Eden had been appointed Assistant Obstetric Physician and Tutor in Obstetrics and Gynæcology. The Council of the Hospital had instituted the office of Bacteriologist to the Hospital; and to this appointment, as well as that of Lecturer on Bacteriology to the Medical School, Dr. Eyre was unanimously chosen. At the Hospital, Mr. Montgomery had been appointed Resident Medical Officer, and Mr. Daniel, Surgical Registrar.

Royal College of Surgeons of England.

THE following gentlemen having passed the necessary examinations have been admitted Licentiates in Dental Surgery:—

Edward Faulkner Ackery, Henry David Apperly, John Robert Slade Ash, Liston Wheatley Bennett, Alfred Harold Bowkley, Robert Victor Britten, Edward Cardwell, and Harry Whitmore Cutts, Percy Ernest Chandler, Samuel Sydney Doran, Frederick English, Harold Arthur Thomas Fairbank, M.R.C.S.Eng., L.R.C.P.Lond.; Emanuel Bower Marshall Frost, Archibald James Gwatkin, John Walton Gibbons, Edward J. Fabian Gillemand, Robert William Griffin and Cyril Henry Howkins, Alfred David Hopkins, Ernest Robert Howlett and Arthur Hughes, Harold Samuel Huggins John D. Dawson Humby, Alfred de Betham Jepson, Sydney James Kaye, John Mahoney, De la Hay Moores, Major Percival Nathan, Stephen Holloway Olver, John Gerdes McAlpin, Herbert William Morris, Percival H. Hayes Palmer, Frank Parlett, William de Courcy Prideaux, Herbert Quinton, Thomas Edward Regan, Alfred Ernest Rowlett, Thomas Francis Ryan, Richard John Russell, Frank Lyon Shelton, Ernest Shrubsole, Sydney Colvin Smith, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A.Lond., Lionel Taylor, Edgar Preston Uttley, Frank Warlow, Eustace B. Lathbury White, John Albert Whittington, Charles Frederick Witcomb, Thomas Herbert Vaughan, and Herbert Gill Williams.

Twenty-eight gentlemen were referred to their professiona studies for six months and one for one year.

University of Edinburgh.

The following candidates have passed the final professional examination for degrees in medicine and surgery:—

Old Regulations.—John Brown, D. B. B. Hughes, Elsie M. Ingles, D. J. M'Adam, Marion B. Marshall, I. J. van der Marwe, A. L. Owen, Esther M. Stuart, Emily C. Thomson, Addie White.

New Regulations.—Ivie Aird, Tina M'Culloch Alexander (with distinction), W. J. Baird, C. A. J. A. Balck, W. J. Barclay, B.A. (with distinction), F. A. F. Barnardo, M.A., E. F. Bashford, J. G. Bell, P. J. Bodington, A. H. W. Boreham, G. A. Brogden, W. J. D. Bromley, E. A. Brown, G. H. J. Brown, Robert Bruce, J. M. Buist, D. A. Callender, H. G. Carlisle, J. C. Carr, Morden Carthew, Lilian Mary Chesney, C. S. Clark, H. E. Coghlan, W. J. Collinson, J. D. Comrie, M.A., B.Sc. (with distinction), B. J. Courtney, R. M. Dalziel, Wm. Darling, M.A., S. M. Dawkins, T. A. Djedjizian, B.A., David Ewart, William Ewart, W. R. Eyton-Williams (with distinction), R. R. Fasson, H. Faulkner, David Ferrier, E. G. Ford, A. R. Fordyce, J. J. Galbraith, A. B. George, M.A., H. A. H. Gilmer, B. K. Goldsmith, J. H. Gordon, T. B. Gornall, F. J. Gray, St. L. H. Gribben, A. H. Griffeth, George Haddow, P. W. Hampton, F. J. Hathaway, G. G. Hay, A. C. Heath, P. H. Henderson, W. E. Herbert, I. K. Hermon, H. T. Holland (with distinction) A. M. Holmes, James Husband, Alice M. Hutchison, J. G. Jack (with distinction), W. T. James, R. F. Jardin, John Jeffrey, W. J. Jones, J. W. Kerr, D. B. King, M.A., G. D. Laing, J. S. Lessing, T. H. Livingstone, E. A. Loch, J. L. Louis, James Luckhoff, George Lyon (with distinction), Elizabeth G. Macdonald (with distinction), J. M. Macdonald, M.A., P. H. Macdonald, P. N. M. Macdonald, W. J. M'Farlan, John Macgregor, Robina Macgregor, W. M. Mackay, Maxwell MacKelvie, H. M. Mackenzie, T. C. Mackenzie, P. A. Maclagan, L. C. Maclagan-Wedderburn, T. D. MacLaren, G. C. M'Leavy, L. W. Macpherson, A. G. Martin, E. W. Martin, J. F. Martin, Ruth Massey, James Masson, M.A., B.Sc. (with distinction), J. W. Matthewson, B.Sc., E. T. Melhuish, E. G. D. Menzies, F. N. Menzies, G. H. Menzies, M.A., James Miller, B.Sc. (with distinction), J. G. Mitchell, H. A. D. Moore, J. R. Munro, J. A. Murray, B.Sc., W. A. Murray, B.A., A. W. Nankervis, A. C. Neethling, T. P. Oates, James Orr, T. S. Orr, William Park, M.A., F. M. Parry, W. M. Paul, M.A., A. S. M. Peebles, E. J. Peill, Arthur Preston (with distinction), T. A. Price, R. N. Pringle, S. C. Pritchard, J. M. Reid, William Reid, M.A., C. M. Robertson, Thomas Rogerson, R. M. Rowe, M.A. (with distinction), A. B. Shed, Sutherland Simpson, B.Sc., A. B. Slater, V. E. Sorapure, Stephen Southall, H. B. Sproat, Bernard Stracey, W. J. Stuart, M.A. (with distinction), W. W. Thom, G. N. W. Thomas, J. A. Thompson, W. G. Thompson, George Thomson, R. G. Thomson, A. K. Traill, R. B. Turnbull, Alexander Tweedie, C. S. Vartan, N. D. Walker, C. Heron Watson, M.A., C. H. J. Watson (with distinction), Arthur Whittome. Angus Whyte, A. S. Whytock, M.A., H. D. Wilson, A. H. Wood, and E. M. Young.

Society of Apothecaries of London.

AT the Primary Examination, Part I., held July 5th and 6th, the following candidates passed in:—

Biology.—J. Cretin, G. W. N. Stevens.

Chemistry.—J. Cretin, D. J. Lewis, D. A. Stepney, M. L. Tyler, G. H. Watson, S. H. R. Welch.

Materia Medica and Pharmacy.—C. C. Bernard, G. A. Crowe, A. J. Nicholson, J. R. Pooler, D. W. Purkis, Z. Rowlands, H. M. Serjeant, E. N. L. Wilson.

Preliminary Examination, Part II., held July 3rd, 5th, and 6th. The following candidates passed in:—

Anatomy.—W. H. Cotton, G. M. Crockett, J. C. Curtis, K. A. Dawson, W. C. D'Eath, S. R. Dudley, K. C. Edwards, C. D. E. Forbes, B. H. Hirst, A. H. Hughes, M. E. Martin, T. G. Miles, H. Morrison, D. A. H. Moses, A. U. Parkhurst, C. M. Scott, L. G. Simpson, G. B. S. Soper, C. J. Taylor, C. M. Woods.

Physiology.—C. H. G. Atkyns, J. A. Bartlett, C. W. S. Boggs, H. R. Coombes, G. M. Crockett, J. C. Curtis, K. A. Dawson, W. C. D'Eath, K. C. Edwards, B. H. Hirst, A. H. Hughes, J. A. Kilpatrick, J. M. King, M. E. Martin, H. J. May, T. G. Miles, A. U. Parkhurst, G. Raymond, L. G. Simpson, W. A. G. Stevens, R. W. Taylor.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ACCEPTED PAPERS AND CASES.

THE following are unavoidably held over the present issue, and will appear in due course :—

HÆMATURIA FROM HEALTHY KIDNEYS. By Thos. Myles, F.R.C.S.

THE DE NOVO ORIGIN OF SYPHILIS. By John A. Shaw-Mackenzie, M.D.Lond.

MONISTIC PHYSIOLOGY. By Wm. R. MacDermott, M.B., T.C.D.

CASES OF PTOMAINE POISONING FOLLOWING THE INGESTION OF MEAT. By G. Burbidge White, M.D., F.R.C.S I.

SLEEP, SLEEPLESSNESS, AND HYPNOTICS. Abstract of the Croonian Lecture. By J. B. Bradbury, M.D.Cantab., F.R.C.P.Lond.

THE INNERVATION OF THE HEART. By Prof. von Leyden, M.D. Translation by Wm. Dodd.

SOME RECENT MEDICO-LEGAL CASES. By W. J. Johnston, Barrister-at-Law.

PYREXIA DURING CONVALESCENCE FROM TYPHOID FEVER. By Prof. Potain.

RECOVERY AFTER THE INJECTION OF ANTISTREPTOCOCCUS SERUM. By Skene Keith, M.B., F.R.C.S.Ed.

CHELTENHAM.—In answer to your qu ry, the hot air apparatus mentioned in our note last week on "Hot Air Baths in Workhouses" was Tallerman's. So far as we can learn all other apparatus upon the market are simply variations and imitations of his original patent. The therapeutic value of this form of heat appears to be scientifically established.

LONG v. STOCKER.

WE have received from Dr. Hugh Woods, Hon. Secretary of the London and Counties Medical Protection Society, Limited, a summarised report of the action for alleged malpraxis brought against the defendant. Dr. W. W. Stocker, of Kilburn, by a woman who had been treated by him for an injury to the hand. While we heartily congratulate Dr. Stocker on his successful defence we are unable to discuss the matter for want of sufficiently explicit details in respect of the case for the plaintiff.

G. P.—The taking of snuff has been highly recommended as a valuable means of stopping a persistent hiccough, and the act of gargling has also been found very useful.

P. P. B. (Leeds).—Several communications and marked copies of newspapers have reached us referring to the subject of our correspondent's letter, and we shall comment upon the facts in our next issue.

A PARENT.—No sterilising apparatus can be trusted to render contaminated or decomposed milk a healthy article of diet. So-called sterilisation, it is true, will secure the destruction of all *living* germs, but it does not free the milk from the soluble toxins due to their presence, and such milk, even after sterilisation, is a fertile source of gastro-enteritis in infants. Sterilisation, in other words, may keep fresh milk sweet, but it will not make bad milk good.

R. O. M.—It is much simpler and better to send your specimens to a laboratory for examination and report. Bacteriological research requires much time and no small amount of skill and experience. Failing the latter your conclusions, whatever their tenour, will be untrustworthy. In respect of infectious diseases, many local authorities now undertake to defray the cost of the bacteriological control of the diagnosis.

Vacancies.

Brighton, Hove, and Preston Dispensary (Western Branch and Cottage Hospital), Queen's Road, Brighton.—House Surgeon. Salary £120 per annum, with board and residence.

Coleraine Union.—Medical Officer for the Protestant Dispensary District. Salary £75, exclusive of vaccination and other fees. (See Advt.)

County Asylum, Prestwich, Manchester.—Junior Assistant Medical Officer, unmarried. Salary commencing at £125 per annum, with apartments, board, attendance, and washing.

Durham County Hospital, Durham.—House Surgeon for one year. Salary £100 per annum, and board and lodging.

Fisherton Asylum.—Assistant Medical Officer. Salary commencing at £120 per annum, with board, lodging, and washing. Apply to Dr. Finch, The Asylum, Salisbury.

Govan District Asylum, Crookston, near Paisley, N B.—Junior Assistant Medical Officer. Salary £100 a year, with furnished rooms, board, laundry, and attendance.

Great Northern Central Hospital, Holloway.—House Surgeon for six months. Salary at the rate of £60 per annum. Board, lodging, and washing provided in the hospital.

Great Yarmouth Hospital.—House Surgeon. Salary £90 per annum, with board and lodging. Wines, spirits, beer. &c., not found.

Liverpool Dispensaries, Moorfields, Liverpool.—Assistant Surgeon, unmarried. Salary £100 per annum, with board and residence.

London County Asylum, Bexley, Kent.—Assistant Medical Officer (male).—Salary £150 per annum, with board, furnished apartments, and washing. Applications to the Clerk, Asylums Committee, 6, Waterloo Place, London.

Lunatic Hospital, The Coppice, Nottingham.—Assistant Medical Officer, unmarried. Salary £150 a year, with apartments, board, attendance, and washing.

Roxburgh District Asylum, Melrose.—Assistant Medical Officer. Salary £100 per annum, with furnished quarters, board, washing, and attendance.

Royal Cornwall Infirmary, Truro.—House Surgeon, unmarried. Salary £120, with furnished apartments, fire, light, and attendance.

St. Pancras and Northern Dispensary, Euston Road, London.—Resident Medical Officer, unmarried. Salary £105 with residence and attendance. Applications to the Hon. Sec., 23, Gordon Street, Gordon Square.

West Sussex County Asylum, Chichester.—Junior Assistant Medical Officer, unmarried. Salary commencing at £100 per annum, with furnished apartments, board, attendance, and washing.

Appointments.

BATTEN, R. W., M.D.Lond., F.R.C.P., Consulting Physician to the General Infirmary and to the Eye Institution at Gloucester.

BUCHER, J. HOWARD, *pro. tem.* Medical Officer and Public Vaccinator for the No. 2 District of the Bodmin Union.

FORSTER, FREDK. C., M.R.C.S., L.R.C.P., House Surgeon to the Royal United Hospital, Bath.

FOSTER, P., M.R.C.S., L.R.C.P., Assistant Resident Medical Officer to the National Hospital for Consumption, Ventnor.

GRIFFITH, A., M.D.Lond., M.D. (State Med.), Medical Officer of Health for the Borough of Hove, Brighton.

HAIGH, HAROLD, M.A.Cantab., M.R C.S., L.R.C.P., Medical Officer to the Convalescent Home, near Huddersfield.

HANLY, JOHN JOSEPH, M.A.R.U.I., L.R.C P., L.R.C.S.Ed., Medical Officer for the Second District of the Shepton Mallet Union.

HARRIS, H. ELWIN. M.B.Cantab., F.R.C.S., Surgeon to Out-patients at the Bristol Royal Hospital for Sick Children and Women.

HUTCHINSON, F. A. S., L.R.C.P Lond., M.R.C.S., *pro. tem.* Medical Officer and Public Vaccinator to the Dunmow Union.

LUCE, RICHARD HARMAN, M.A., M.B., F.R.C.S., Honorary Surgeon to the Derbyshire Royal Infirmary.

MARKBY, HERBERT, M.R.C.S., L.R.C.P.Lond., House Surgeon to the Chester General Infirmary.

MORGAN. D. NAUNTON, L.R.C.P.Lond., M.R.C.S., Medical Officer for the new district of Gilfach Goch, Bridgend.

ROBERTSON, WILLIAM. M.D.Glasg., D.P.H., Medical Officer of Health for the Burgh of Paisley.

Births.

BROCK.—On July 6th, at 115, Adelaide Road, London. the wife of J. H. E. Brock, M.D., F.R.C.S., of a daughter.

FALLA.—On July 4th, at Adelaide Lodge Jersey, the wife of Walter Falla, M.R.C.S., L.R.C.P., of a daughter.

SMITH.—At Forres on July 5th, the wife of Colvin B. M. Smith, M.B., of a son.

Marriages.

BALLINGALL-BONNER.—On July 6th, at St. Paul's Church. St. Leonards-on-Sea, George Anderson Ballingall, M.A., M.D., of St. Leonards-on-Sea, and of Altamont, Blairgowrie, N.B., to Mary Lilian Elsie, youngest daughter of the Rev. J. Tillard Bonner, of St. Leonards-on-Sea, late Rector of Stanwick, Northants.

CORFIELD—BURN.—On July 5th, at St. Stephen's, Clapham, Edward Carruthers Corfield, M.R.C.S.Eng., L.R.C.P., and L.S.A.Lond., of Upper Tooting, to Helen Beatrice, only daughter of William Barnett Burn, M.D.Lond., B.Sc.Lond., of Balham.

JENNINGS—TOWARD.—On July 5th, at All Saints' Church, Margaret Street, London, W., R. E. W. Jennings. M.R.C.S., L.R.C.P. Lond., to Eileen, second daughter of the late W. E. Toward, of Newcastle-on-Tyne.

PILCHER SOUTHAM. On July 5th, at the Abbey Church, Shrewsbury, Cecil Westland Pilcher, B.A.Oxon., L.R.C.P., M.R C.S., son of the late W. J. Pilcher, F.R.C.S., J.P., of Boston, Lincolnshire, to Evelyn Mary, daughter of S. Clement Southam, F.S.A., F.R.G.S., of Shrewsbury.

SHEPHERD-BRUSHFIELD.—On July 6th, at St. Luke's Church, Balham, Timothy Arundel Jordan Shepherd, M.R.C.S.E., L.S.A., of Moldgreen, Huddersfield, to Rosina Mary, eldest daughter of Thomas Nadauld Brushfield, M.D., F.S.A., of Budleigh Salterton, Devon.

WEDD—DRAPER.—On July 1st, at St. James's Church, Blackheath, Gilbert Wedd, M.A., M.D.Cantab., son of John Wedd, of Manchester and Wilmslow, to Bessie, daughter of George Draper, F.R.G.S., Blackheath, London.

Deaths.

CONGREVE.—On July 5th. at Hampstead, Richard Congreve, M.A., Honorary Fellow of Wadham College, Oxford, M.R.C.P.Lond., aged 80.

DAVIES.—On July 3rd, suddenly, at Caswell Bay Hotel, Mumbles, Swansea, Henry Naunton Davies, J.P., Surgeon, of Glyn Rhondda House, Porth, Rhondda Valley, South Wales, aged 71.

FLOWER.—On July 1st, at his residence, Stanhope Gardens, Sir William Henry Flower, F.R.C.S.Eng., K.C.B., aged 67 years.

GIRDLESTONE.—On July 6th, suddenly, at Sunningdale. Berks, T. Mountain Girdlestone, F.R.C.S., late of Melbourne, aged 76.

HEARD.—On July 1st, at Pentreve, Hunmanby, Yorkshire, Charles Goodridge Heard, M.R.C.S., L.S.A., aged 47 years, eldest surviving son of Edward Goodridge Heard, J.P , of Truro.

RICHARDS.—On July 5th, at Collyhurst, Manchester, suddenly, Arthur Izod Richards, M.R.C.S., aged 36, younger surviving son of the Rev. G Richards, D D., of Ealing.

SLIPPER.—On July 9th. at Brighton, Thomas Clipper, M.R.C.S., L.S.A., of West Croydon, aged 87.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, JULY 19, 1899. No. 3.

Original Communications.

RECOVERY AFTER THE INJECTION OF ANTISTREPTOCOCCUS SERUM.

By SKENE KEITH, M.B., F.R.C.S.Ed.

THE recovery of a patient after the injection of the antistreptococcus serum is still probably of interest to many. In March last I was consulted by an Australian lady, æt. 46, an old patient of my father's, from whom he had removed an ovarian tumour some eighteen years ago. She said that she had been having for some time great monthly losses. On examination the cervix was found to be very hard, deeply lacerated, and slightly irregular on the surface. Visual examination showed a large, torn, and eroded cervix. As I was afraid that the case might be one of commencing malignant disease I asked her to come again. In the meantime she had a period so severe that the loss had to be checked by the injections of hot water. After it was over the cervix was found to be more healthy and softer, and a scraping from the interior of the uterus, examined microscopically, showed simply chronic catarrhal endometritis.

I advised curetting, and Emmet's operation, and performed the two operations on the 2nd of May. Both lips of the cervix were full of cysts, and I had to cut far up into the angles, but did not open into the cellular tissue.

The patient was perfectly well the next evening, but woke next morning feeling chilly. The temperature was 102·6 degs., pulse 120. These attacks, never being more than feeling cold, recurred once every day at gradually lessening intervals, until the sixth day when there were two within twelve hours.

The highest temperature was on the fourth day, viz., 105 degs. in the mouth. Between the attacks the patient felt very well, and the pulse and temperature came down. The "period" came on on the third day, there was no odour whatever.

On the evening of the sixth day the temperature was 103 degs., pulse 160, and the two drugs which had up to that time answered best—antitoxin and strophanthus—seemed to have lost their effect. The patient was evidently going to die, if nothing were done and the only two remaining possibilities were washing out the uterus or injecting the antistreptococcus serum. I was loath to wash out for fear of checking the "period." Instead, the serum, 10 c.c. was injected. The next bad turn was delayed for eighteen hours, it was not so serious as the previous one, 10 c.c. injected again. The patient kept well for sixty hours, when as there was a slight chill, a third injection was made. A fourth injection was given after an interval of eighty-four hours, making much improvement. This, my brother, who had watched the case with me, and I were not much surprised at, as we thought that absorption was now going on from the intestine, and a good result after a dose of calomel strengthened this view.

The life of the patient was undoubtedly saved by these injections, but she might also have lived if the uterus had been washed out, for though there was no odour while she was very ill, there was a slight offensive discharge for one day at the end of the first fortnight.

While this leaves some doubt still it is certain that the serum saved the patient, and that it was very much safer treatment than washing out would have been under the circumstances.

DECIDUOMA MALIGNUM? A CRITICAL REVIEW FROM A CASE SUCCESSFULLY TREATED BY VAGINAL HYSTERECTOMY. (a)

F. W. N. HAULTAIN, M.D., F.R.C.P.E.,

Lecturer in Obstetrics, Edinburgh School of Medicine.

(*Concluded from page* 31.)

FROM the appearance presented by the specimen before us it must be evident that the term deciduoma is quite untenable. One is therefore constrained to consider whether we have to deal with an entirely different neoplasm from that originally described by Sänger in 1889, the designation of which has been adopted by many other observers, or whether we have to deal with a similar growth whose histogenesis is differently considered. Sänger has depicted (in drawings) cells bearing the spindle-shaped appearance of decidual elements, and there is also shown a slight intercellular fibrillar stroma. At the same time, however, he described large multinucleated protoplasmic masses, which have all the appearance of syncytial origin. If this be so we have a tumour derived from connective tissue (decidua) and epithelium (syncytium); in other words, a mixed sarcoma and carcinoma, which is improbable! Nay, more, if the latest histological descriptions of the origin of the syncytium be right, which I personally, from my own investigations, have no doubt of, viz., that the syncytium is of fœtal origin; according to Sänger, we have to deal with not only a mixed tumour as regards structure, but the individual elements are derived from different sources, fœtal and maternal. It is possible, therefore, that in Sänger's specimen the so-called decidual elements are merely the cells of Langhan's layer elongated and transformed by pressure, as shown by Teacher in his most able and complete description of a similar condition. Indeed, from the appearances presented by almost all succeeding observers one cannot help but maintain that the cases show a certain uniformity of structure which suggests a coincidence with the appearances presented in my case, whatever their origin may be considered to have been. All the earlier recorded cases suffered from the absence of chorionic villi, and naturally the origin of the cells was more or less hypothetical until Marchand was able (from a case which showed villi with actively proliferating epithelium) to demonstrate the origin of the malignant elements from these epithelial layers. The appearances he demonstrated are identical in every detail with the case I have described.

(a) Paper read and Demonstration given before the British Gynæcological Society, June 8th, 1899. For discussion see page 6, No. for July 5, 1899.

Sänger's theory, that the new growth arose from placental tissue, and was a decidual sarcoma, at once gave rise to much discussion and diversity of opinion. The essential characteristic of the neoplasm asserted by him—viz., "that it owed its origin to an immediately pre-existing pregnancy," was at once assailed by some observers who considered the growth to be an ordinary sarcoma. In support of this opinion the following arguments were adduced:—First, pregnancy could not be proved to have pre-existed in each recorded case; secondly, sarcomata of similar structure with multinucleated masses were known to occur, and were demonstrated by Eden and Kanthack from a tumour of the testicle; and, thirdly, the *role* of the malignant cells corresponded with those of a sarcoma in so far as they tended to be disseminated by the blood stream. Each and all of these arguments may be fully met. In the first place, though it cannot be proved that all recorded cases had immediately previously been pregnant, neither can it be proved that they were not, in fact as yet no deciduoma has been described as occurring without the child-bearing period.

As regards the structure of the tumour, though it must be admitted that multinucleated masses are frequently met with in sarcomata, as yet in no other new growth but the deciduoma has there been shown branching reticulated processes of protoplasm as seen in Fig 6.

The *rôle* of the malignant cells in their dissemination by the blood stream, on first impressions disposes one to consider we have to deal with a growth of connective tissue origin, but if it be borne in mind that the special physiological feature of the chorionic epithelium is to burrow into blood spaces, an extremely strong argument is adduced as to the epithelial prototype of the tumour in question. Further, as has been shown by Teacher, there is undoubted evidence of lymphatic infiltration also. The main upholders of the sarcoma theory have laboured under the disadvantage of not having observed a case with proliferating villi, and have thus had merely the structural appearances of the malignant cells to rely upon; and if, as is well known, it is impossible to distinguish a given embryonic epithelial cell from that of connective tissue origin, arguments from this point of view must be of little value if not upheld by other influences which, so far, are wanting.

Veit, in supporting the sarcomatous origin of the growth, suggests its modification by pregnancy, but brings forward no arguments of weight in support of his theory.

Gottschalk has described the growth as a chorio-sarcoma, and believes it to arise from the stroma of the villi. So far he stands alone. His arguments on behalf of this contention are by no means powerful, and when taken in connection with his drawings and their descriptions do not lead one to seriously consider the hypotheses of much count.

Whitridge Williams has carefully described a case, and considers the growth to be formed by syncytium only. It is possible in his case this may have been so, other observers, such as Nové-Josserard, and Lacroix, having described similar appearances. I have also noted in certain sections of my tumour a total absence of individual cells where the syncytium alone seemed actively proliferating.

Marchand, Gebhard and others have described tumours in every way identical with my own, and unhesitatingly ascribe the origin of the malignant cells from both layers of the chorionic epithelium. In this Teacher fully coincides, though in his case there was no evidence of villi in the tumour.

With such an array of divided opinions as regards the origin of the growth it is only to be expected that a universally accepted nomenclature is impossible. The current of opinion of the most recent observers and authors on the subject, with the exception of Veit, seems to be towards its epithelial formation. But, again, a generally accepted nomenclature is frustrated on account of the vexed question of the origin of the syncytium from maternal or fœtal structures. According to Gebhard, who believes in the maternal origin of the syncytium, the growth is a mixed carcinoma of maternal and fœtal structures; while Marchand, who maintains that both epithelial layers of the villus are fœtal, designates the tumour as a chorio-epithelioma. In this latter view I most unhesitatingly acquiesce, and agree with the opinion expressed by Hart and Gulland, and Peters, in their convincing and exhaustive works on the development of the placenta. From personal investigation I have based my opinion on the following grounds:—

1. The absence of syncytium everywhere, except in close relationship to villi, as, for example, its absence on the decidua vera and the decidua lining the uterus in ectopic gestation.

2. Its absence in the intervillous portions of the chorion.

3. The absence of general syncytial change in the glandular epithelioma.

Analogies from demonstrations of its maternal origin from the placenta of lower animals must be considered fallacious, when one recollects not only the absence of uterine menstruation in such, but also the variations in similar types of animals themselves.

The designations of the growth therefore, which to my mind seems most acceptable, are those of Marchand and Kantback, viz., chorio-epithelioma and trophoblastoma, respectively; a nomenclature which, at least in my case, seems correct and conveys to the mind the true character of the neoplasm.

CLINICAL FEATURES.

From a clinical standpoint the disease may be said to show itself in the majority of instances by the appearance of extremely profuse intermittent uterine hæmorrhages, during the intervals of which there is usually a slight sero-sanguinolent ooze. These symptoms occur in most cases within a few weeks after the gravid uterus has been emptied of its contents, and more particularly should the gestation have been a myxomatous mole. In a few cases (Löhlein, Runge, and others) the bleeding has not been noticed for many months after labour or abortion, but it is doubtful whether in these instances the patient had not, in the interval, been again pregnant and cast off an early ovum. As a rule the hæmorrhage is so severe as to reduce the patient to a condition of intense anæmia, and may even be immediately fatal. In due course there is an extremely fœtid watery discharge, which may be associated with toxic constitutional symptoms of a septic nature, and give the patient a distinctly cachectic appearance. As the disease advances metastatic deposits may be found in the vagina, cervix, or surrounding pelvic structures, and in many instances death is directly due to pulmonary embolism from the dissemination of the malignant cells through the blood channels.

Naturally, as a disease associated with pregnancy, it is met with only during the child-bearing period of life, a point of considerable importance in the histogenesis of the tumour. A case at the age of 56 is recorded by Meyer, but here an undoubted myxomatous mole was expelled four months previously, and, as is well known, myxoma of the chorion is specially prone to occur in elderly women when sexual activity is on the wane. The youngest case recorded was in a girl of 17, the growth arising from a tubal pregnancy (Marchand). The average age of the cases recorded is 31 years.

In a few cases only has the growth followed a full

time pregnancy, the great majority being noted after abortion and myxomatous chorion. A clinical fact which might be inferred from a study of the histogenesis of the tumour, as it is an accepted fact that in the later months of pregnancy there is little or no activity in the epithelium of the chorion.

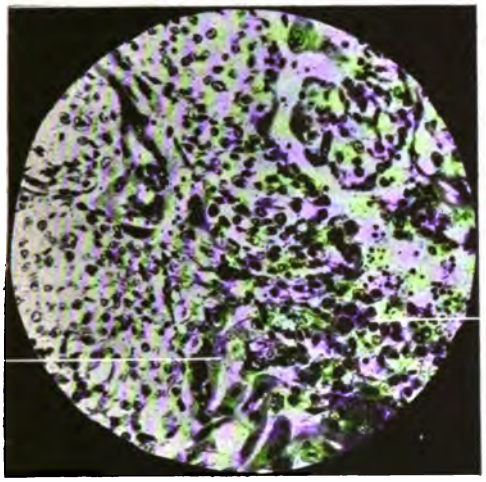

FIG. 9.—Pulmonary metastasis from from Dr. Teacher's case showing both varieties of cellular elements. (P) Protoplasmic processes. (C) Individual cells.

Diagnosis.—In most instances, as has been shown, there are usually sufficiently early marked symptoms associated with the disease to warrant a suspicion of its presence and indicate a careful investigation. Thus the history of a pre-existing pregnancy (specially a myxomatous mole), followed shortly by profuse intermittent hœmorrhages and a persistent watery discharge, should in all cases demand not only a thorough curettage of the uterine cavity, but a careful microscopic examination of the removed fragments.

Should no evidence of malignant disease be found in the scrapings, and the hæmorrhages return, thorough dilatation of the uterus must at once be carried out, and the cavity explored by the finger. The growth in the earlier stages may be mistaken for an œdematous fibroid nodule but from the fact that it has a friable, ulcerated area which bleeds freely it can be easily distinguished. Portions of the tumour can be detached by the finger nail, and examined microscopically, but this is almost unnecessary, as the presence of the growth is sufficient to warrant a correct diagnosis. Microscopic examination of the scrapings will show large, nucleated cells, and multinucleated protoplasmic masses (Fig. 1), the latter are pathognomonic.

Cases with the marked symptoms recorded offer now no excuse for mistaken diagnosis, recurrent hæmorrhages after curetting must not be temporised with, and repeated curetting is to be earnestly deprecated. Unfortunately, however, there are recorded a few cases in which through the depth of the origin of the growth in the uterine wall, hœmorrhage as a symptom is totally absent, as in the case described by Whitridge Williams, where the first evidence of the disease was metastatic deposits in the vagina and lungs. Early diagnosis of these cases seems to be impossible, there being no uterine or pelvic discomfort to indicate any abnormality. Fortunately such cases are rare, and there are but few in which a prompt diagnosis cannot be made, which is so essential for the efficient treatment of the disease and upon which the patient's life hangs.

Prognosis.—Without treatment of a radical kind the prognosis is absolutely fatal, death occurring in the majority of instances within six months. By reason of this rapidity it may be considered the most malignant of all known tumours. A few cases have been more chronic in their course, as for example in Löhlein's successful case in which the uterus was not extirpated till more than a year after the symptoms developed. The causes of death are excessive hæmorrhage, septic absorption and the development of metastases, which, in the majority of instances, are pulmonary.

Vaginal metastases are also frequently present. The presence of metastatic deposits, though seriously affecting the chances of the patient's recovery, are not necessarily of fatal moment. Thus, in the cases of Lonnberg-Manheimer and Freund, vaginal deposits were present, yet the patient remained well after hysterectomy. Cazin found a metastasis in the right ovary, yet the patient was well three years after removal of the uterus and ovary.

Even authentic cases have been recorded by Chrobak and Von Franque, where, in spite of evidence of pulmonary emboli as shown by hæmorrhagic sputum and other symptoms, complete recovery has eventually taken place. These cases are undoubtedly difficult to understand, but may, I think, be accounted for by the peculiar character of the malignant cells, which, as examination of my tumour clearly showed, grow only in free circulating blood and rapidly degenerate and die in extravasated blood. It is possible, therefore, that the cells in the metastasis may, from giving rise to free extravasations cut off that free circulation which is so essential for their continued activity, and rapidly die. In this way only can Veit's interesting case be accounted where a secondary deposit developed in the right iliac fossa, and eventually disappeared. After complete removal of the uterus, before metastases have formed, the prognosis is distinctly favourable. I have been able to collect 30 recoveries out of the entire 90 cases I can find recorded, many of which were not operated upon.

After complete hysterectomy secondary growths have been known to form, and the patient die six to nine months after the operation as in Morison's case. These have, however, all been operated upon after a long period of temporising in the form of curetting, uterine plugging, and cauterisation. Naturally, the earlier a case is operated on the better the chances of success. There can be little doubt, therefore, that through profiting from the mistakes of others, to whom, as pioneers, we are much indebted, the diagnosis will, as a rule be much more easily made, and prompt radical measures earlier pursued.

Treatment.—This may be summed up in the word hysterectomy, anything short of this is culpable. Repeated curettings cannot be too severely deprecated as has already been stated when referring to the diagnosis. Many recorded cases are a warning against indecision and delay. These are found among the earlier cases, and are excusable; now, however, with the light of experience, there is no excuse for similar records in future.

I must not conclude without expressing my deep sense of indebtedness to the Edinburgh College of Physicians' Laboratory, where I have been permitted to make these investigations, and from the officials of which I have derived much valued help, and in particular to Mr. Hume Paterson for the accurate micro-photographs he has made.

THE Japanese Government has decreed compulsory vaccination throughout the kingdom. We assume that the local Pooh-Bah will take care of the Japanese conscientious objector.

D

A COUNTRY HERBALIST'S CURE FOR THE "KING'S EVIL." (a)

By JOHN KNOTT, M.A., M.D., and Dip. Stat. Med. (Univ. Dub.); M.R.C.P.I.; M.R.I.A.; &c., &c.

(*Continued from page* 34.)

"OF MEDE-SWEET; OR QUEEN OF THE MEDDOWS.

"1. THE NAMES.—It is thought to be unknown to any Ancient Greek or Latine Authors: but later Writers calls it Ulmaria, a foliorum Ulmi Similitudine, from its likeness to Elme leaves; in English, Mede-Sweet, Meddow-Sweet, and Queen of the Meddows.

"2. THE KINDS.—There are two Species hereof, viz., 1. Ulmaria Vulgaris; Regina Prati Dodonæi: Barba, vel Barbula Capræ, or Barba Caprina Tragi; Barba Capri Fuchsii: Barbi Capra Lobelii: Medesusium Cordi, our common Mede-Sweet, or Meddow-Sweet: some have thought it to be Rodora Plinii, but this cannot be positively affirmed: Tragus thought it might be Picnocomon Dioscoridis, as did also, Gesner in hortis & Loniceris. 2. Ulmaria Major sive altera, Potentilla Major Prima Anguillaræ; Argentina major Thalii, The Greater Mede-Sweet, or Meddow-Sweet. Lugdunensis says, some took it to be Melandrum Plinii, and some call it Drymopogon. Camerarius says the Germans call the first Worm-Kraut, Worm-Wort, because, says he, the Root is often found as if it were eaten by Worms: but it is more likely, from its curing Horses of the Botte and Worms, for which purpose the Country people used it.

"THE DESCRIPTIONS.

"3. THE FIRST, OR OUR COMMON MEDE-SWEET.—It has a Root which is somewhat Woody and blackish on the outside, and brownish within, with several greater Strings, and lesser Fibres adjoining; of a strong smell, but nothing so pleasant as the Flowers or Leaves; it perishes not in Winter, but abides many Years, shooting forth anew every Spring. Its stalks are reddish and easy to break, rising to be 3 Feet high, and sometimes to 4 or 5, having at the Joints thereof large winged leaves, standing above one another at Distances; which are made of many somewhat broad Leaves set on each side of a middle Rib, being hard, rough, or rugged, and crumpled much like to Elme Leaves from whence it took its Name; but having also some smaller leaves with them, like as Agrimony has, something deeply dented about the edges, of a sad green color, on the upper side, and greyish underneath; of a pretty sharp smell and taste, very like unto Burnet; and will no less give a fine relish to a Glass of Wine, if a few leaves thereof be put therein. At the tops of the Stalks and Branches, stand many tufts of small white Flowers, thrust thick together, which smell much sweeter than the Leaves, which being fallen, in their places come crooked and coloured Seed, crookedly turning or winding one with another, and so making a fine little Head.

"4. THE SECOND, OR GREATER MEDE-SWEET, OR MEDDOW-SWEET.—The Root of this is more woody than the former, with many blackish strings, which smell very strong, and taste somewhat harshly. This Plant grows higher than the former, with longer winged Leaves, set one above another upon the Crested brownish Stalks, having long foot Stalks supporting them; each being usually divided into three parts, the two lowest one against another; and every part also consisting of three or five smaller Leaves than the other, separate each from the other, being hard, crumpled and firmly dented about the edges, at the tops of the Stalks grow the Flowers in longer Spikes, more sparedly and not so thick thrust together, turning down their Heads, which are white like the former, and smelling very sweet also, more nearly resembling a Goat's Beard (which Name some authors have given to it) than the first kind here described. Gerard says it has leaves of the bigness of Wild Angelica, and grows somewhat after the manner of Wild Angelica; that the stalks are crested and divided into several Branches, which carry long bending Spikes or Ears of white Flowers or Seeds, each single Flower and Seed being something like the former.

"5. THE PLACES.—The first grows in moist Medows which be much wet, or near Watercourses, as the sides of Rivers, and watery Ditches, almost everywhere. The second grows in Woods, Copses, and shady places in Germany and other countries, but here in England, only in Gardens.

"6. THE TIMES.—They are found in Flower through all the three Summer months, viz., June, July, and August, and their Seed is ripe in some short time after.

"7. THE QUALITIES.—Mede-sweet is temperate in respect to heat or cold, but dry in the first Degree. Abstersive, Astringent, and Traumatick or Vulnerary; Cephalick, Neurotick, Stomatick, and Hysterick.

"8. THE SPECIFICATION.—It stops Bleeding and cures Fluxes of the Bowels of all sorts, stops the Whites and Terms in Women, and gives ease in the Colick and Gripings of the Guts. And heals Wounds and old Ulcers.

"9. THE PREPARATION.—You may make from either Flowers, Leaves, or Root, or from all of them. 1. A Liquid Juice. 2. An Essence. 3. A Decoction or Infusion in Wine. 4. A Powder. 5. An Oil. 6. An Ointment or Balsam. 7. A Cataplasm. 8. A Distilled Water. 9. A Spirituous Tincture. 10. An Acid Tincture.

"THE VIRTUES.

"10. THE LIQUID JUICE.—It stops all sorts of Fluxes, Bleedings, and Vomitings, as also the overflowings of the Terms in Women, and the Whites. It is said to alter and take away the fits of Quartane Agues, eases the Gripings of the Guts and moves the Belly downwards. Outwardly applied it heals old Ulcers, which are cancerous or eating, and fills up fistulous or hollow Ulcers with Flesh, and cures Sores in the Mouth and secret parts. Dose from 2 to 6 spoonfuls Morning and Night, or oftner in any Convenient Vehicle.

"11. THE ESSENCE.—It has the Virtues of the Juice, and is more powerful to all the Intentions before specified, and is only to be given from 1 to 3 or 4 Spoonfuls in any proper Liquor, Morning and Night. It is Cordial and very much Cheers the Heart.

"12. THE DECOCTION OR INFUSION IN WINE.—They have the Virtues of the Juice and Essence, but may be given from 2 to 6 or 8 Ounces, sweetened a little with white Sugar: It is very Stomatick, strengthens the Bowels, and causes a good Appetite.

"13.—THE POWDER.—It has the Virtues of the former Preparations, taken from half a Dram to a Dram in any proper Vehicle; if mixt with Hony and taken, it is good against Coughs, Catarrhs, Colds, Wheezings, Hoarseness, Shortness of Breath, and difficulty of breathing. Strewed plentifully upon old, moist, and running Sores and Ulcers, it drys them, and induces a speedy healing; it is also said to kill Worms in Children.

"14. THE OIL BY INSOLATION OR BOILING.—It eases Pains being applyed, and strengthens weak Joints, which have been lately Set, or when the Bones have been Broken.

"15. THE OINTMENT OR BALSAM.—It digests,

(a) An abstract of this paper was read in the Medical Section of the Royal Academy of Medicine in Ireland on Nov. 18th, 1898.

cleanses, and induces the healing of old running Sores, putrid Ulcers, Fistula's and the like, and breeds Flesh when it is wanting. Apply'd to parts or Joints pained with the Gout, it eases them.

"16. THE CATAPLASM.—Made of the green Herb and laid upon the Skin, it will in a small time (as Tragus says) raise Blisters thereon. Apply'd immemediately to the Biting of a mad Dog, or Stinging of a Scorpion, Hornet, &c., it draws out the Poyson and gives ease.

"17. THE DISTILLED WATER.—It has the Virtues of the Juice, but nothing near so powerfull and being dropt often into the Eyes, it eases their pain, and allays their Heat and Inflamation. It may also serve as a Vehicle to take some of the other Preparations in.

"18. THE SPIRITUOUS TINCTURE.—It is Cordial, strengthens the Stomach and the Bowels, stops Fluxes of all kinds, causes an Appetite and good Digestion, and is profitable against inward Bruises, and gives present ease in the Colick.

"19. THE ACID TINCTURE.—It mightily strengthens the Stomach, and causes a good Appetite, and stops Vomiting tho' of long continuance. It may be taken in all the Patient Drinks, whether Ale, Beer, or Wine, so much at a time as to give the Liquor a pleasing sharpness; and that as well at Meals, as between Meals."

In the year 1735 there was published in Corke a small volume, "Botanologia Universalis Hibernica," the work of a western Irishman, J. K'eogh, who was born and educated in the same Shannonside district, and who cultivated the bye-paths of Medicine in the intervals of his professional duties as chaplain to Lord Kingston. This alphabetically arranged treatise contains the following paragraphs:—

"Ordinary Meadow Sorrell, Hib. Saugh boh. Sealgan, and Saveh. Lat. Acetosa, vel Oxalis. It grows in Corn Fields, and Meadows, flowering in May. The leaves are Antiscorbutic, Cordial, and Styptic, they Refrigerate, quench Thirst, Resist Putrefaction, and are good in Fevers, the seed is put in astringent Medicines.

"Field Sorrel, Sheeps Sorrel, or spear-pointed Sorrel. Hib. Sauha Keeor-gh or Keirogah, and Savachyragh. Lat. Acetosa Arvensis. It is like the great Sorrel, but much smaller. It grows in dry barren soil, flowering in May. It has much the same virtues as the former, but not so strong in its operation. It brings to suppuration Imposthumes, and all kinds of Tumours, used inwardly it is Deobstruent, helps the Jaundise and quencheth Thirst.

"Round Leaved, or Roman Sorrel, Lat. Acetosa Romana Rotundifolia Hortensis. It grows in gardens, and has the same Virtues and Qualities that the Common Sorrel has.

"Wood Sorrel, Hib. Samsogy, Shamsoge, Lat. Acetosella, Lujula and Trifolium acetosum Vulgare. It grows in Woody, and shady places, flowering in April. It is more powerful in its medicinal operations than Common Sorrel. It is Cordial, Stomatic, Hepatic, and Hydrotic, good against the Jaundice and Dropsy. It also modifies and heals rotten Ulcers.

"Meadow-Sweet, or Queen of the Meadow, Hib. Airgid Lovaghra or Arigudlugher, Lat. Ulmaria and Regina Prati. It grows in moist Meadows, and by River sides, flowering in June. It is Styptic, Alexipharmic, and Diaphoretic. The Decoction or powder of the Roots, stoppeth the Diarrhœa, Dysentery, and all kinds of Fluxes. The flowers in White Wine cure the Tertian Ague. It is also good in Fevers, and malignant Disorders."

(To be continued.)

SLEEP, SLEEPLESSNESS, AND HYPNOTICS. (a)

By JOHN BUCKLEY BRADBURY, M.D., CANTAB,
Fellow of the College; Downing Professor of Medicine in the University of Cambridge; and Senior Physician to Addenbrooke's Hospital.

THEORIES OF SLEEP.

THOSE advanced up to the present time may be divided into chemical, histological, vaso motorial, and psychological. These theories are not necessarily antagonistic, as we shall presently see, but their promulgators differ in their mode of explanation and in the prominence which they give to an individual character. Let us first consider the cause of sleep in the abstract.

It is evident that consciousness, whatever this may be, is due to a certain definite condition of the nerve-cells or neurons and any departure from complete consciousness must be due to some change from this state. At the present time it is difficult to come to any other conclusion than that this state and its alterations are of a chemical nature—that consciousness is accompanied by, if not due to, a normal metabolism of the nervous cells, and unconsciousness or diminished consciousness to a chemical alteration in this metabolism. This so-called normal metabolism is the result not merely of the vital requirements of the cells but of this *plus* the alterations produced by the inflow of stimuli. Diminish the stimuli or make them constant both as to kind and intensity (monotony) and the metabolism may become constant though in changed conditions; a kind of acclimatisation occurs, and with it diminished consciousness. The same effect might be produced by the alteration of metabolism due to the application of a poison. It seems to me that the fundamental phenomena to be determined in dealing with psychical processes are the chemical changes occurring in the cells; molecular vibration and processes of a similar nature which have been speculated upon from time to time are, with our present knowledge, in the realms of the unknown. Even if they can be known it seems more philosophical to determine the gross chemical changes first, although there is not much likelihood of these being actually demonstrated in the near future. Admitting that chemical alterations are the causes or proportional concomitants of states of consciousness we shall be able to trace a connection in some of the various theories of sleep which have been propounded. Thus, it is very evident that the metabolism of the cerebral cell may be, and probably will be, altered by changed extrinsic conditions - *e.g.*, by the blood supply—and that it may produce gross physical changes in the cell—*e.g.*, retraction of the protoplasmic processes. The vaso-motorial and histological and in part the chemical theories are—or perhaps it would be better to say may be—thus brought into connection. But let us examine the theories in detail.

The Histological Theory.—The most fascinating of them all is what Duval has termed the *histological theory* of sleep. This seems to have been propounded in its most rudimentary state by Rabl-Rückhard who suggested that an assumed amœboid motion of the neurons, and especially the dendritic processes, would account for various psychological phenomena. Thus sleep might be explained by a retraction of these processes and consequent inability of nervous impulses to pass from one neuron to another. The same theory was elaborated independently by Lépine and Duval. Lépine thinks this isolation of the individual neurons may be due to some chemical modification of the cellular protoplasm and he also states that the theory explains the extraordinary suddenness with which a state of wakefulness passes into one of sleep. Duval goes so far as to explain the action of medicaments on this theory and he draws comparisons between the action of drugs on the terminal dendritic processes and the effect of curare on motor nerve-endings. This is surely hypothetical. Moreover, he seems to ignore the body of the cell itself; everything is referred to the dendritic terminations. It is most unnecessary to

(a) Abstract of the first Croonian Lecture delivered at the Royal College of Physicians of London on June 20th, 1899.

point out that the theory of Rabl-Rückhard, Lépine, and Duval is dependent upon the conception of isolated neurons as independent units in the composition of the nervous system and that with the disproof of this conception their theory must fall to the ground. Kölliker has strongly criticised this (the amœboid movement) theory. He says that Widersheim's observations on the movements occurring in the nerve cells of the supra-œsophageal ganglion of *leptodora hyalina* are not pertinent to the question, and he rejects the comparison to the action of curare as irrelevant. Widersheim did not observe movement in the processes of the cells; and in the transparent parts of living animals (the larva of batrachians, the head of the amphioxus, &c.), where nerve terminations have been observed, no movement has been perceived. Moreover, he thinks that if amœboid movements occur physical conditions would tend to act in a contant manner and the same mental states under varying conditions would be impossible. Furthermore, he says that "it cannot be doubted that the essential function of the nervous system—*i.e.*, psychical processes—is bound up with the nerve cells." In many of his criticisms he seems to me to lay too much stress upon the stability of the axis-cylinder process. The structure of this can hardly be compared with that of the more delicate dendritic processes; and stimuli without influence on the former might powerfully affect the latter. At the termination of his paper he expounds his theory of psychical conditions which although it is necessary to mention is one with which we have long been familiar. The essential factors of mental activity—sensibility, consciousness, will, &c.—he says, are the nerve cells with their neuro-dendritic processes. These are affected by centripetal stimuli and in turn, through their processes, they act centrifugally on other motor, sensory, or psychical elements. Sometimes the pathway is simple, sometimes extremely complex, and in the latter case the degree of mental gymnastics to which the individual has been subjected is of considerable importance as facilitating the transmission along unusual combinations. He is thus an advocate of the view that facility in thought and action is due to diminished resistance in the pathways, but in what way this occurs he does not state.

Ramón y Cajal strengthens Kölliker's objections by the following. 1. The nerve terminations of the cerebellum, the olfactory bulb, the central auditory ganglion, and the optic lobe constantly show the same extension, form, and degree of approximation to the cell bodies, whatever may have been the mode of death of the animal (from hæmorrhage, chloroform, curare, or strychnine, &c.). 2. The nerve terminations of the retina and optic lobule of reptiles and batrachians (the only animals on which he experimented) show the same condition, whether the organ was hardened after continued rest, as after long retention in the dark, or other activity, as when it had been kept several hours in the sun. He therefore believes that the axites and dendrites possess a constant disposition. But in order to explain sleep and other psychical phenomena he brings in another factor. Under different conditions he found the processes of the neuroglial cells contracted or expanded and he suggests that a function of these cells is to act as an isolating medium between the two neurons. During sleep the neuroglial processes are introduced between the nerve ramifications and the cells or their protoplasmic processes, in consequence of which the passage of impulses is prevented or hindered. Apart from the seat of operation, Ramón y Cajal's theory differs from Duval's in that the processes (neuroglial in the case of Ramón y Cajal) are expanded when the brain is at rest and are contracted when in action. The contraction is usually automatic, but may be brought about by the action of the will. I do not, however, propose to follow Ramón y Cajal in his explanation of psychological phenomena on his theory, especially as his observations have not been confirmed by more recent investigators. His theory seems to me to endow the neuroglial cells with more nervous activity than they are capable of and to allot to them a function which, from their position and structure, I venture to think cannot be maintained. Moreover, if we accept the network theory of Boll, Hill, and others, or Berkley's or Lugaro's modification of the usually accepted view, this explanation loses nearly all its significance.

Before leaving the histological theories of sleep I will briefly refer to a view recently advanced by Gotch to explain the conditions of hypnotism. He goes further than Duval in attributing a major influence to the periphery of the neuron, for he believes that the gaps between the terminations of the adjoining dendritic processes are of primary importance in the transmission of nerve impulses. These gaps determine whether an impulse shall pass or not; once it has passed Gotch believes nothing can hinder its further course. The gaps are capable of variation; in fact, he states that "the whole of modern physiology is inexplicable except on the supposition that the gaps are susceptible of alteration. What this alteration is we do not know; the gap consists of living tissue and, like all living structures, is constantly undergoing molecular change."

The most recent theory has been advanced by Lugaro. According to him unconsciousness is not due to a retraction of the terminal dendritic processes, but to an expansion. As I have already said, he believes that nerve impulses pass through the gemmules and that the passage is facilitated or inhibited by the closer or remoter relation of these to each other. During ordinary thought but few of these are in contiguity, the others are retracted. The latter are in a potential state—that is, they are capable of being approximated by any suitable stimulus. Lugaro's theory differs from that of Lépine and Duval in that expansion of the gemmules is regarded as the resting phase and contraction as the active one. Thus in sleep the gemmules are believed to be expanded, the paths for impulses are thus enormously increased, and this leads to confusion of thought and loss of consciousness.

In the unsettled state of the views of neurologists on the structure of the nervous system it would be impertinent to criticise these histological theories in detail. Further research alone can settle the present conflicting opinions, and on the result of this depends the probability or possibility of the minute changes which we have considered affording an explanation of psychical phenomena.

The vaso-motor theory of sleep is almost as popular as the histological theories which we have considered, and interest in it has recently been awakened by the experiments of Professor Howell of the Johns Hopkins University. It has, however, been a favourite theory for many years. Based upon direct observation of the cerebral cortex by Donders, Durham, Hammond, and others, and on the plethysmographic researches of Mosso, it seemed to possess a firm fonndation, but of late this has been rudely shaken. The conditions of experimentation in these researches were not normal, and further investigations have shown the necessity of modifying our views on the matter. Thus Dr. Leonard Hill has proved that practically no change occurs in the cranial contents, that the brain at nearly all points is in contact with the cranial wall, and that the amount of cerebro-spinal fluid in the intact cavity is very small and incapable of gravitating to any appreciable extent into the spinal canal. Moreover, he has shown that the cerebro-spinal pressure equals the venous pressure, that it does not rise beyond it, and that the cerebro-spinal fluid does not normally function as a compensating mechanism for alterations in the cranial contents. "The volume of the blood in the brain," he says, "is in all physiological conditions but slightly variable." Therefore, cerebral anæmia, if we regard this as a diminution in the total quantity of blood in the brain, cannot exist to any extent. It is possible for an arterial anæmia, combined with venous congestion, to occur, and Dr. Hughlings Jackson's observations on the retinal vessels during sleep would render this not improbable. In view of Dr. Leonard Hill's researches it seems absolutely necessary to recognise the Munro-Kellie doctrine (the incompressibility of the brain and constant volume of the cerebral contents) in dealing with the causal factors of sleep. Cappie, on purely theoretical grounds, advocated this doctrine, and advanced a theory of sleep in harmony with it. The main feature of his view is that the arterial

anæmia of the brain is compensated by a filling of the pial vessels and an alteration of the normal pressure on the cerebral surface from an expansive to a compressive force.

Since Dr. Leonard Hill's investigations Professor Howell has advanced a modified form of the vaso-motor theory based upon personal experiments. According to him the anæmia of the cortex is counterbalanced by the dilatation of the vessels at the base of the brain. The causal factor of sleep is a fatigue of the vaso-motor centre, and particularly of that part of it supplying the skin area. This Professor Howell deduces from the fact that the volume of the arm increases (that is, the cutaneous blood-vessels dilate) just previously to sleep, and it usually contracts suddenly on awaking. He does not, however, ascribe the production of sleep solely to the fall of blood pressure, but he regards this as pre-eminent. The etiological factors he gives as follows:—1. A diminution of irritability caused by fatigue of large portions of the cortical area. 2. Voluntary withdrawal of sensory and mental stimuli involved in the preparations for sleep. 3. A diminished blood-supply to the brain owing to a relaxation of tone in the vaso-motor centres and the fall of general arterial pressure thereby produced. Recently Dr. Leonard Hill has criticised Professor Howell's results, or rather his deductions from his results. He finds that the fall of arterial pressure is concomitant with sleep, and he adduces confirmatory experiments. Thus he found arterial pressure "as low when lying in bed in the waking state in the morning as in the sleepy state in the evening"—a result evidently antagonistic to Professor Howell's theory. Moreover, it is not difficult to explain the fall of blood-pressure during sleep, or even previously to sleep, by the posture, the diminution of external stimuli, the extra clothing, &c., which we seek before endeavouring to sleep. The rapid rise of blood-pressure at the moment of awaking Dr. Leonard Hill explains thus:—"As the waking state is neared the turgescence of the limbs is lessened owing to the increased tone of the muscles and to the restlessness of the sleeper. Each movement or deep respiration expresses the blood and produces a lessening in the volume of the arm. This is shown to be so by an examination of Howell's tracings. Since each movement of the body momentarily raises the vena-cava pressure the brain is congested thereby, for the cerebral circulation passively follows every change in vena-cava pressure. The flushing of the brain is secondary to the external stimuli which provoke the external movements of the body, accelerate the heart, and increase the vaso-motor tone. At the same time these stimuli may awaken the dormant consciousness. Carefully reviewing all the above facts we must, I think, conclude that the anæmia of the brain is caused by rest of the body and the cessation of powerful objective and subjective stimuli. It is the cessation of the latter that produces sleep."

Chemical Theories.—The various *chemical theories* which have been put forward seem to have been based on insufficient data. With the older theories of Sommer and Pflüger and others I do not intend to deal. But comparatively recently a new chemical theory has been advanced. Errera believed that the leucomaïnes produced by the normal activity of the body play a predominant part. He has based his view mainly on the experiments of Bouchard and his school, who found that during the night convulsant substances were excreted in the urine which were not present during the day. The toxicity of the urine during sleep was found to be much less than that of the urine passed whilst awake. On these experiments Bouchard formulated the theory that during the day the body formed a hypnotic substance which by its accumulation produced sleep and that during sleep a convulsant substance was formed which by inducing muscular movements produced awakening. Both Beck and Herringham have failed to corroborate Bouchard's experiments, but apart from this it is difficult from evidence of this kind to draw conclusions as to the cause of sleep. The urine is a complex body, it varies largely in composition with the kind of food, the amount of exercise, and other physiological and pathological conditions, and this variation is greater with this than with other secretions. It does not seem right to compare the variability of the composition of the urine with the periodic alterations in the temperature and pulse; the limits of the first are much wider. Furthermore, as in the case of blood-pressure, it does not seem to me proved that this altered composition of the urine is not *post* rather than *propter*. I do not mean to imply that metabolic changes have no influence in the production of sleep, but what I do maintain is that sleep has not been proved to be due to any one substance or group of substances present in the urine. The chemical theory from another point of view I shall mention presently.

The Psychological Theory.—The fourth class of our division of the theories of sleep is the *psychological*. And here we enter upon difficult ground. We have seen that the physiological and psychological are two separate spheres with independent methods of analysis, that the elements of the two sciences are different, and that the connection between the two can only be one of parallelism. It may be that we shall never get beyond this stage—that the physical and the psychical even in their simplest forms are not comparable, but from a physiological point of view there seems nothing improbable in the idea that they may be correlated. Maria de Manaceine, in a popular book on sleep published two years ago, defines sleep as "the resting time of consciousness," and perhaps from a psychological point of view no better definition could be given; but to me it is a mere statement of a psychological fact, not an explanation. We cannot account for sleep in such an immaterial manner. We may not be able, perhaps, to give any further explanation at present, but the acceptance of such a theory would deprive us of that most valuable aid to research, a working hypothesis. It is not improbable that the new schools of psychological physiology, and especially those which deal with it from the pharmacological side, may help us to a truer conception of the causes of sleep. Wundt and his pupils have already added something in this direction, and it is especially to his pupil Kraepelin that much of our knowledge in this department is due. In a recent paper from his laboratory a new explanation of the action of hypnotics is given. Working on the psychical influence of trional with Kraepelin's methods Hans Haenel found it to diminish the power of calculating and learning by heart, to increase the time in the choice-reaction, to diminish the erroneous reactions, to increase faults and omissions in reading and apprehension, and to diminish the rapidity of writing. He found it, however, to exert no influence on association and muscular work (ergographic curves) nor on the rapidity of repeating things previously learnt. The hypnotic action of the drug is explained, Haenel says, by the depression of apprehension and the increased difficulty in originating co-ordinate movements. He draws attention to the fact that these, and especially diminished power of apprehension, are present after all hypnotic drugs have been given, and the fact that morphine is not regarded as a hypnotic in small doses is due to the stimulant rather than to the depressing effect which it exerts on psychical processes. This in psychological terms is the condition produced by the action of hypnotics, but as an explanation of sleep it is not sufficient.

If, then, we feel obliged to discard psychological explanations—and with due deference we must do this—we can only return to physical and biological science. As we have said, the fundamental changes must be in the neurons themselves. I am inclined to believe that these are primarily of a chemical character. The differences observed between rest and activity and the changes resulting from the administration of various poisons, I think, support this view. But these differences are in no sense crucial. Before we could consider them such it would be necessary to know for certain what cells are concerned in the production of mental phenomena and what changes result from the action of hypnotic drugs upon them. The action of poisons on nerve-cells generally is, however, at least suggestive, as it shows that marked changes of a more or less transient character may occur during life. As many years ago as the year 1876 W. Ludwig, a pupil of Binz, described changes in the nerve-cells of excised and

teased cerebral tissue after the application of hypnotics, and came to the conclusion that these, even when well diluted, produce a kind of coagulation of the albumin of the nerve-cells which is not produced by other and closely allied bodies devoid of hypnotic powers. A year later Binz himself described the effect of morphine on isolated nerve-cells. After a time a kind of coagulation-necrosis was produced, which did not occur after the application of atropine or cocaine. Strychnine and quinine, however, produced the same effect, so that the action is not limited to hypnotics. More recently the action of poisons has been investigated by means of Nissl's method, and a great number, including many metals, alkaloids, and toxins, have been found to produce distinct changes. Nissl believes that this action is characteristic for the same poison and the same kind of cell, but as yet there is a want of unanimity on this point. That decided morphological changes may be produced by the action of poisons all are agreed, and that these changes may be rapidly produced has been shown by Goldscheider and Flatau in some recent interesting researches. The function of Nissl's bodies is unknown, and their existence under normal conditions has even been doubted. From investigations by Nissl's method, however, there can be no doubt that visible changes, often of a very marked kind, are produced in nerve-cells by the action of poisons, and these we can only regard as of a chemical nature. Changes, too, are produced in the dendritic terminations of the cells, and usually these appear earlier and are more marked than those in the cell-body. But in the dendrites more than in the cell observers differ as to the exact conditions present. Thus after the administration of morphine Demoor describes nodosities on the dendrites which in extreme cases are reduced to mere moniliform filaments, while Lugaro observed expansion of the gemmules and very slight thickening of the processes. Alterations of the dendrites have been noticed by various observers after hypnotic drugs, and there can be little doubt that transmission of nerve impulses through these must thereby be markedly retarded, if not prevented.

Owing to the differences of opinion of observers regarding the exact condition produced by hypnotic drugs it is impossible to draw a satisfactory conclusion regarding their mode of action or the cause of sleep. I am inclined to believe that hypnotics act chemically upon the neurons both upon the cell-bodies and their dendrites, and I think histological observations support this view. Retraction of the terminal processes or gemmules, if such occur, I believe to be secondary. But what part is played by the cell-body and what by the terminal processes it is difficult to say. The finer dendrites are probably more exposed to external influences, and any modifications in them must affect the transmission of nerve impulses, but the cell-body is the seat of metabolic activity, and this, too, must be readily affected by changes in the environment. At the present time there is a tendency to regard the functions of the cell-body as purely nutritive, but, although this may be the case with such cells as those of the posterior root ganglia, it is probably not the case with the cortical cells of the brain or even with the cells of the spinal cord. But a discussion of this would lead us too far afield, and in the end we should have once more to confess our ignorance. Lugaro's view of the action of hypnotics and the cause of sleep I have already noticed. Demoor, as a result of his histological researches, desists from any attempt to formulate a theory of sleep. "Regular and periodic sleep, like the sleep produced by chloroform and morphine, and the inactivity succeeding exaggerated work, finds," he thinks, "its application in part of the facts studied in this work," but the cause of the appearance of sleep he "lays aside, like many others, without a solution," and as regards its intimate nature we with little more knowledge must do likewise.

THE old established firm of Weiss, the surgical instrument makers, has been converted into a company, with a capital of £10,000.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF ANATOMY AND PHYSIOLOGY.

MEETING HELD FRIDAY, JUNE 2ND, 1899.

The President, Dr. D. J. COFFEY, in the Chair.

DISTRIBUTION OF THE GLANDS IN THE HUMAN ŒSOPHAGUS.

THE PRESIDENT (Professor Coffey) said that the œsophagus, after fixation and hardening, was divided into twelve segments of equal length, and then sectioned. The glands appeared isolated; they were large enough to be distinctly visible to the naked eye, and lay imbedded in a fairly close-textured fibrous submucosa. Each one was formed of a close cluster of alveoli, lying a short distance below a well-defined continuous and rather broad band of muscularis mucosæ. Sometimes a detached strip of this muscular layer extended below the gland. In the transverse section, of which a complete set had not yet been made, the glands occurred in interrupted vertical rows. The whole arrangement contrasted remarkably with the thick, almost unbroken stratum of glands which occupied the whole submucosa in the dog. The number of glands in any one vertical section through the whole length of the tube was about thirteen as a rule. They were placed in the successive segments, in the following order from above down—three in the upper four segments, four in the next two, the succeeding two segments were devoid of glands, then followed four glands, and lastly, two in the remaining segments. The examination of the junction of the tube with the stomach was as yet unfinished. The upper half of the mucous membrane was therefore better supplied with glands than the lower half. Other features of the histological structure investigated showed that the unstriped muscle in the circular coat extended almost to the upper extremity of the tube.

THE HISTOLOGY OF THE HUMAN VERMIFORM APPENDIX.

The PRESIDENT said that the general arrangement and structure of the layers of the tube corresponds with that of the large intestine. The muscular layers are, however, pretty thick for a tube of such dimensions, the external or longitudinal being complete, and containing almost as many rows of cells as the circular layer. Most interest attaches to the submucous coat. It is almost wholly occupied by lymphoid nodules arranged in a thick ring. Each one is conical in form, base outwards, and surrounded by a capsule lined with endothelial cells, which thus constitute a lymph sinus drained by the lymphatics. The solitary follicles, which in the intestine lie mainly in the mucosa, are here crushed out into the submucosa altogether. This determines a condensation of the proper areolar constituents of this layer into a band of dense fibrous tissue, lying outside the nodules and separating them from the muscular wall. One or two thick bands, however, remain in the radial direction, and run inwards from the muscular to the mucous coat. The lymphoid nodules vary much in size, and a few large ones appear to be projected inwards from the ring, invading the mucous coat and reaching to the epithelial surface. These differ in shape from the submucous nodules, being pyriform, with the broad end inwards. They might be described as a sort of second ring pushed inwards from the crowded outer set. The want of uniformity in the size of the nodules is apparently associated with the irregularity of the lumen of the tube. The glands of the mucous coat are of the normal character and are fairly numerous. The muscularis mucosæ is thin and badly defined, it is broken into strips and lies immediately internal to the apices of the conical lymphoid nodules.

Professor PURSER said that the finding of unstriped muscular tissue so high up in the œsophagus was very interesting, and a new fact to him. He had often in examining pathological specimens been struck with the absence of glands in the œsophagus, but that may have been owing to the pathological condition. The distribution of lymphoid tissue in the vermiform appendix was

very interesting; in the rabbit it was the rule that two or three layers of adenoid tissue were present lying over each other.

Professor BIRMINGHAM said that a striking picture of the structure of the appendix was given in Testut's "Anatomy," but it represented the muscularis mucosæ as lying outside the lymphoid structures. Evidently the true muscularis mucosæ, which is very faint, was overlooked.

THE FORM AND POSITION OF THE THORACIC AND ABDOMINAL ORGANS IN THE LEMUR.

Dr. C. J. PATTEN read a paper on this subject. The communication was illustrated with lantern slides, and dealt more especially with the relations of the viscera to the vertebral column in the lemur as compared with some other animals. The value of the method of preserving and hardening the viscera with formalin was indicated, and the form which most of the solid organs assumed was brought out.

The PRESIDENT remarked that the methods of classifying vertebrate types came to little more than dentition, and some few features about bones, with most meagre facts about viscera. Regarding lemurs, which are so doubtful in position, it was very useful to show exactly the relations of their organs, and Dr. Patten's work was very carefully done in this respect.

Professor D. J. CUNNINGHAM said that Dr. Patten's work was most carefully done. It was another evidence of the value of formalin. It was very unsafe to found any classification on one or two characters. The animal must be investigated from top to toe, and recently, even the muscles which had been thrown into disregard for a long time, are being utilised for this purpose.

SERIAL SECTION OF THE ADULT HUMAN BODY MADE WITHOUT FREEZING.

Professor FRAZER exhibited serial sections of the entire head and neck, several from the thoracic region, and the entire lower limb, from a subject which he had cut in the transverse vertical direction, and serially at intervals of about one inch, from the crown of the head to the soles of the feet. The subject had been injected from the femoral artery with a modified formalin solution under a pressure of about eight feet; it had then remained exposed to the air without covering in the preparation room, when it was removed to the dissecting room, and cut serially at intervals with an ordinary amputating knife, and a small saw without a back, the latter being applied to the bone wherever that became necessary. The sections were perfect, both as regards the hardening and the colour of the various tissues, and could be used with great freedom. They could be handed round the class, and examined by each member; they could be left exposed to the air for days; they could be left under water also for days, or they could be finally mounted in a preservative fluid. It was desirable to have an alternative method of making useful and instructive serial sections of the adult to that which had hitherto been employed, which was the ordinary mixtures of ice and salt, or snow and salt, in the absence of proper refrigerating chambers, which were not, as a rule, attached to anatomical departments in Great Britain or Ireland. The meeting could say whether the sections now exhibited would not bear favourable comparison with any that had ever been made by the method of freezing.

The PRESIDENT said that the sections were of great value for teaching purposes, and showed the natural appearances very well.

Professor BIRMINGHAM complimented Professor Frazer on the beauty and usefulness of the specimens.

Professor BIRMINGHAN exhibited a formalin specimen of the abdomen, prepared to show the lines of reflection of the peritoneum.

This was the last meeting of the Session.

SIR J. CRICHTON BROWNE, M.D., F.R.S., has promised to deliver the introductory address at the opening of the winter session in the medical department of Owens College, Manchester, on Monday, October 2nd.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, July 15th, 1899.

AT the Society for Psychiatry, Hr. Henneberg showed preparations illustrating a

CONDITION OF THE SPINAL CORD IN CHRONIC NEPHRITIS.

Two preparations were shown. In one there were smaller and larger sclerotic patches. In one place softening of the grey matter had taken place, which was a rare occurrence in the spinal column. There was a complication of patchy disease with systematic degeneration of the columns Both were dependent on the same etiological condition, distinct disease of the vessels. In the second case this was not so widespread There were both ascending and descending degenerations. All the diseases were due to disease of the vessels, which had set up disturbances of circulation.

Hr. Oppenheim considers the significance of the changes as correctly given, the changes in the vessels played the leading *rôle*. Such conditions were met with even in arteriosclerosis. He had also seen similar changes in a case of chronic lead poisoning.

Hr. Goldscheider confirmed the *rôle* of the blood vessels n disease of the cord. The cases brought forward he held to be contracted kidney. He had diagnosed clinically a case of nervous disease in a case of arteriosclerosis. The symmetrical disease of the long tracts was interesting; it was doubtful if this had any connection with the nephritis. In Bright's disease the cerebral symptoms predominated over the spinal.

At the Medical Congress Hr. Escherisch, Gratz, read a communication on

BACTERIUM COLI.

He had never seen production of gas in decomposition of albumen by bacterium coli. The bacilli present in stools were not an heterogeneous mixture with those introduced into the intestines with the food. The bacterium coli from even normal stools had pronounced toxic and infection properties. But an organism that could harbour those numerous poison-forming bacteria without injury had been supposed by some authors to possess auto-immunising properties as they protected it against the invasion of toxins. He considered this hypothesis as unlikely, also on his own investigation. He was opposed to the view that the pathogenic action of the bacterium coli could be exercised from the intestinal canal. He believed that infection must be caused by the entrance of virulent coli bacilli from without. Quite lately it had been held that dysentery was caused by a bacillus similar to the bacterum coli and the serum reaction had been made. In a house infection it had been observed that the nurses were attacked by dysentery-like symptoms. The word dysentery was now a comprehensive term for a large number of diseases.

Hr. Jacobi, Berlin, reported on a case of typhoid in Gerhardt's klinik, in which an attack of pneumonia came on, in the sputum of which the bacterium coli was found.

Hr. Gans, Carlsbad, said that 2 to 4 days' pure cultures of bacterium coli increased the sulphuric ether considerably without any indication of indican; 4 to 7 days' cultivation of the proteus vulgaris increased the excretion of indican. Once the sulphuric ether was nominally

increased, another time it was absent; 2 to 4 days' cultures of bacterium acidi lactia sometimes increased the ether and sometimes not. Indican was not excreted. Ten grammes of yeast suspended in 200 of water caused excretion of indican without influencing the sulphuric ether.

Hr. Pribram discussed the

INTERMITTING ALBUMINURIA OF ADOLESCENTS.

It was a striking fact that frequently in youthful and normal individuals at some parts of the day albumen might be found in the urine, and especially after bodily exertions. There were variations in this tendency. Movements of the upper extremities generally had less influence, for example, being less in violin playing excepting when the player stood. If such cases were observed long enough, it would be seen that with the intermitting growth of the youthful body the tendency diminished and increased in the periods when growing persons began to make awkward movements, got large hands and feet, and gradually disappeared when the lengthening of the body made them of adequate size. How far the albuminuria was physiological was undecided. Cylindruria was not observed for years. In one case severe scarlatina was not followed by nephritis. With proper treatment and gradually developed movements, no albumen was traceable even after dancing, tennis playing, &c.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, July 15th, 1899.

IMMUNITY.

THIS obscure subject was again the object of discussion at the annual meeting of the Bohemian "Verein." Pelnar introduced it with a review of its past history. Every advocate and partizan, he said, had ample scope for dogmatising and speculation in this department of medicine owing to our very great ignorance of the whole subject, apart from a few empirical results, which had often as many exceptions as cases that conform to any rule. The different forms of immunity may be briefly enumerated—hereditary, acquired, congenital, previous attack, vaccination, toxin injections (active), and serum injections (passive immunity). There may be added to this list the bacterial immunity and the bacterial product or toxin immunity.

The hereditary or congenital immunity is clearly demonstrated *in vitro* by Metschnikoff's experiments, where the infected body can be seen defending itself against the invader. The bactericidal property resides in the blood, probably in the serum, as recently confirmed by the experiments of Swatschenko.

The antidote theory assumes a natural protecting property on the part of the organism, which we are not yet in a position to prove beyond empiricism, but it is believed that all vital tissues hane a self-resistance peculiar to the organism, although different parts have more resistance than others, as, for example, rats are quite immune against the toxin of tetanus from external causes, yet when injected so as to act on the nerve centres the poison acts violently, according to the testimony of Roux and Borrel.

Hereditary immunity is supposed to be transmitted by the blood, or milk of the mother, in the form of a paralysing substance that has not been isolated, but the effect whereof has received the happy appellation of "passive immunity."

The artificial methods are by means of living or dead cultures, or extracts of the dead cultures termed "plusminen." These in recent years have been much criticised, sometimes praised as potent agencies, at other times totally discredited. It is admitted that a large number of phenomena have been produced by these artificial preparations, but none can demonstrate to our satisfaction that the bactericidal action, "agglutination" power, or the bacteriolyses of Pfeiffer will prove a potent immuniser. The same may be said of these as preventives, so that sero-immunisation and serotherapy are not yet rational methods of treatment. The minimal dose theory is equally unreliable, as a lethal dose must be given to immunise, although some few cases on record would seem to point to good results.

He next entered into a long criticism of Kruse's modified "Retention" theory, Wassemann's "Seitenketten-Immunitat," and Centani's "Stomo-oisinen-theorie," all of which he asserted were absolute failures.

MYXŒDEMA.

At the same meeting Prochaska exhibited a young male dwarf, æt. 20, who had every appearance of infantile myxœdema. There was no history of heredity; he was late in walking, his first teeth appearing when three years of age, and is quite idiotic. His somatic appearances before treatment was commenced are described as follows:—Height 101 centimetres (39·76 inches), cranium asymmetrical, sutures irregular, features distinctly cretin-physiognomy with macroglossia, the gums thick, pharyngeal mucous membrane swollen, and the teeth carious. By palpation the thyroid cannot be distinguished. The body short, skin distinctly thickenad by myxomatous infiltration of the deep cells. In the clavicular and axillary regions were tumours about the size of the fist, and the abdomen showed an umbilical hernia. Temperature averaged about 96·8 degs.; daily quantity of urine passed 1,000 grms.; number of erythrocytes three millions; weight of body 28·4 kilos or 62·48 lbs. After eleven weeks treatment with thyroid tabloids, each containing 0·10 gramme = 1·5 grains of the thyroid substance, the following condition was observed:—Macroglossia had disappeared along with the infiltration of the skin and the swellings in the clavicular and axillary regions. The previously subnormal temperature rose one degree, while the number of pulsations and diuresis were distinctly increased. During the period of treatment the patient grew 3 ctm. in length, and distinctly improved in intelligence, spoke more, was active in movements, and ate and drank heartily, while the body weight increased 6 kilogrammes—13·2 lbs.—in the same period. No bad effects were observed throughout.

He concluded by reviewing the collateral changes, and was convinced of the efficacy of the thyroid therapy.

A MURAL tablet has been placed in the main reading-room of the Edinburgh University Union. It bears the following inscription:—"In memory of James Robert Hunter, M.A., who died January 24th, 1899, during the term of his Presidency of the Union. This brass, and the set of volumes in the library known as the 'Hunter Memorial, were subscribed for by his many friends in the University."

Continental Notes.

SUMMER SAUNTERINGS IN VALAISAN VALLEYS.

[FROM OUR OWN CORRESPONDENT.]

No. I.—FROM GENEVA TO ZERMATT.

THE most direct route from London or Paris to Zermatt is by the Paris, Lyons, and Mediterranean railroad, *via* Dijon, Pontarlier, Vallorbes, and Lausanne. We, however, came through Geneva. Leaving Geneva, the Jura-Simplon Railway for about three hours skirts the lovely Lake Leman. After passing Coppet and Nyon, and dropping many passengers at each of these stations for the Divonne Baths, we had at Morgues a superb view of Mont Blanc, Coleridge's "Kingly spirit throned among the hills."

Lausanne came next, with its grand old cathedral, and its reminiscences of Gibbon and his (as one of Dickens's characters phrased it) "Decline and *Fall Off* the Roman Empire." At Lausanne we picked up a throng of tourists who had travelled thither direct from Paris *via* Dijon. Leaving Lausanne we rapidly passed Vevey, looking verdant, cool, and homelike; Montreux, sultry and nowadays "too much bricks and mortar;" the celebrated Castle of Chillon, recalling Byron and his chequered career; and here we left the lake-shore for the Rhone valley, and shortly entered the Canton of Valais by a defile, passing on to Martigny, where passengers bound for the Dranse Valley (Great St. Bernard) and Chamounix alight. Soon Sion looms in sight, with its curious cathedral and formerly fortified rock. We are now in a truly mountainous region, and, as in such places, legends and tales of the supernatural abound. Sion has its full share of them. The church bell is ringing, and one of our company tells the tale of Sion's saintly first bishop and his cook outwitting Satan.

We change carriages and dine at Viège (or as usually called, Visp) to take the narrow gauge Alot railway for twenty-two miles up the Viège Valley to Zermatt; five of these miles, at different intervals, are cog work. Zermatt has an altitude of 5,315 feet, and thus we ascend one of the loveliest railroad routes in all Switzerland. At the end of our journey we instal ourselves at a very comfortable resting-place at the Grand Hotel Mont-Cervin, one of the half-dozen good hotels of the well-known Seiler family. Zermatt is in gala attire, for its "season" is now in full swing. Its hotels and shops are brilliant with electric lights and its one long street crowded with visitors and tourists from many countries. Music, merriment, and cosmopolitan talkings resound everywhere; dancing on various verandahs. Although 5,300 feet above sea-level, on this bright July evening its atmosphere, pure and bracing, is most enjoyable; and in the clear starlight we behold, greatly uplifted above the village and valley, the unique peak of the majestic Matterhorn which seems "to pierce the heavens with its proud point."

Zermatt itself is 5,315 ft above the level of the sea; the Matterhorn summit is 9,390 ft. above Zermatt. In Tauscher-Geduly's words, "It commands all the horizon; the neighbouring summits seeming to voluntarily efface themselves before it. All other hills around carry a *cuirasse* or a *casque* of ice; not so the Matterhorn. The winds and the sun suffer no ice to gather on its superb shoulders and sides. After a snowstorm it appears as if only sprinkled with a powder of silver. Regarded attentively it seems not stationary, but to mount, mount ever higher into the ether."

It is not the highest of the summits in Valais, the Taschhorn, Weisshorn, Lyskam, Dom, Monte-Rosa excel it in height. Yet none other so vividly appeals to us.

The name of Seiler seems inseparably linked with that of Zermatt; for to the Seiler family Zermatt owes much of its present prosperity, and visitors to this Viège Valley most of their comforts. Before 1839 there was neither any accommodation nor any welcome whatever for strangers in Zermatt. Dr. Lauber opened a very small Inn here that year. In 1852 another was established, the *Hotel du Mont Cervin*. Two years later, the late Mr. Alexandre Seiler acquired the Lauber Inn, and changed its name to *Hotel* du Mont Rose. With the very efficient aid of his excellent wife, this Mont Rose House became popular, for both Mr. and Mrs. Seiler thoroughly knew "how to keep an hotel," a compliment, our American friends say, more to be valued than an election to their Presidential chair! The Seilers had, however, for a dozen years no easy task before them. Zermatt was almost utterly unknown, and its grand Matterhorn mountain considered inaccessible. The disaster to the Hudson-Wymper party in 1865 spread its fame far and near. The number of tourists began to increase, and they who came appreciated the constant courtesy and indefatigable attentions of the "Mont Rose" hosts. In 1867, Mr. Seiler acquired also the "Mont Cervin Hotel," and soon afterwards the "Riffelhaus," over 3,000 feet above Zermatt, the earliest inn at so high an altitude in this locality. In 1884, he built the handsome Riffelalp Hotel (7,307 feet altitude), which remains to-day deservedly the most popular house in the whole of this part of Switzerland. The Seiler reputation became world-wide, and many flocked to his hospitable houses from all lands.

Mr. Seiler died in July, 1891, and his wife four years later, rich in the esteem of all who knew them. The hotels he established on so firm foundations continue under the able management of his sons "prospering and to prosper." Zermatt has prospered and must prosper with them. In a lovely valley, environed by glorious hills and grand glaciers; endowed with an atmosphere invigorating and salubrious in the highest degree, as Professor Jung says:—"There is, in this little corner of the earth, that which excites the curiosity of the scientist and satisfies the aspirations of the artist, rouses the activity of the inert, and consoles the mind of the despondent. In this time of universal unrest thousands flock hither year by year; sufferers from ennui and pessimists lose here their moral lassitude; they, whose bodies are alone feeble, recover vigour in the vivifying air of these heights; all take away with them a store of new energy, a capacity to feel better, to understand better, in a word, *to live better.*"

SCARLET fever in a somewhat bad form is prevalent at Cheltenham College. The annual cricket match between the College and Marlborough College which should have been played on the Marlborough ground on two days last week, did not take place

The Operating Theatres.

ROYAL FREE HOSPITAL.

OPERATION FOR UNUSUAL CONDITION OF THE GALL-BLADDER.—Mr. BATTLE operated on a stout man, æt. about 54, a stable-helper, who was suffering from severe abdominal pain. The patient stated that he had been quite well until two evenings before, when he was taken with severe pain in the right side of the abdomen; this had continued since, so that he had been unable to leave his bed or even sleep. There had been no vomiting, and he had had no rigor. The pain had not been paroxysmal, but had remained of the same intensity, so that he was eager to have anything done. On examination he was a very stout man, with a dusky face and a tendency to bronchitis; he also had hard arteries with a little albuminuria. Examination of the abdomen showed it to be distended, and to contain a considerable amount of free fluid. Just below the right lower ribs, below the usual situation of the gall-bladder, was a hard, very tender swelling, which was dull on percussion; it was not the shape of the gall-bladder, being more irregular in outline, and not moving well with respiration. He had never had any difficulty with the bowels, which had acted freely after medicine. the morning before. He remembered that three months before there had been pain in the same situation, but he had not been obliged to knock off work, and it had only lasted four or five days. An incision was made over the swelling through the upper part of the right rectus. The swelling proved to be matted omentum of considerable size, about the gall-bladder; the condition of the latter was very unusual. When the omentum had been separated, the gall-bladder was found under the liver (which was slightly enlarged); it was of a deep red colour with splashes of a whitish yellow on it, very tense and hard; it could be brought to the surface only by pushing the liver up under the ribs. A trocar and cannula pushed into the apex after the peritoneum had been protected with sponges and gauze, gave exit to a large quantity of thick bile, which shot from the tube, showing that it had been kept in at a considerable tension. The gall-bladder was pulled up and sutured to the wound; various small gall-stones escaped when an incision was made to enlarge the puncture. The lower part of the wound was sutured, whilst through the middle portion the ends of strips of gauze were brought, which completely shut off the gall-bladder from the peritoneum. A drainage tube was placed in the opening of the gall-bladder, but little appeared to come through it. A good deal of fluid escaped from the peritoneal cavity, but it was not purulent nor in any way offensive. Mr. Battle said it was difficult to account for the patient's symptons as they did not correspond to the ordinary symptoms of obstruction of the cystic duct, and although the operation had relieved the man the exact cause of the condition of cholecystitis remained to be proved. There had been no evidence of calculus before operation, and those found at the time of the operation were too small to block a normal duct. It was considered that the blockage had not been relieved, but the main condition did not admit of further treatment. Excision of the gall-bladder would most likely have proved fatal.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 19, 1899.

THE TEMPERANCE QUESTION.

FOR some years there has been a general tone in the medical profession of neutrality upon the question of temperance. There is no doubt but that alcohol was pushed too far some years ago, when Dr. Todd's authority had weight. When a man broke his leg and was taken to a hospital the first thing to do was to give him some brandy. Such was fashion, even in the practice of medicine and surgery. Common observation brought about a reaction, and doubt began to influence the minds of many. We have now reached a condition in regard to the temperance question something like that which has occurred in politics. There are a few holding strong views on both sides, but the great majority is in *medio*. The evils of excess in some are not very clearly proved to be curable by total abstinence in others. Prayer and total abstinence may be regarded by some with great confidence as curative or preventive agents; but experience does not bear out the view that maladies are much benefited by such treatment, for alcoholism is a malady, and must be dealt with scientifically and not sentimentally. As with the opium question in the East, there is much to be said on both sides. When we recall Bishop McGee's declaration that he would rather see England free than sober, and compare this with the active crusade carried on by some of the best of our clergy to enforce total abstinence, the doubt arises naturally in the mind whether religion ought to have any influence whatever in dealing with the question, if regarded from a social or political standpoint

The most important point which the medical profession ought to debate is the cause or causes to which alcoholic excess may be referred, whether in the individual or the people. There is a curious condition of religious emotion which creates prejudice against science; and to this it is we must refer the injury done by some ministers of all religious denominations to the advance of scientific knowledge and civilisation. It is not the fault of those who feel this fear; it is their misfortune, and may prove a trouble to others. If we consider the temperance question purely from a medical point of view, as we ought, and if we have the energy and character to educate those who cannot study it in the same way as the physician is entitled to do, we may assist the politician when the difficult question of Legislation is interesting the great jury of our country. If we were asked the apparently simple question, What is the value of alcohol as a medicine? we should not find it an easy one to answer. Alcohol may be a poison, but "poison heals in just proportion given;" and if we find a friend asserting that he would rather die than touch alcohol whatever its value may be if used properly, it is of no use trying to discuss the matter with him. If we look a little closely into the way in which alcohol is obtained we are compelled to draw the line very distinctly between that part of the process which is not the work of man, namely, fermentation, and that which is, namely, distillation. It looks as if Nature had provided us with the means to change certain substances from one condition to another by which change they are made more suitable for the human body. What does bread owe its great value to but fermentation? and to what extent are we acting wisely in extracting from the fermented juice of the grape or other liquid one of the products of the singular series of changes effected by the fermentation and which can possibly be used so variously for good or ill? If we are going to adopt the principle that nothing which Nature provides us with should be used for good if it can be possibly used for ill, where should we be? Virtues may merge into vices, and *vice versa*. We cannot but respect those who practise self-denial for the benefit of others, and though this virtue may not possibly become a vice, its value as an agent for good may be practically *nil*. If there is a virtue in eating unleavened bread for a few days in the year, some may think it would be a greater one to eat it always. It looks as if one of the lessons to be learnt when we compare the practical use of fermentation with the refusal of it, is the difference between knowledge and ignorance. We can understand the view

> Of Man's first disobedience, and the fruit
> Of that forbidden tree, whose mortal taste
> Brought death into the world . . .

though we could not agree with it. The time has come when this temperance question fairly falls within the territory of sanitary science, and if the profession will treat it in the spirit it demands the public will be glad, and good will follow.

THE METROPOLITAN ASYLUMS BOARD.

It is always a matter of some difficulty to realise the progress of contemporary history. In recent years, however, the task has been lightened to a considerable extent by the modern practice of issuing systematic reports of official work. Among such records those of the Metropolitan Asylums Board are worthy of careful attention, marking, as they do, one of the chief avenues of advance of the great modern art of preventive medicine. The annual report of the Asylums Board for the year 1898, which has just been published, contains a mass of information of first importance. Instead of being issued in the form of a chairman's report, it has this year been entrusted by Sir Edwin Galsworthy to the Statistical Committee, who have accordingly issued a report of the Board in two volumes. The total expenditure was £719,128, or an excess of about £53,000 on the previous twelve months. The increase is strictly in keeping with the tradition of the Board, which has steadily and without a single exception increased every annual outgoing since its comparatively modest start at £66, 469 in 1867. At the same time, it is only fair to remember that during the period mentioned the population has greatly increased, and the available accommodation has gone up by leaps and bounds. But in spite of a higher rateable value subject to taxation, the rate for 1898 was higher than any yet made. The Asylums Board, however, have never professed to cultivate the humble virtue of thrift, and money has always been bestowed on them by the ratepayer with unstinting hand. The chief complaint has been that in spite of lavish expenditure the necessary accommodation has not been forthcoming for the housing of the infectious sick of London. In the year under report we are happy to find official evidence that the reproach of inadequate equipment has been removed. This satisfactory result appears to be attributable mainly to two causes—first, a decrease in infectious diseases; and, secondly, an increase in hospital accommodation. With regard to the former point, the committee report that the number of cases of infectious disease notified under the Public Health (London) Act, 1891, during 1898 amounted to 37,316 and showed the substantial reduction of 8,101 as against the previous year. Bearing upon the second point is the fact that the percentage of the total number of legally admissible cases actually admitted has touched 65·5 per cent., as against 58·5 in 1897, and 33·6 in 1890, the first complete year in which compulsory notification was in force. Although it is, of course, impossible to found any trustworthy conclusion upon the figures of a single year, it is nevertheless impossible to avoid altogether the hope that the days of general decline in infectious diseases may be at hand. Preventive medicine by the aid of vaccination, isolation, and general sanitation has reduced small-pox to vanishing point. Why should not an equally happy result be attained in the rest of the specific diseases as our knowledge of cause and effect is carried ever deeper and deeper?

The following figures are most encouraging: The admissions from scarlet fever fell from 15,113 in 1897 to 12,125 in 1898; "fever" from 1,481 to 1,417; and small-pox from 70 to 5. It is to be hoped that some day the reduction of those diseases will be so great as to furnish the Board with spare accommodation enough to enable them to attack the terribly fatal maladies, whooping-cough and diarrhœa. To a sanitarian nothing is impossible, especially if unlimited funds are forthcoming. Little is mentioned in the report about the troubles that have arisen with regard to the Brook Hospital. In the space at command it is impossible to do more than glance in a brief and general way at the leading features of this excellent report, which will be found to repay perusal by those interested in Public Health administration. The mass of carefully-arranged statistics and the clearness of statement more than justify the relegation of the task of reporting to a committee. It is too much the tendency of a one man report to run on the lines of the special pleader, a principle that is hardly favourable to healthy growth in public departments. We purpose dealing in a further article with the extremely important question of the housing of Poor-law children under Mr. Chaplin's Order. Meanwhile the Metropolitan Asylum Board may be congratulated on the addition of one more year to their records of solid achievement.

THE GOVERNMENT AND THE DEATH-RATE FROM CANCER.

THE Government have refused the request of the Cancer Society to appoint a Royal Commission to inquire into the causes of the increase of cancer. They allege that the attention of the Local Government Board has been called to the large increase in the number of deaths from the disease, and that as opportunities had arisen, they had caused scientific inquiry to be made into the natural history and causes of cancer. Moreover, they assert that the President of the Local Government Board has been advised that in the present state of our knowledge on the subject, no useful purpose would be served by the appointment of a Royal Commission. In view of the booming which is taking place, both officially and individually, of tuberculosis, the refusal of the Government to have anything to do with cancer is, perhaps, natural enough. The tubercle bacillus has become quite an aristocratic microbe ever since it was discussed in the royal presence at Marlborough House, and the aristocracy as well as the Lords, spiritual and temporal, are now vying with each other in their efforts to show the interest that they take in everything belonging to it. All this, of course, cannot be without benefit to the public, and upon these grounds we have nothing to complain of, but it is obvious that until the public interest begins to wane in tuberculosis there cannot be much chance of a hearing for cancer. Nevertheless, as we have repeatedly pointed out in these columns of these two fatal maladies cancer is the one in the investigation of the etiology and natural history of which the State should take some active part. It is not a sound argument to advance that the subject of cancer belongs at the present too much to the domain of science to make a Royal Commission upon the subject either necessary or expedient. In assuming this position a morning contemporary altogether misjudges the condition of affairs. The writer of the article adds truly that the disease has for years been the subject of incessant study and that something has been done to elucidate its nature. But he then proceeds to discuss the various hypotheses and opinions which have been expressed regarding its origin and frequency, and in the end makes out as strong a case as possible for a State Inquiry, despite the fact that he opposes State interference in the matter. Clearly a Royal Commission on Cancer could not fail to be productive of good. In the first place it would be able to collect and sift the evidence bearing upon the increase of the disease; next, it might deal with the disputed points relating to its geographical distribution in England; again, much valuable information might be obtained, through its means, regarding the so-called "cancer-houses." All these are matters respecting which differences of opinion exist, and concerning which there is, of course, a great deal that can still be said. Under the circumstances, therefore, it is absurd to state that the study of cancer entirely belongs to the domain of science; a State inquiry into its natural history, as apart from its pathology, we again repeat, is urgently called for. The scientific side of the disease may be safely left to the pathologists and bacteriologists, but, we maintain, that it is the duty of the Government to ascertain the true facts regarding its increase, climatology, and prevalence in England. Quite possibly, however, the subject of cancer is never likely to command the same public attention as that which belongs to tuberculosis, mainly, perhaps, for the reason that it deals with a disease the mere reference to which carries with it to many persons the recollection of fateful scenes of human suffering. Nevertheless, painful, and in some respects repulsive, as a national inquiry into a terrible disease like cancer might be, it should not be shirked upon grounds of sentiment. Sentiment should not be allowed to weigh in the balance against expediency in such a case. The Cancer Society is still in its infancy, and we feel certain that it has a great future before it, and its initial step in bringing under the notice of the House of Commons the necessity of having a Royal Commission appointed to inquire into the disease was admirable in every way. Although its advances were met with a rebuff from the Government, no great importance need be attached to this. We believe that this is the first occasion on which such a suggestion has been made in the House; it was, therefore, hardly to be expected that a favourable reply would have been

given. Meanwhile, by "pegging away" the Cancer Society may find in a few years that the public will join them in insisting upon a State inquiry into cancer, the necessity of which was urged last week.

Notes on Current Topics.

Photographed in Grave Clothes.

A CURIOUS professional incident is reported from New York with all the gravity and detail that betoken fact, but all the same one is accustomed to accept stories of this stamp from the New World with some amount of reserve. The tale is that Dr. Mary Walker, a well-known citizen, was desirous of finding out what her appearance would be when dead. She accordingly had herself photographed when laid out as she would be for the grave. This strange picture is now being published broadcast over New York, so says the *Morning Leader*. The information is added that flowers are strewn over the dress in which she lies, and on the lapel of her jacket is a bronze medal, which Dr. Walker says was presented to her by Congress shortly after the Civil War. Of course, as everyone knows, on this side of the Atlantic any attempts to attain publicity by methods that savour of self-advertisement are rigorously condemned by an unwritten code of laws. In America, however, there are no such restrictions, and we must confess to a certain sense of admiration for the daring originality of the idea, supposing it to have been actually carried out with all the pomp of gruesome circumstance described by the newspaper correspondent. One is reminded of the ancient saw that whatever is worth doing at all is worth doing well. To be photographed as a corpse is "going one better" than eccentrics of the Sarah Bernhardt type, who travel about with and occasionally sleep in a coffin.

The Rating of Hospitals.

THE London County Council have decided, by a small majority, not to recommend, for the present at any rate, the exemption of hospitals from rates. Sir Arthur Arnold and Dr. Collins urged the Council to express a favourable opinion, but their eloquence was without avail. In the course of the discussion it transpired that churches and chapels, voluntary schools, literary and scientific societies, Sunday and ragged schools, and Volunteer buildings are all exempted under various Acts of Parliament. In the face of those facts it seems an extraordinary and unaccountable thing that the medical charities, which are not less directly essential to the welfare of the mass of the community than many of the institutions mentioned, should be grievously mulcted of the funds subscribed to them by charitable donors. The amount of taxation levied from the hospitals yearly is no less than £21,000. Here is the opportunity for the Prince of Wales's Fund to step in and render a solid service to the Metropolitan hospitals. Let them bring the whole weight of their immense social influence to bear upon Parliament to redress this grievance, for it is nothing less. The total debt of the London medical charities reduced by £21,000, for that would be the practical outcome of a special exemption Act, would lessen the enormous burden that the Prince's Fund has undertaken. The chief objection raised in the County Council was that they should do nothing towards exempting hospitals until they had something to do with the management of them. How does that principle apply to churches, chapels, learned societies, Sunday-schools, and Volunteer buildings?

Fined for Non-Notification.

A MEDICAL man in practice at Kington, Herefordshire, has recently been fined for failing to notify the District Medical Officer of Health of a case of infectious disease within the meaning of the Notification Act, 1889. From the evidence it appeared that a child was attacked with what defendant himself openly admitted to be scarlet fever, both to the Inspector of Nuisances and to the Medical Officer of Health. Notwithstanding that fact, the case was never formally notified. A serious feature of the affair was that a girl in the employ of the infected household was allowed to enter the patient's bedroom. She went home and communicated the disease to five persons, among them being her mother, who had been recently confined. The prosecution seems to have been conducted in a most candid and temperate way, and the only defence offered was that there had been no attempt at concealment on the part of the defendant. The Medical Officer testified that the latter said in the course of conversation that he preferred "to wait for the peeling before he notified." Such a course must be not only absolutely unnecessary, but full of danger in the vast majority of cases. Here and there a doubtful attack may come under observation, but even then it would be wiser to run the risk of sending in a mistaken diagnosis, rather than spread a dangerous disease broadcast by delay and inexcusable timidity. The defendant in this instance was fined £1 and costs, and by his unwisdom has placed himself in a most unenviable position. It seems almost incredible that any medical man should allow himself to incur such an amount of vexation and notoriety by neglect of a simple legal formality.

A Threatened Water Famine.

THERE seems to be some foundation for an ugly rumour that has lately been in circulation as to the possibility of a general water famine in the metropolis. May and June were very dry months, during which a far smaller amount than the average flowed over Teddington Weir. While Londoners draw their water from the Thames they will always have to run the risk of a scarcity of water in time of drought. The peculiar danger of the present position, however, arises from the fact of the connections that have been made between the mains of the various companies. Supposing that the East London Water Company glide into their usual summer failure then the Thames-fed Corporations, called upon as they

would be to make up for the shortcomings of the Lea, would be likely to find themselves in serious distress. While one has no wish to meet trouble half-way, yet, on the other hand, it were indeed foolish not to look ahead in a matter so important as the water supply of a vast community. Should any such complication as a general water famine arise, Londoners, as a whole, will perhaps be induced to consider things seriously, for a failure affecting north, south, east, and west alike would not be taken so complacently as one that threw its brunt on the great labouring quarter of the Metropolis. The Government can hardly be congratulated so far on the handling of the London water question, and a failure of supply this summer would cause a good deal of heart searching, both inside and outside the Houses of Parliament.

The Relations of Public Vaccinators to Private Practitioners under the Vaccination Act.

THE following sensible suggestions are offered by the Bradford and West-Riding Medical Union for the guidance of public vaccinators in their dealing with the patients of other practitioners. If honourably adhered to it is claimed they will not interfere with the official duties of the public vaccinator, and will protect the interests of private families and family practitioners. 1. The public vaccinator before entering a house should ascertain whether there is in fact, as reported to him, an unvaccinated child in the house. 2. In the event of his being informed that there is not an unvaccinated child in the house: or if there is, that arrangements have been made for its private vaccination, the public vaccinator should then at once retire. 3. Should the public vaccinator be informed that the child is too ill to be vaccinated, he should retire without entering the house. It is not his duty to require a certificate of unfitness to be supplied, that is the duty of the vaccination officer. 4. It is not the duty of the public vaccinator, nor is it compatible with the dignity of his profession to endeavour to persuade the parents to let him perform the vaccination for which he is to receive a specified fee from the public funds. 5. The public vaccinator as such should not proceed to examine any child as to its state of health, unless he has been requested to vaccinate it, and unless he is *bona fide* under the impression that the child is fit to be vaccinated. In any other case his duty is to abstain from all interference with the child. 6. Any reference as to the superiority of his methods or his vaccine, made with the view of being allowed to vaccinate, would be most unworthy, and could only be exceeded in this respect by any attempt to decry the methods or the vaccine employed by other practitioners. 7. If he is required to vaccinate a child belonging to a family who are the patients of another practitioner, he is in honour and in self-respect bound to avoid any act or word which might tend to prejudice the professional interests of the family medical attendant, or which could be regarded as an attempt to induce the family to employ him as their family doctor. 8. The public vaccinator is not authorised to call, for the purpose of vaccinating a child, until after the expiration of the twenty-four hours' notice which he is required to give.

Medical Cromwellianism in America.

A MEDICAL paper issued in Philadelphia has published a most satisfactory account of the moral character of the recent annual meeting of the members of the American Medical Association at Columbus. Indeed, every one in the profession in the United States must feel delighted that the editor of the journal in question has found himself in the position of being able to give such a good report of the conduct of the members. He says that "even in such a matter as personal ethics and dignity there was at Columbus a most noteworthy absence of what has previously been an altogether too conspicuous presence of the guzzlers and all-nighters. There were even strange stories of 'Nothing stronger than lemonade, please,' this year, and the banquets, even of the so-called American medical editors, were free from stories in which the delight in witless filth has often been an astonishing element of attractiveness. There is plainly to be an end of the 'dry smoker' and the 'roysterer.'" The members of the British Medical Association who intend visiting Portsmouth for the annual meeting should take these remarks to heart, and make a point while there of drinking nothing stronger than water, going to bed punctually at ten o'clock at night, limiting their conversation, except at the sections, to philanthropic schemes relating to the parochial clergy, and of observing an entire abstinence from tobacco-smoking—otherwise they might expose themselves to the accusation of being roysterers and "all-nighters." Has the spirit of Cromwell been acting upon the feelings of the members of the American Medical Association, or are the remarks above quoted merely imaginative sallies of the editor of the journal in which they appeared?

The Liverpool School of Tropical Diseases.

MR. CHAMBERLAIN is evincing quite a paternal interest in the progress of the Liverpool School of Tropical Diseases. In commending the enterprise of the authorities to send a research expedition to West Africa, he has written to say that he has learnt with satisfaction that the expedition of the Liverpool School is being sent, and that he appreciates the energy and public spirit shown by the committee of the school in the matter. He also adds that the authorities at Sierra Leone will be instructed to give every facility to the work of the expedition. After the expedition has completed its work at Sierra Leone it will proceed to Accra, where further investigations will be carried out The Belgian Government, attracted by the excellent organisation now existing at the Liverpool School of Tropical Diseases, have despatched an officially appointed delegate to visit the Institution and report to the Government. Altogether, it would seem that

the Liverpool School will ultimately take the lead in providing for the study of tropical diseases in this country.

The London Hospitals and the Anti-Vivisectionists.

THE Honourable Sydney Holland is well known to be one of the most zealous and successful managers of hospital charities in London, and his reputation in this regard has been gained by a devotion to service on their behalf which has won for him unstinted praise from all who are interested in the same work. One of the hospitals upon the success of which he has expended much energy, and which in consequence now occupies quite a unique position among the smaller institutions of the kind, is the Poplar Hospital for Accidents. Owing to Mr. Holland's advocacy of its claims this hospital enjoys a large measure of public support, but in a fair and open manner Mr. Holland has shown that the charity is worthy of the support which it has received. Despite this, however, we feel it our duty to draw Mr. Holland's attention to a circular letter which has been issued by the Honourable Stephen Coleridge in which the latter seeks unfairly to disparage another hospital for the purpose of alienating subscriptions in favour of the Poplar Hospital for Accidents. The facts are as follows: Mr. Bird, the chairman of the West London Hospital, wrote a letter to the *Times* stating that the Pathological Laboratory which had recently been organised by the Staff of the Hospital in connection with the West London Post-Graduate College, had not been licensed for the performance of experiments upon animals. Whereupon the Honourable Stephen Coleridge drafted a letter, a copy of which was sent to every subscriber to the West London Hospital, in which he stated that two members of the Staff were licensed under the Vivisection Act, by which they were enabled to dispense with the obligation to kill the animals by anæsthesia after the experiments had been performed. The inference which the Honourable Stephen Coleridge evidently intended should be drawn from his statement was that the two members of the Staff in question made use of the West London Hospital laboratory for the prosecution of their researches. Whereas, of course, nothing of the kind is the case. Despite, however, the obvious unfairness—to use no stronger word—of this attack upon a well-known and excellent charity, the Honourable Stephen Coleridge used it as a plea to urge the subscribers to the hospital to transfer their subscriptions from the West London Hospital to the Poplar Hospital for Accidents, where, as he states, an undertaking exists not to appoint or retain licensed vivisectors on the staff. It is difficult to believe, despite the interest which he takes in the Poplar Hospital for Accidents, that the Honourable Sydney Holland would desire to see his institution made the means of impoverishing another hospital for the reasons advanced by the Honourable Stephen Coleridge. Indeed, we feel sure that Mr. Holland would be the first to repudiate such a method of raising funds for his hospital. However, the matter is one which so largely affects the interests of the medical charities in London that we trust public steps will be taken to discount the efforts and statements of the Honourable Stephen Coleridge upon each occasion that he attempts—unwarrantably—in this way to interfere with their concerns.

The Fellows' Meetings at the Royal College of Surgeons, England.

AFTER the annual election of members of Council at the Royal College of Surgeons, on the 6th inst., the president and two vice-presidents of the Council attended in the theatre of the College in order to hold the annual meeting of the Fellows. But for the third time in succession, at the Fellows' meetings, the necessary quorum was not obtained, and consequently no business could take place. The president, Sir William MacCormac, in alluding to this fact, expressed his regret that not more than twenty-one Fellows had attended, inasmuch as the Council had hoped that a discussion would have taken place at the meeting upon the question of the proposed supplementary charter. But there is no disguising the fact that at the present time College politics are dead, so far as the Fellows are concerned, and if the Council were to decide to abolish the Fellows' meetings entirely there would probably be no one who would complain of their action. That this state of affairs now exists does not prove a prevalent apathy among the Fellows concerning the affairs of their College; it merely is an indication that the old body of reformers have ceased to be active, and that the Fellows generally have for the time being come to the conclusion that the present government of the College does not call for their interference. It would now seem to be the case that if the Council are desirous of obtaining the opinion of the Fellows upon the question of the proposed new charter, the expedient will have to be resorted to of calling a special meeting of the Fellows for this express purpose. However, in view of the fact that there cannot be two opinions as to the desirability of applying for the new charter, there does not appear to be any sufficient reason why the Council should approach the Fellows upon the subject.

German Practitioners in England.

WE are informed that Dr. Pagenstecker, the ophthalmic surgeon of Wiesbaden, has taken time by the forelock and made a bid for practice in London. He has established in Wimpole Street a German assistant who will represent him and see confiding British patients on his behalf. The state of the law is such that without an English medical diploma any German can establish himself in medical practice in England, and provided that he was not called upon to sign a death certificate no one could interfere with him. There is but little danger of a practitioner who confines himself to ophthalmic surgery being required to sign a certificate of death, and thus the assistant of the Wiesbaden surgeon may be regarded as secure from interference by the law. Verily, the "law is a hass" in this instance, and nothing could

more plainly show how ill-protected English practitioners are in their own country against the invasion of competing aliens.

Another Case of Total Extirpation of the Stomach.

ON the 9th ult., Dr. Kocher, of Berne, Switzerland, removed the whole of the stomach of a woman, æt. 40, for carcinoma of the pylorus. The duodenum and œsophagus were united, and the abdominal wound was sutured, a small glass drainage-tube having been inserted. The patient lived three days and a half and then suddenly died. At the post-mortem examination some peritonitis was found as the result of necrosis of a small portion of the wall of the transverse colon.

Union Analysts for Ireland.

THE recent order of the Irish Local Government Board, which defines the qualification of the Analyst to a Board of Guardians has created a good deal of effervescence among pharmaceutists. It was quite necessary that such an official definition should be provided, inasmuch as a number of Boards of Guardians had already availed themselves of the new appointment to "job" in their own friend the local chemist, but it appears to us that the definition is unsatisfactory. It, for instance, makes Fellowship of the Institute of Chemistry a qualification *sine qua non*, and, in other ways, it indicates the appointment of a pure chemist, not of a pharmaceutical expert. In our opinion the Public Analyst should embody both specialities. His chemical knowledge will be indispensable for analysis outside the region of drugs, but, within this area, it will be insufficient for the desired object. The purity of pill masses, compound liniments, and such-like therapeutic mixtures *can* be ascertained by laborious and prolonged analysis, but, be it said with respect, the purchasing public would, for this purpose, have more confidence in the educated nose, tongue, and eye of the experienced drug buyer than in any analyst, however eminent. We suggest that the Local Government Board should try to make a definition which would combine the scientific and the pharmaceutic qualifications, and should revise its rule accordingly.

The Liverpool Skin Hospital.

THE Liverpool medicine profession can hardly be congratulated on the latest phase of the "scandal" at the Hospital and Skin Diseases in that town. After the two members of the staff had been hurriedly dismissed by faggot voting, the vacant posts were forthwith advertised. It has since been publicly stated that about thirteen doctors have applied for the vacancies, in addition to three others who have been nominated by "a professional man of high standing." Supposing the latter statement to be true, most of our readers will agree that the height of the status of the gentleman in question is likely to undergo a reduction to vanishing point. As matters stand, two members of the staff have been dismissed for bringing charges of a grave nature against their senior, who has taken no steps to establish his *bona fides* by bringing an action for libel. How any committee of honourable men can be induced to make themselves responsible for such a proceeding must puzzle the average human intelligence sorely. However, similar mysteries are not unknown in the hospital world. It is not so many years since that a notorious skin hospital in the metropolis defied public opinion in much the same way. Three of its medical staff resigned because of the failure to clear the management of various charges. Their places were at once filled up by other medical men, some of whom hold to the present day the posts obtained in a manner that the keenest competition could not justify. There seems no prospect of things being settled yet awhile at the Liverpool Hospital.

The Case of Dr. Lamont.

GREAT satisfaction is expressed in Scotland by members of the profession and others as to the generous and kindly speech of the leader of the House of Commons in reply to the statements made by a number of Scottish representatives, descriptive of his unjust and malicious treatment. The Lord Advocate, of course, had to do his best to whitewash the officials of his department, a work of no little difficulty even in his hands; but it was only when Mr. Balfour intervened that Dr. Lamont received complete exoneration, and notice was given that he would be compensated for out-of-pocket expenses. The most important result of the discussion on this case lies in the public exposure of the wrongs which may be done, and frequently are done, by local authorities to their medical officers, without these officials having any power of appeal or of obtaining redress through the Local Government Board for Scotland. The virtuous indignation of members of the Opposition at this state of affairs contrasts peculiarly with their former attitude, which, if we mistake not, was the converse.

Instruction in Pharmacy.

THE Senate of the Royal University of Ireland has intimated to the Pharmaceutical Society that it will, in future, recognise instruction only in a regular medical or pharmaceutic school, not in a chemist's establishment. We are aware that the existence of pharmacy departments in medical schools is owing to the fact that when the certificates of chemists and hospital dispensers were accepted, those documents could be bought for a sovereign across the counter as readily as a seidlitz powder. Therefore the Colleges thought it necessary to ensure *bona fides* by establishing their own pharmacy schools. Without suggesting that the school courses in this subject are not as genuine as the assiduity of the teacher can make them, we have no confidence whatever in them as proofs of pharmaceutic education. We do not believe in the possibility of communicating a sufficiency of such knowledge in a few prelections in a lecture theatre, and we would sug-

gest that the Licensing Bodies should surmount the difficulty by abolishing the pharmacy certificate altogether, and leaving the candidate to "get up" the subject for examination any way he can.

"Closed for Repairs."

THE spectacle of so many of the large hospitals, special and general, evacuated of their suffering contents for the purpose of "alterations and repairs," excites a feeling of curiosity as to the fate of those who would otherwise be enjoying (?) their hospitality. Although some sort of arrangement is usually attempted in respect of the more serious cases there can be little doubt that much hardship is inflicted on the suffering poor by the lack of concerted measures between the various hospital authorities. It is one of the drawbacks of the "voluntary" system of hospital maintenance that the managers of these institutions escape any sort of official control, otherwise no hospital would be permitted to close all its wards at once, just in order to give the staff a holiday. Apart from the hardship to patients, the present system causes much heart-burning among the junior members of the medical staff, who, the surgeons especially, look forward to their seniors' holidays to enjoy positions of responsibility and experience which they are yearning to fill. The senior man, on the other hand, appears indisposed to gratify his junior's aspirations, and gladly falls in with the proposal to shut up the hospital as a whole. The occasions when such a course can be justified by the magnitude of the alterations contemplated must be rare indeed, and obviously it must be as easy to whitewash and disinfect wards *seriatim* as altogether. This is a matter to which subscribers to hospitals would do well to direct their attention, for only a little judicious inquiry is required to bring about a desirable reform.

A Reverend Quack.

A SINGULAR career was unfolded, in part, on Saturday last, at one of the Metropolitan Police Courts, where one, Maguth, was brought up on a coroner's warrant charging him with manslaughter. It appears from the evidence that the accused started adult life in holy orders, but left the church in 1879 to take up with "medical botany," on the strength whereof he described himself on a brass plate as "Dr. Maguth, LL.D., Scientific Medical Botanist and Hygienic and Dietetic Adviser in all Ailments. Advice Gratis." In the exercise of his unauthorised functions Maguth attended a child, æt. 7, who was suffering from "ulcerated throat," which, however, he failed to identify as due to diphtheria, and the child died. Obviously there is hardly a disease in which a prompt and correct diagnosis is of greater importance than diphtheria, for on its recognition and early treatment the ultimate result must, in most instances depend. Moreover, an unrecognised case of diphtheria is a standing form of infection, the more potent for evil by reason of its nature not being suspected. We trust due rominence will be given to these points when the case comes up for trial. The accused has been liberated on bail pending further inquiry.

Infectious Diseases in London.

IT is disquieting thus early in the season to be confronted with a notable increase in the number of infectious cases in the hospitals of the Metropolitan Asylums Board It is, moreover, very disappointing to find that all the money spent in notification or isolation seems to be without effect in restricting the spread, for instance, of scarlet fever, and in attenuating its effects. The seasonal rise and fall recur with tedious monotony, and the numbers, as compared with those of previous years, invariably show a steady increase, an increase which renders necessary the building of another palatial edifice every year or two for the accommodation of the sick. This result may, to a not inconsiderable extent, be attributable to the fact that the public are getting accustomed to the idea of transference to hospital and offer less opposition when removal is suggested. The laxity of the Board in enforcing payment from those in a position to pay may possibly explain this change of front, and one of these days the Board's policy in this respect will have to be taken into consideration.

A Midwife's View of Infantile Bronchitis.

NOW that the subject, midwives' registration, is so much before the public, it is with more than ordinary interest one turns to cases that illustrate their potential medical capabilities. From this point of view the evidence of a midwife given last week at Stroud is not without its instructive and suggestive aspects The occasion was a coroner's inquiry into the death of an illegitimate infant of a farmer's housekeeper in the district The midwife deposed that she attended the mother who was confined of twins One was born at four o'clock in the morning, the other twenty minutes later. Witness did not expect either of them to live, but everything was done for their comfort. The second child was very weakly, and could hardly breathe. It appeared to be suffering from bronchitis, and died about nine or ten hours later. She thought the child died from bronchitis and weakness, and that no blame was to be attached to anybody. She left no one in the room, but the farmer's daughter was downstairs. The attention of those who are agitating for the registration of midwives should be drawn to this incident. The gross ignorance that attributes weak breathing in a newly-born infant to bronchitis is just what may be looked for from women untrained in medical matters. If that sort of view were accepted a vast number of infants would die simply for want of a little artificial respiration. What had the coroner to say to the fact of the mother being left alone with these ailing twins within a few hours of their birth?

DR. PARRY, of Pont-y-Cymmer, Wales, has recovered £5 damages and costs against a local newspaper, a writer in which had charged him with neglecting his patients for yachting. It subsequently

transpired that the newspaper had been "hoaxed," and could not trace their anonymous correspondent.

MR. KEARLEY'S Food Products Bill, the Midwives Bill, Mr. Boulnois's Conscientious Objectors Bill, and Mr. Begg's Companies' Act Amendment Bill have all been dropped within the past week.

THE occurrence of Carytes in various districts in Ireland has been brought to the notice of the County Councils by the Irish Industrial League with the view of having it ascertained whether the deposits will pay to work.

THE present century has not produced, and is not likely to succeed in giving to the world a second Lawson Tait. Nevertheless, at the annual meeting of the Liverpool Samaritan Hospital for Women, held last Wednesday, "Dr. Lawson Tait was elected Consulting Surgeon to the hospital." Would that our late distinguished *confrère* were in the flesh to accept the honour. The hospital committee evidently does not keep itself posted in the everyday affairs of this mundane existence.

Medico-Legal Notes.

By W. J. JOHNSTONE, B.L.,
Dublin.

THE ROYAL COLLEGE OF SURGEONS, ENGLAND, AND THE INLAND REVENUE DEPARTMENT.

THE English Court of Appeal has been considering in an important case the position and history of the Royal College of Surgeons of England. The immediate object of the case was to get a decision of the Court as to whether the property of the Royal College of Surgeons, England, was subject to duty within Section 11 of the Customs and Inland Revenue Act, 1885, but incidentally some interesting legal light was thrown on the objects and history of the College. The facts were very simple. The section above referred to imposes duty upon the annual value of all property belonging to any body, corporate or incorporate; but there is an exemption from duty in the case of "property which, or the income or profits whereof, shall be legally appropriated and applied. . . . . for the promotion of education, science, or the fine arts." It appeared that the annual value of the real property vested in the College during the year ending June 24th, 1894, was £7,200. The total value of the vested personal estate of the College on the same date was £187,195 17s. 11d., the income from which amounted to £5,833 5s. 7d. The College was assessed by the Commissioners at £3,161, and required to pay as duty the sum of £158 1s. The Commissioners allowed exemption in respect of the museum, and that part of the property which consisted of laboratories; but no exemption was allowed in respect of the library, the conservator's residence, the general offices, and the hall used for examinations. Sir Edward Clarke argued that the whole of the property of the College was "legally appropriated and applied" for the promotion of science, and was, therefore, not liable to duty. An alternative claim was put forward that, at any rate, the library of the College in Lincolns-Inn-Fields, and the official residence of the conservator of the museum came undoubtedly with the exception in Section 2. The Court of Appeal, however, decided that no part of the property in question was legally "appropriated" for the promotion of science, and that the duty must be paid.

THE PURPOSES OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND.—The judgment of Lord Justice Romer in the case is a valuable document from a historical point of view. He began by referring to the Act of 18 George III. c. 15, which made the surgeons and the barbers of London two separate and distinct corporations, and he traced the history of the College of Surgeons from its incorporation by a charter of George III. in 1800 to the present time. From an examination of the various Acts of Parliament and the bye-laws of the College, he came to the conclusion that the objects and purposes of the College have a dual nature; firstly, the promotion of the science of surgery, and, secondly, the promotion and encouragement of the practice of surgery and the promotion of the interests of surgeons. No part of the College property was "legally appropriated" for the objects and purpose of the science of surgery. That is, there was no legal obligation on the part of the administrators of the College to apply their property for the first purpose and object as distinguished from the second; and, as a consequence, it was held that none of the property in question came within the exemption of Section 2, In the judgment it was assumed, of course. that property applied for the purpose, of the practice of surgery, as distinguished from the science of surgery, did not come within the exempting clause.

THE LAWS AS TO BAKERS AND BAKEHOUSES.

The decision of the Queen's Bench Division in *Schwerzerhof v. Wilkins* (19 Cox C. C. 22) is an interesting illustration of the construction of Acts of Parliament and the administration of statute law. It was considered necessary for public health and safety to pass the Factory and Workshop Act in 1895, Section 27 of which contains certain provisions as to bakehouses and bakers. Sub-s. provides that a place underground shall not be used as a bakehouse unless it was so used at the date of the passing of the Act—namely, January 1st, 1896. Certain underground premises were occupied by Schwerzerhof as a bakehouse. A complaint was preferred against him on behalf of the sanitary authority of the district, when the following facts were proved. The premises in question were fitted up as a bakehouse in 1879, and were occupied by a baker down to December, 1894. The tenancy ended then, and the landlord had the premises put into repair. In February, 1896, they were let to Schwerzerhof, who began to use them again as a bakehouse, and was so using them when he was summoned. On the facts the magistrates convicted, and fined the appellant. The Queen's Bench Division, however, thought otherwise. That court was of the opinion that one tenant going out and another going in did not stop the premises being used as a bakehouse, even though the premises happened, as in this case, to be untenanted on the crucial date, January 1st, 1896: that the place was being used as a bakehouse at the passing of the Act, and that Schwerzerhof ought not to have been fined. It never was the intention of the legislature that the vested rights of any owner of a factory or manufactory should be injured by the passing of the Act of 1895, and it seems that the above decision is clearly in accordance with that intention.

THE ABUSE OF HOSPITALS.

A SPECIAL General Meeting of the Bradford and District Medico-Ethical Society was called some months ago for the purpose of considering the question of Hospital Abuse. Several meetings were subsequently held, and the Committee now report that the following resolutions were passed, and seem of so much value as bearing on this important question, that we reproduce them in full:—

1. MEDICAL RELIEF IS CHARITY.—"That in the opinion of this Society, it is of the first importance that the Boards of Management of Public Hospitals, and the public generally, should recognise the principle that medical relief is charitable relief, and that the hospital funds are provided in trust for the benefit only of the sick who are unable to pay, when suffering from serious ailments, and that it is not only dishonourable but dishonest for other persons to take any part of these funds."

2. WAGES SCALE.—"That the Bradford and District Medico-Ethical Society approve the following Wages Scale for use in our hospitals:—For one person, when

in work, 18s. per week; for two persons, when in work, 23s. per week; for three persons, when in work, 28s.; for four persons, when in work, 31s. per week, with 3s. for each additional member of family. That cases of long-continued illness or cases for serious operation should be considered exceptional and should be recommended by their medical man."

3. INQUIRY OFFICER.—"That the necessary inquiries as to the inability of applicants for medical charity to pay for treatment at home cannot be satisfactorily made except by a special inquiry officer, and that all cases should be inquired into by such an officer."

4. SERIOUS CASES.—"That no patient who is excluded by the wages scale ought to be entitled to receive medical charity unless suffering from an ailment of so serious a nature that it cannot be properly treated except in hospital."

5. NO SMALL PAYMENTS TO BE TAKEN.—"That the acceptance of small payments from patients in receipt of medical charity, whether as a contribution towards the cost of maintenance or in return for medical treatment, is highly undesirable. This is not intended to interfere with voluntary contributions by grateful patients after the treatment in hospital has been finished."

6. RECOMMENDATIONS.—"That the system of giving recommendations to subscribers is objectionable, is greatly abused, and should be abolished."

7. CASUALTY PATIENTS.—"That casualty patients should receive first-aid and then if above the wages limit be referred to private medical men."

8. DENTAL EXTRACTIONS.—"That cases of simple extraction of teeth should be inadmissible."

9. OUT-PATIENTS.—"That out-patients shall be admitted to the hospitals without charge, subject to inquiry as to their monetary suitability. That patients sent by their medical men for a second opinion, but not for hospital treatment, shall be eligible without inquiry by the inquiry officer.

10. IN-PATIENT DEPARTMENT.—"That in-patients shall be admitted according to the wages scale, exceptions being made when operations are required, or when other extraordinary circumstances obtain. That no paying patients shall be admitted as such."

11. HOME-PATIENTS.—"That the home-patient department, as carried out in connection with the Bradford Royal Infirmary, is much abused, objectionable in principle, and should be abolished."

Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

THE "CANCER FOG."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In pursuance of the promise in my previous letter I proceed now, with your permission, to offer a suggestion or two regarding the definition of a few of our terms, which may perhaps throw some light on the subject. Constitution, then! Is not constitution the resultant at any moment of the reaction between the organism and its environment from birth till the moment in question? Is not constitution, therefore, always in a state of flux, mobility, change, as the environment changes? I think so. Then heredity, on the other hand, is not that fixed and determined? Would not a good definition of heredity be that it was the state of the individual as determined by ancestors? It seems to me it would. And, therefore, the heredity remains fixed; what it was and is, that it remains, while the constitution is always altering and changing every moment. Constitution is the state of the individual as determined by environment. But to say that a constitution is altering and changing every moment, is equivalent to saying—is it not?—that a constitution may be non-cancerous at one period of its history, and cancerous at another. It seems so. A constitution may certainly be sound at one time, and damaged, broken, unsound at another, and this no doubt in response to changes effected on it by the environment. A rheumatic fever will or may damage a sound heart. The philosopher indeed may see that it was not so much the rheumatic fever which damaged the heart, as the previous course of events which led up to the occurrence of the rheumatic fever and of the heart damage which was one of the steps in the train of events. And similarly we have to inquire: May not long continued unsuitable and improper environment render a sound constitution epitheliomatous? Make it take on epithelioma? Make it cancerous? Why not?

This kind of question raises, of course, that other of predisposition. Well, what is predisposition? Is not predisposition at any moment very much the same as weakness? You sit in a draught and get a bronchial catarrh, but the draught was very slight and lasted for a very short time, and it ought not to have given you cold. But your predisposition was great; otherwise your resistance was low. Predisposition, therefore—is this a good definition?—is inverse resistance. But how did the predisposition become great? How did the resistance become weak? Not through heredity, for that is fixed and determined, and yet at one time you would not have taken cold from so slight a cause, while you do now. If not through heredity then, has not the change been effected by environment, otherwise by life history? And among facts of life history, what so important as relations to work, to air, and to food? and especially to the last?

Then as to what is inherited. Is it not so that organisation is inherited rather than disease? It seems to me it is. In a wide sense organisation is inherited; in a narrower sense, humanity, bovinity, vulpinity, felinity, are transmitted and inherited. Will it not depend on how humanity, bovinity, vulpinity, felinity are respectively treated—what conditions of environment they are subjected to—how or from what diseases they will suffer? Humanity will not suffer from bovine diseases nor from vulpine, though some diseases may be common to all forms of organisation. In fact, the possibility of using the term organisation at all implies some common qualities? From which considerations emerges a definition of the heredity of disease, viz.:—"Like causes acting on like organisms in succeeding generations induce like effects." How would that do? So that if a woman has cancer at 56, and her mother had cancer at 56, and her grandmother had cancer at 56, it would not at all follow that the grandmother transmitted it to the mother, and the mother to the daughter. We must first inquire how grandmother, mother, and daughter respectively lived, what environment they were subjected to, or what environment they subjected themselves to, before we can answer whether it was likely that each in turn transmitted cancer to her successor. Then as to the kinds of cancer. Is not one form far commoner than any other? Epithelioma, for instance. Suppose, for a commencement, we confine ourselves to that. Now, following the philosophic spirit so justly commended by Dr. Snow, let us ask a question or two here. Is not cancer, epithelioma, an overgrowth of tissue? It seems to me so. Where did it come from? It must have come as an exudation from the blood. It seems so. Where did the blood get it, or the stuff out of which it made it? Did, or could, the blood create it? Can the blood or the body create anything? We have no knowledge that it can or does. The body and the blood can convert, indeed, but so far as we can see they have no power to create. They must then have converted the epitheliomatous exudation or growth out of something else? Out of what did they convert it? What goes into the blood? Air, no doubt, or gases, and food. But especially food. Gases, as we know, pass in and out, but is it likely that solid growths are made out of air? They may be, of course; but is not food a far larger and more bulky entrant into the blood than air?

No doubt in the vegetable kingdom solid growths are made from the air. It seems as if trees and shrubs obtain the material for their large bulk, greatly from the air and particularly from the carbon which it contains. But do animals? Theoretically they might, of course, but practically animals do not live on air. They certainly appear to obtain nearly the whole of the material which goes to form their bulk from the food which they con-

sume. If, for instance, a man egests half a pound of carbon daily with the expired air, and if he takes in a large amount of oxygen which he inspires, does he not obtain much more material for his body from the 2 lbs. or 3 lbs. or 4 lbs. of food which he consumes daily, and which, or much of which, he passes into his blood? It seems so. How would it do then, or would it not promise well, if well examined the food of those persons who form epitheliomatous growths, which reason and observation alike tell us they cannot create, but which they, no doubt, convert out of something else? As air is, no doubt, an entrant into the blood as well as food, I have no wish to withdraw attention from air, but for the present let us think of the food, and then, if we have not a sufficient answer, let us consider the air as a possible source of cancer. Well, now following up this line, we find that women suffer from cancer more than men. Half as many more women had cancer as men in 1897. Formerly, the proportions were greater. In 1868, the proportion of women to men suffering from cancer was more than two to one. In 1892, the preponderance of women over men suffering from cancer was only as five to three, not as six and seven-tenths to three, as in 1868; and in 1897, as Dr. Snow says, the preponderance was still less. Now, two or three questions arise here. First, is the preponderance of cancer in women over men due to their sex or to their habits? If to sex, it cannot be due to sex alone, because, though sex is not altering, the proportion of cancer is altering. Suppose we turn then to habit. In what respects do the habits of women differ from the habits of men? Would not every one say that they eat oftener? I think so. And that they take by preference dainty things like cakes and bread made up in various tempting ways, and confectioneries? It seems so. And that while they do not eat so much as men they eat oftener. And that looking at the habits of women in general as regards this question of the incidence of cancer does it not look as if pollaki-siteism, if not polysiteism is, or may be, a cause of cancer among them? It seems so. And that while pollaki-siteism is the *principle*, the *property*, amylo-siteism and glycho-siteism are the *detail*, the *accident*? It seems so. And if in each generation of women we see these food habits strengthening rather than weakening, is there not in this a sufficient cause, and true cause, apparent for the increase of cancer without betaking ourselves to the theory of hereditary transmission? It seems so. Besides that, if heredity is the cause, should we not expect that hereditary disease would appear early in life rather than late in life, since the nearer we are to our ancestors the more influence they must be supposed to exert on us? and the more remote we are from our ancestors the less the influence they will be likely to exert, and the greater the influence of our own environment? It seems so But children scarcely suffer from cancer at all. Out of 20,353 deaths from cancer in England and Wales in 1892, only 103 occurred among children under five years of age. It does not seem as if heredity had very much to do with it.

These seem to me to be some of the questions which the logical and philosophic spirit, commended so justly by Dr. Snow, raise regarding this question of the incidence of cancer. There are more of them, many more; but your space and my time are limited. Let me ask one. The same logical and philosophical bent causes one to inquire why are men now suffering from cancer more than they did? Why is the preponderance of the proportion of female cancer continually diminishing? Why is the proportion of male cancer increasing? Well, are not the habits of men approximating to those of women? Are men much more in the open air now than women? Are they not more in offices, in factories, on the exchange than before? I think so. So that men's habits in offices and women's in houses are fairly comparable and not very different in principle? And what about food? Are not men's habits in this respect altering somewhat? Are they also not tending to poly-siteism and to pollaki-sitesm like the women? What about their breakfast at eight their crust of bread and a glass of beer at eleven, their dinner at one, tea at five, and supper about nine? Is not that pollaki-siteism as compared with the three meals of their ancestors, who led an active out-door life which oxidised the material off in the fields, and in the open air much more than their more penned-up successors? And even, when three meals only form the diet-habit of men, is not digestion slower now, owing to the absence of abundant exercise than it used to be in former times? And is there not in the inquiry regarding food a very promising line of investigation regarding the causes of cancer?

And if poly-siteism and pollaki-siteism seem possible causes of epithelioma, what is the direction in which hope for cure is to be looked for? In the surgeon's knife? Is that likely? Is it likely that the effects of causes acting three, four, five, or six times a day for many years are going to be undone by a surgical operation, however brilliant and however extensive? That long acting vital causes involving changes in nutrition are going to be undone by a few bold strokes of the mechanical and skilful knife of the surgeon? Is it compatible with the logical and philosophical spirit commended to us to expect that? After the brilliant and skilful operation, will not the same causes continue to act? and to re-induce similar changes in other parts of the body, even if the bold and extensive operation has succeeded in removing all the disease? Is not, in fact, too much dependence on such methods the main reason why the lament of Sir William MacCormac is so mournfully in evidence, and why there has been so little progress in the treatment of these affections since the days of Hunter? Suppose that the methods of treatment are wrong? Does it not seem as if they are, since the progress is so little—since, in fact, the disease is increasing, as Dr. Snow says, both in incidence and mortality? Prosecuting the logical and philosophical method further, if we see some evidence that poly-siteism and pollaki-siteism are a main part of the cause of epithelioma, would it not be likely that oligo-siteism or even asiteism for a time might have some influence in preventing the spread, perhaps even in undoing the process of epithelioma? Of course the philosopher sees that this may or may not be. The causes may have been acting for too long a time for such a change to happen. A knowledge of causes may or may not enable us to cure a process. But it is essential to prevention, and it is a very hopeful line of inquiry that oligo-siteism, dis-siteism or mono-sitism properly quantified may perhaps or possibly be the means of preventing cancer.

I have said more than I meant, but not more than I think, nor so much by a good deal. The importance of the subject, the hopeless way in which it is regarded, a hopelessness which I by no means share, the mystery of it and the fascination of it must be my excuse.

I am, Sir, yours truly,

PHILOSOPHUS IGNOTUS.

THE IRISH "SCALE" FEE SYSTEM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The able article in your last issue bursts the bubble of special fees for poor people as a remedy for the abuse of the dispensary ticket system. Certainly no person having any practical knowledge of medical practice and medical remuneration in rural districts in Ireland could have expected it to be a success. As you clearly show, the Irish peasant argues that inasmuch as he pays a portion of the doctor's salary (one fourth part only under the new regulations), he is quite entitled to demand his services without further remuneration, however small, and in the few cases where dispensary doctors have been weak enough to agree to a reduced scale of fees, I fear they will soon find such fees will be the highest obtainable.

It is a matter for congratulation that the necessity for meetings to discuss these matters with each other seems at last to have roused the Poor-law medical officers to the need for combination, and in a good many Unions they have so combined to demand an adequate minimum remuneration for extra services. I regard such local combinations as the first and most necessary step towards obtaining a reform of those grievances of which they most justly complain.

I have long been of opinion that only two remedies

exist for the use of dispensary medical relief. Either pay the dispensary medical officers adequate salaries, and give every person in their districts the right to their gratuitous services, or else adopt the English system of preparing lists of those persons in the union whom the guardians should agree to be fit persons for free medical relief.

I cannot see that such a system would entail any hardship upon the poor, because the medical officer, would only have a consultative voice in the selection, and I believe it would save much heartburning and sense of injustice.

As I am not a dispensary doctor, my opinion is quite disinterested.

I am, Sir, yours truly,

T. H. Moorhead, M.D.

INTERNATIONAL CONFERENCE ON SYPHILIS AND VENEREAL DISEASES AT BRUSSELS.

To the Editor of The Medical Press and Circular.

Sir,—I have just received a letter from Dr. Dubois-Havenith, secretary of the congress on venereal diseases to be held in Brussels from September 4th to 8th, asking me to write to the medical journals to enlist their sympathy in making the congress a success. The medical men who are at the head of this congress, viz., Professor De Smit, Dr. Janssens, and Dr. Bayet, are well known to many of your readers, and are a guarantee that the discussions are likely to be of service. Medical men, lawyers, and public functionaries are invited to take part in the congress, and I have but little doubt that many British medical practitioners will be anxious to give their opinion as to how syphilis might be prevented.

It is hoped that all shades of opinion may be expressed, and all difficulties candidly discussed, for it is lamentable that such an amount of preventible contagion should exist in civilised countries.

I am, Sir, yours truly,

Charles R. Drysdale, M.D.,
Consulting Phys. Metropolitan Hospital of London, formerly Physician to the Rescue Society's Hospital.

London, July 14th, 1899.

Literature.

DE MERIC'S ENGLISH-FRENCH MEDICAL DICTIONARY. (*a*)

The author of this new dictionary is to be congratulated on having filled a gap in medical literature, which has been felt for many years past on both sides of the Channel. There must necessarily be a large number of medical readers who require to have occasional recourse to a technical dictionary in a foreign language; yet, so far as our experience goes, no one previously has had the courage to tackle this difficult task, at any rate, in this form, for Maxwell's "Terminologie Medica Polyglotta," though very useful of its kind, cannot well take the place of a dictionary specially devoted to English-French medical terminology.

In criticising a work of this sort the reviewer is met with the difficulty that the scheme of the work may or may not meet with his approval. It may appear too brief or, as in this instance, unduly comprehensive. Perhaps the safer plan is to accept the author's scheme, and to criticise within the lines he has traced for his own guidance. In a dictionary proper we are only entitled to expect the corresponding equivalent in the other language of the selected terms, not an explanation of the meaning of the terms. Consequently, when we are given an explanatory phrase instead of an equivalent term as in the work before us we are to presume that no corresponding term exists in the French language. Fortunately, this is only needed in the case of terms little used and less understood, such as *catacrotism*, *catacleisis*, *celiopyosis*, &c, &c., but even here there are sometimes analogous French words—cataphoresis, for example.

No one is perhaps better qualified by virtue of parentage and natural associations to compile an English-French medical dictionary than Mr. de Meric, as one language is as much his mother tongue as the other. It is doubtless owing to that fact that we have been unable to detect orthological or orthographical errors in either language. If it can be said to be a fault, there is perhaps a little hyper-sensitive anxiety regarding diphthongs, and also in describing or translating operations introduced by French surgeons or *vice versa*; but, taken as a whole, the author has performed his task conscientiously and well. We have no fault to find with the accuracy of the renderings which, without being copious, are sufficiently comprehensive. The labour which this work entailed must have been enormous, and when Part II. (French-English) has been published, the author will have deserved the thanks of medical readers on both sides of the Channel for the trouble he has taken to minimise, in some measure, the hindrance to the dissemination of scientific ideas created by the divergence in language.

(*a*) "Dictionary of Medical Terms, Vol. I., English-French." By H. de Meric, M.R.C.S., Surgeon to the French Hospital, London, &c. London: Bailliere, Tindall, and Cox, 1899. P.p. 394. Price 5s.

ALLBUTT'S SYSTEM OF MEDICINE. (*a*)

This is certainly a most puzzling volume. It is devided into three parts:—1. Diseases of the Circulatory System continued from a previous volume. 2. Diseases of Muscles. 3. Diseases of the Nervous System, obviously incomplete and probably to be continued in the next instalment. Why one volume could not have been devoted to Diseases of the Heart and Lungs and another to Diseases of the Nervous System we do not know. A classification pretty much on these lines was adopted in the case of Reynold's System of Medicine, and was a success. Many people who are neurologists care very little about diseases of the circulatory system, and to have them all jumbled up in the same volume is not convenient. As originally planned, the System was to have been completed in five volumes and here we are, in the sixth volume, apparently almost as far off the end as ever. Whether it will be completed in one, two, or three more volumes we do not know. The editor is reticent and tells us nothing. But, although we complain, and we think not without reason, of editorial deficiencies, we have not a word to say against the individual articles, most of which are of a very high order of merit.

After an article by Dr. Newton Pitt on right-sided valvular diseases, based chiefly on the records of Guy's Hospital, we come to the subject of angina pectoris, which has been entrusted to Sir Richard Douglas Powell. It is a careful, scholarly, and painstaking article, but it is not very practical. He tells us nothing about treatment that we did not know before, and what little he does tell us is not quite up to date; in fact, the article might well have been written a couple of years ago. He seems to be very hazy as to the relative value of the vaso-motor dilators, and gives us no idea as to which to select in different stages of the complaint. He mentions erythrol tetranitrate incidentally, but says not a word about its explosive properties, or the dangers from its preparation or dispensing in a tabular form. More than one accident has attended its use, and even in a system of medicine something might well be said on the subject. Probably the author's best point is when he speaks of the Nauheim treatment as being so "boomed" into popularity for every conceivable form of heart disease and imaginary heart ailment as to discredit its use in appropriate cases.

The articles on Thrombosis and Embolism, by Prof. W. H. Welch, of Johns Hopkins University, are excellent, and were, perhaps, worth waiting for, although we do not think that the diagnosis between these two conditions is given very clearly.

Dr. F. W. Mott deals in a characteristally able manner with arterial degenerations and diseases. It is certainly

(*a*) "A System of Medicine." By many Writers. Edited by Thomas Clifford Allbutt, M.D., F.R.C.S., F.R.S. Vol. VI. London: Macmillan & Co. 1899.

a very good bit of work, and is one of the best in the volume.

The article on Aneurysm of the Aorta by Sir W. T. Gairdner is in the author's very best style, and is a credit to the Glasgow University. He speaks favourably of the Macewen method of introducing pins rendered aseptic into the sac so as just to touch the opposite wall, basing his opinion on an examination of his colleague's preparations. Professor Gairdner has evidently no high opinion of "Filipuncture," and we almost regret that he has not condemned so barbarous a method of treatment in more vigorous language. The modern surgeon who would treat an aortic aneurysm by the introduction into its sac of yards of wire or watch-spring would deserve severe condemnation, and would justly be accused of experimenting on his patient. A good account is given of the Tufnell treatment, or Bellingham and Tufnell treatment, as it is sometimes called, and the principles of the method are admirably stated. The claims of iodide of potassium to be regarded as something more than a palliative in cases of aneurysm receive full consideration, and credit is given to Dr. George Balfour for so persistently advocating the employment of large doses of this drug. A brief reference is made in a note to Professor Whitla's suggestion that chloride of calcium, from its marked influence on the coagulability of the blood, might be found useful in these cases. It would have been interesting to have learnt something of Sir William Gairdner's experience of the method of treating aneurysms in general, and of aneurysm of the aorta in particular by the subcutaneous injections of a gelatinous solution advocated by Lancereaux and Paulesco.

There is a brief account by Dr. Hale White of Myotonia Congenita, a malady, the chief feature of which is that upon the execution of any voluntary movement the muscles brought into play remain contracted for some seconds. It is sometimes known as Thomsen's disease, after a Danish physician who suffered from it and first described it. Dr. Hale White seems to have had one case under his care, and Dr. Herschell some time ago showed at the Medical Society two brothers suffering from this disorder.

Dr. Beevor contributes the article on Idiopathic Muscular Atrophy and Hypertrophy, accepting as synonyms the terms primary progressive myopathy and progressive muscular dystrophy. He does not accept in this connection the name pseudo-hypertrophic paralysis which Sir William Gowers employed in his well-known lecture on the subject published in 1879, but recognises three principal varieties or groups, which he describes under the headings of (1) Pseudo-hypertrophic paralysis. (2) The juvenile form of progressive muscular atrophy. (3) The facio-scapulo-humeral form, an arrangement which somewhat complicates matters. It is curious that an article of such value and originality should not have been illustrated, as children suffering from the affection lend themselves readily to photography, and the results are usually most characteristic.

The article on the General Pathology of the Nervous System by Dr. Bevan Lewis, is admirable, and will be found of the greatest possible value to readers who are unfamiliar with the most recent discoveries in the physiology of the nervous system. He explains very fully and clearly the modern conception of the neuron, axon, dendrons, and other matters which are essential to a clear understanding of the pathology of the nervous system. This article alone is a liberal education in the study of diseases of the nervous system.

The article by Dr. Turnay, on Trophoneurosis or neuropathic affections of bones and joints deals fully with osteopathies, arthropathies, and osteo-arthopathies, and is a useful contribution.

The editor touches lightly on Adiposus Dolorosa, a disorder characterised by irregular, sometimes symmetrical deposits of fatty masses in various portions of the body preceded by or attended with pain. It is simply a clinical curiosity or "freak," and hardly merits serious consideration.

Dr. Barlow is a well-known authority on Raynaud's disease or symmetrical gangrene, and his contribution will be read with interest. The credit of having first described this disease is usually assigned to Maurice Raynaud, whose original thesis and a subsequent paper were translated by Barlow and published in 1888 by the New Sydenham Society. Cases are by no means uncommon in this country, and one or two typical examples are usually to be found in most of our London hospitals. The article on Erythromelalgia has also been entrusted to the same author, and we are glad to find that he has taken the trouble to give the derivation of the word, an example which might have been followed with advantage by other contributors.

The subject of Tendon Reflexes has been dealt with by Dr. Sharkey, who has made the most of a very interesting and practical subject. The article on Diseases of the Spinal Nerves by Dr. Gibson and Dr. Fleming is accompanied by a useful table of the spinal segments with their nerves and muscles. In conclusion, we can only repeat that the individual articles are of a very high order of merit.

EASTBOURNE AS A HEALTH RESORT. (*a*)

THIS small work is well printed and got up, and cannot fail to interest and instruct anyone contemplating a visit to Eastbourne. Those who dread the easterly winds of Eastbourne must remember that these are not dry and harsh; but coming down the Channel are tempered by passing over the warm sea water.

The water-supply of Eastbourne appears now to be pure and wholesome, though hard, as waters from the chalk always are.

The author clearly explains the cause of the Eastbourne water being at one time under suspicion. He does not slide over the matter in a way likely to leave the reader in doubt and suspicion, but explains all in a way that is clear and reassuring.

Tables of temperature, &c., of course, are to be found in this as in all local works on climate. We often wonder which, after all, is the place that really does enjoy most sunshine on the South Coast.

Eastbourne, like Hastings, has a strongly marine air, and this most certainly is in its favour as a health resort in tuberculous disease of the lungs.

HOGG ON THE MICROSCOPE. (*b*)

THE value of this work, the first edition of which appeared in May, 1854, is sufficiently evidenced by the fact that the edition now under review is the fifteenth. The present work is divided into two parts and an appendix.

Part I. begins with an interesting account of the early history of the microscope. Chapter I. is devoted to the theories of light in their application to the subject in question; Chapter II. gives an up-to-date synopsis of the various types of microscope, not omitting the most modern developments of the instrument; in Chapter III. we find excellent accounts of those most essential microscopic accessories, such as achromatic objectives, condensers, finders, &c., together with an account of micro-photography, the polarisation of light, and the micro-spectroscope. Chapter IV. is devoted to an account of the practical execution involved in preparing, examining, and preserving all kinds of microscopic objects.

Part II. is divided into six chapters, and comprises an account of practically every possible kind of microscopic object that can attract the attention of the student, the medical practitioner, or the analyst. The portions dealing with the various parasites attacking members of both the animal and vegetable kingdom are remarkably comprehensive and lucid.

The work throughout is most lavishly illustrated both

(*a*) "Eastbourne as a Health Resort." By Charles Roberts, F.R.C.S., &c. Eastbourne, J. Pulsford. 1899.

(*b*) "The Microscope, its History, Construction, and Application." By Jabez Hogg, M.R.C.S., F.R.M.S. George Routledge and Sons, Limited, London and New York. 15th edition, re-written, revised and enlarged throughout, 704 pp., with upwards of 900 engraved and coloured illustrations.

with engraved drawings and with coloured plates, and apart from the intrinsic value of the information afforded, is written in so readable a manner that it presents a powerful attraction for every intelligent lover of nature.

A melancholy circumstance in connection with this last is the fact that its distinguished author, who was for many years on the staff of this journal, died suddenly within a few days after revising the proof sheets of the work for the press.

Medical News.

Royal College of Surgeons in Ireland.

THE following is a list of prize winners in the school of the Royal College of Surgeons of Ireland during the Summer Session, 1899 :—

Carmichael Scholarship.—Miss M. J. Shire, £15. Mayne Scholarship.—D. A. Fitzgerald, £15. Gold and Silver Medals in Operative Surgery.—C. R. Boyce, gold medal; C. Myles and J. F. Peart (equal), silver medal. Practical Histology.—E. Evatt, first prize (£3) and medal; A. Charles, second prize (£1) and certificate. Practical Chemistry.—E. C. Byrne and J. R. H. M'Manus (equal), first prize (£2) and medal. Public Health and Forensic Medicine.—J. P. Byrne, first prize (£3) and medal; E. Evatt, second prize (£1) and certificate. Materia Medica.—J. S. Ashe, first prize (£3) and medal; T. A. Dillon, second prize (£1) and certificate. Practical Pharmacy.—Miss J. C. Hargrave, first prize (£3) and medal; W. Ormsby, second prize (£1) and certificate. Biology,—J. R. B. Buchanan and Miss J. C. Hargrave (equal), first prize (£2) and medal.

The preliminary examination for the commencement of medical study will be held on Wednesday and Thursday, September 27th and 28th.

ON the list of Fellows and Licentiates of the Royal College of Surgeons in Ireland, just issued, are living at the present time 382 Fellows, 11 Honorary Fellows, 2,746 Licentiates, 84 Diplomates in Public Health, 7 Honorary Diplomates in Public Health, and 517 Licentiates over different parts of the world. Several hold commissions in the Medical Department of the Royal Navy, and in the Home and Indian Army. A considerable number enjoy a European reputation. Amongst those holding titular honours are one peer, four baronets, two K.C.B.'s, eleven knight bachelors, thirteen military C.B.'s, two C.M.G.'s, one K.C.V.C., eight D.S.O.'s, and two hold the Victoria Cross, awarded for "conspicuous bravery in the presence of the enemy," their names are, Major J. Crimmin, of the Indian Army; and Lieutenant Colonel W. Temple, of the Royal Army Medical Corps.

Oral Instruction for the Deaf.

THE annual meeting of this Association for the Oral Instruction of the Deaf was held on the 11th inst. under the presidency of Mr. Brudenell Carter, F.R.C.S. A public examination of the pupils was given, an illustration of the system given, and prizes distributed to the successful students. The Association has been doing a most useful work for the past thirty years under the direction of Mr. Van Praagh, but its efficiency has been much hindered by want of funds. It would appear that because deaf and dumb children are not ill, the public do not look on them as needing pecuniary support, hence a very deserving charity which carries on its work in an unobtrusive way is left to starve. An appeal is now earnestly made for assistance to the extent of £1,000, and we sincerely hope this sum may be obtained. The school is carried at 11, Fitzroy Square, London.

Society for Relief of Widows and Orphans of Medical Men.

THE Quarterly Court of the directors of this Society was held on Wednesday last, July 12th, the Treasurer, Dr. Potter, in the chair. Four new members were elected and the deaths of three reported (one an honorary member). There were no fresh applications for grants, and it was resolved that a sum of £1,201 10s. be distributed, as recommended at the last courts to the forty-nine widows, ten orphans, and the six recipients from the Copeland Fund. The expenses of the quarter were £49 8s.

West London Medico-Chirurgical Society.

THE following officers and members of Council of this Society for 1899-1900 were elected on Friday last July 14th:—President: *Dr. J. Barry Ball. Vice-Presidents: Mr. C. M. Tuke, Mr. L. A. Bidwell, *Dr. Seymour Taylor, *Mr. Neville Wood. Council: Dr. Andrew Elliot, Dr. F. H. Low, Dr. J. Harper, Mr. C. Andrews, Dr. F. J. McCann, Mr. F. R. Mallard, Mr. F. Savery, *Dr. L. Dobson, *Mr. E. Bartlett, *Dr. D. R. Pearson, *Mr. H. W. Chambers, *Mr. G. E. Twynam. Treasurer: Mr. T. Gunton Alderton. Secretaries: Dr. G. D. Robinson, *Dr. G. P. Shuter. Librarian: M. C. B. Keetley. Editor of Journal: Mr. H. Percy Dunn. Editorial Secretary of Journal: Mr. McAdam Eccles. *Did not hold similar office last year.

The Surgical Aid Society.

THIS unobtrusive but very useful society continues to extend its sphere of usefulness, and has once again enlarged its premises in Salisbury Square. The opening of the enlarged premises was last week the occasion of a little fête which was presided over by Lord Aberdeen.

Death Under Chloroform.

THE death of a young collier under chloroform, while undergoing an operation for appendicitis, is reported from Cardiff Infirmary. Death seems to have been due in great measure to the man's condition, which was exceedingly grave.

Relics of the Late Mr. Ernest Hart.

THE late Mr. Ernest Hart was a born collector, and among other things he went in for the now fashionable "picture posters." His collection is announced for sale this week. *Avis aux amateurs!*

The Plague at Alexandria.

THE Sanitary Officials are still on the alert at Alexandria. Up to the end of last week the total number of cases amounted to 69, with 28 deaths. There were, however, only three new cases during the preceding week.

Manila Medical Statistics.

ACCORDING to the official report just published regarding the medical condition of the army in Manila there are no less than 1,388 soldiers down with malaria, dysentery, typhoid, and wounds. The total number of wounded up to date is put at 1,586, exclusive of 292 dead. The total number of men in hospital is 1,889. Our cousins will have learned ere this that colonial wars are not all beer and skittles, and they will learn to appreciate the importance of an efficient army medical department.

The Paris International Medical Congress, 1900.

A MEETING of the National Committee for Great Britain and Ireland, which has been formed to further the interests of this Congress, was held at the rooms of the Medical Society, 11, Chandos Street, Cavendish Square, W., on Tuesday, July 4th, 1899, Sir William MacCormac, Bart., K.C.V.O., President of the Royal College of Surgeons of England in the chair. The rules, regulations and preliminary agenda of the Thirteenth International Congress were presented, and were ordered to be distributed among those likely to be interested in the meeting. It was decided, after some discussion, that Messrs. Thomas Cook and Co., tourist agents, be asked to arrange for the conveyance of intending members of the Congress, and, failing any satisfactory arrangements by the local committee in Paris that the same firm be invited to find accommodation. The honorary secretaries (Dr. A. E. Garrod, 9, Chandos Street, Cavendish Square, W., and Mr. D'Arcy Power, 10a, Chandos Street, Cavendish Square, W.) were authorised to receive the fee (£1) for membership, and they were directed to inform those members who wished to make a communication to the Congress that papers should be sent straight to the sectional secretaries in Paris.

Notices to Correspondents, Short Letters, &c.

☛ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

ACCEPTED PAPERS.

To the list publishe l in our last issue should be added the following:—

CHRONIC FOLLICULAR PHARYNGITIS. By Robert H. Woods, M.B., F R.S.

THE OUTDOOR TREATMENT OF CONSUMPTION IN LARGE CITIES. By David Somerville, B.A., M.D.

AGGRIEVED.—If you will supply us with data on which we can found an opinion we shall be pleased to give it. The purchase of a practice is at all times a hazardous business, and where possible should not be determined until a qualified accountant has checked the books and figures. The calculations of interested agents should never be relied on.

THE OFFICIAL SCHOOLMASTER ABROAD.—A Government officer in Burmah recently wired the Chief Vaccination Officer at Rangoon as follows:—"Please send sharp a *cask* of 'vaccine lymph.'"

A MISCONCEPTION.

"I CAN'T conceive," she archly cried,
"Wherein you men can longer pride
Yourselves from female rivals free,
For surely we have grown to be
Your peers in every human stride.

"That is a truth that none may tride;
So why you men will not decide
To recognise the new degree,
I can't conceive.

"Now *entre nous* won't you confide
And tell me true, all jokes aside,
What difference the world can see
Between your manly self and me?"

"To tell you truly," he replied,
"*I* can't conceive."

New York Medical Journal.

HYPNOTIST.—The communication should be sent to the Chief Commissioner of Police, New Scotland Yard, S.W.

ANASARCA (Birmingham).—The subject was fully discussed in our pages at the time, and no good purpose would be served by reopening it just at present.

M.D., M.R.C.P.—Our correspondent has failed to enclose his card.

WHAT THE HUMAN BODY WILL YIELD.

A FRENCH statistician has calculated that the average human body contains enough fat to produce thirteen pounds of candles; enough carbon to make sixty-five gross of "lead" pencils, and sufficient phosphorus to tip 820,000 matches. Perhaps he will complete his observations by calculating how many bone-handled knives one body would furnish, how many watch-springs could be made from the iron in the blood, and how much mortar could be made from the lime contained in the tissues. When he has done this we will suggest sundry other as yet unsolved problems.

Appointments.

BARROW, GEORGE A., M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer to the Manchester Hospital for Consumption.

BOYD, Dr. F. D., Assistant Physician to the Edinburgh Royal Infirmary, *vice* Prof. Leith resigned.

BLOOD, J. F., M.D., Surgeon-Major, I.M.S. (retired), Surgeon to the Birkenhead Borough Hospital.

CAYLEY, F. P., L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer for the Workhouse of the Parish of St. Pancras, London.

DRAKE, E.C., L.S.A., Medical Officer to the Tudhoe Sanitary District of the Durham Union.

DU BUISSON, E. W., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Dewchurch Sanitary District of the Hereford Union.

GARMAN, F. W., Assistant House Surgeon to the Dental Department at Guy's Hospital.

HALL, ARTHUR J., B.A., M.B.Cantab., M.R.C.P., Professor of Pathology in University College, Sheffield.

HARRISON, H. F. E., L.R.C.P.Lond., M.R.C.S., Medical Officer for the No. 3 Sanitary District of the Fulham Union.

HAYDON, HILLYARD, WILLIAM, L.R.C.P.Lond., L.S.A., M.R.C.S., Medical Officer of Health for the Wadebridge Urban District.

HORNE, W. JOBSON, M.B., B.C.Camb., Surgeon to the Metropolitan Ear, Nose, and Throat Hospital, Fitzroy Square, London.

LAKE, RICHARD, F.R.C.S.Eng., Surgeon to the Metropolitan Ear, Nose, and Throat Hospital, Fitzroy Square, London.

LANSDOWN, C. E., M.R.C.S., L.R.C.P.Lond., Surgeon to the Hospital for Sick Children, Cheltenham.

LAWRENCE, H. GWYNNE, L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for Chepstow.

LAWSON, THOMAS CORNELIUS, M.R.C.S., L.S.A., Medical Officer for the Coleford District of the Frome Union.

LEAF, CECIL H., M.A., M.B Cantab., F.R.C.S.Eng., Assistant Surgeon to the Cancer Hospital, Fulham Road, Brompton.

MORISON, F. H., M.D..Edin., D.P.H.Irel., Medical Officer for West Hartlepool.

OLVER, S. H., L.D.S.Eng., House Surgeon to the Dental Department at Guy's Hospital.

RECORDON, R. B., Assistant House Surgeon to the Dental Department at Guy's Hospital.

REID, J., M.D., C.M.Glasg., Medical Officer for the No. 1 Sanitary District of the Fulham Union, London.

Vacancies.

Borough Asylum, Portsmouth.—Junior Assistant Medical Officer. Salary commencing at £120 per annum, with board, lodging, and washing.

Bradford Poor-law Union.—Resident Assistant Medical Officer for the Hospitals and Workhouse of the Union. Salary £100, with rations, &c. Apply to the Clerk to the Guardians, Bradford.

County Down Infirmary. Registrar, Assistant-Surgeon, and Apothecary. Salary £63, with board, lodging, washing, &c. Applications to Dr. Tate (See advert.).

Durham County Hospital, Durham.—House Surgeon for one year. Salary £100 per annum, and board and lodging.

Galway Hospital.—House Surgeon. Honorarium £30, with apartments. board, washing, and attendance. (See advert.).

Govan District Asylum, Crookston, near Paisley, N.B.—Junior Assistant Medical Officer. Salary £100 a year, with furnished rooms, board, washing, and attendance.

Hertford Union.—District Medical Officer for Second and Third Districts. Salary for the combined districts £79 16s., exclusive of usual extras. Immediate applications on forms supplied by the Clerk to the Board. (See advert.).

Lunatic Hospital, The Coppice, Nottingham.—Assistant Medical Officer, unmarried. Salary £150 a year, with apartments, board, attendance, and washing.

Metropolitan Asylums Board.—Assistant Medical Officer at the New Grove Hospital, Tooting, S.W., unmarried. Salary commencing at £160 per annum, with board, lodging, attendance, and washing. Applications to the Clerk to the Board, Norfolk Street, Strand, London.

Ramsgate and St. Lawrence Royal Dispensary, and Seamen's Infirmary. Resident Medical Officer, unmarried. Salary £100 per annum, with furnished apartments, board, and attendance.

Roxburgh District Asylum, Melrose.—Assistant Medical Officer. Salary £100 per annum, with furnished apartments, board, washing, and attendance.

Somerset and Bath Lunatic Asylum, Wells, Somerset.—Junior Assistant Medical Officer, unmarried. Salary commencing at £120, with board, washing, &c.

Staffordshire County Asylum, Stafford. Junior Assistant Medical Officer, unmarried. Salary commencing at £120 per annum, with furnished apartments, board, &c.

Surrey County Asylum, Brookwood, near Woking.—Temporary Assistant Medical Officer for about four months. Salary at the rate of three guineas per week with apartments and all found. Apply to the Medical Superintendent.

Swinford Union.—Medical Officer, for a month, for the Lowpark Dispensary District. Applicants to state remuneration expected. (See advert.).

West Sussex County Asylum, Chichester.—Junior Assistant Medical Officer, unmarried. Salary commencing at £100 per annum, with furnished apartments, board, attendance, and washing.

Births.

BAKER.—On July 12th, at 5, Bedford Square, London, the wife of John H. Baker, M.D., of a daughter.

ELGOOD.—On July 14th, at Windsor, the wife of Charles Elgood, M.D., B.Ch.Lond., of a daughter.

HOUSEMAN.—On July 14th, at Houghton-le-Spring, Durham, the wife of J. G. Houseman. M.D., of twins.

Marriages.

COLCLOUGH—JAMES.—At Broadhembury Church, near Honiton, W. Frank Colclough, B.A., M.B., B.C.Cantab, &c., Medical Officer to the British Hospital, Oporto, Portugal, to Florence Irene, fourth daughter of the late W. Rhodes James, of Pinhoe, near Exeter.

FAWCETT—BAXTER.—On July 15th, at St. Paul's Church, Hampstead, John Fawcett, M.D., M.R.C.P., Assistant Physician to Guy's Hospital, to May Fleming, younger daughter of H. Fleming Baxter, of Hampstead.

WALLIS—MILNES.—On July 11th, at St. Martin's Church, Werrington, Albert William Wallis, M.R.C.S., of Brentwood, Essex, to Ada Fannie, eldest daughter of the late William Stert Milnes, of Yeolmbridge, near Launceston, Cornwall.

Deaths.

ADAMS.—On July 14th, at the Lawn, Martock, Somerset, Annabella, wife of I. Dixon Adams, M.D.

BAILEY.—On July 8th, at his residence, Bromley, Kent, George Hewlett Bailey, M.R.C.S., &c., late of 43 Queen Anne Street, W., London, aged 71 years.

NEWHAM.—On July 12th, James Newham, M.R.C.S., of 80 Gloucester Place, Portman Square, London, and Doddington, Cambs., aged 74.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, JULY 26, 1899. No. 4.

A Clinical Lecture
ON
DISEASES AFFECTING THE NAILS.

DELIVERED AT THE LONDON HOSPITAL.

By JONATHAN HUTCHINSON, F.R.C.S., F.R.S.,

Consulting Surgeon to the London Hospital, and to the Royal London Ophthalmic Hospital; Senior Surgeon to the Hospital for Skin Diseases, Blackfriars.

GENTLEMEN,—I have chosen to approach this subject from the point of view taken in my title rather than from that of the nail disease as the starting point, as tending to clearer views of this perplexing subject, and because I believe that a large proportion of such diseases are merely extensions to the nails of processes beginning in other parts of the system and regions of the skin. And the first rule which I wish to lay down is that the character of nail-lesions will depend not only upon the original disease of which they are an extension, but also upon the thickness and strength of the nail itself. The thicker the nail the more distinct usually are the lesions.

I wish first of all to call your attention to certain marks and grooves upon the nails which mark the date of some severe attack of illness, because here the problem is of the simplest and the causation unquestioned. These vary, as you will see by these portraits from transverse, white lines curving across the substance of the nail, to deep grooves and even hæmorrhagic stripes, due to the effusion of blood into the nail-substance. Here is a water-colour drawing of the hand of a young man who had a number of similar attacks, causing the development of broad transverse grooves across all his nails, most clearly seen on that of the thumb, and which invariably followed curious "bilious" attacks, which came on with headache, loss of appetite, bad tongue, and all the symptoms of hepatic catarrh except actual jaundice. These produced a curious form of muscular stiffness in his limbs, almost amounting to paraplegia in certain groups of muscles. This would last for a week or more, and each one be followed by these broad marks across the nails. This is one of the first cases in which I had observed the occurrence of actual deformation of the nail substances from such a cause, and illustrates admirably the profound disturbance of nutrition produced in that portion of the nail-root which is growing most actively at the time of the attack of illness.

Here is another drawing which illustrates the formation of white lines across the nails as a result of illness, in this case most marked upon the little finger. These are by no means uncommon, especially after febrile or gouty attacks, but appear to bear no relation to the severity of the illness. In both these conditions the occurrence of the lesion appears to depend largely upon the structure of the nail, as in most cases it is only upon thick, strong nails that they appear at all, thin, brittle nails seeming to be largely exempt.

This drawing shows a very striking case of pigmental lines across all the nails, due to hæmorrhage into the nail substance consequent upon successive paraplegic or extension of paralysis attacks in a paralytic woman. These originally developed at the root or growing portion of the nail in or near the lunula, travel down the nail as this cross-level "grows out" to the free edge, which they ultimately reach, and are shed. This may be easily seen in injuries or trappings of the base of the nail severe enough to produce hæmorrhage, the resulting mark steadily travelling along the nail till it "grows out." Any severe disturbance of the circulation may cause these discolorations. Then there are certain forms of disturbance which result in the formation of longitudinal markings or ridges down the middle of the nails, though as to the nature and causation of these we are quite in the dark. A red central elevation begins at the edge of the lunula and travels down the nail so that an elevated central ridge results, then the nail becomes thin and brittle at its edge and borders and begins to crack and scale off, and ultimately is entirely destroyed. The disease persists for years and is quite uncontrollable, and while it causes no pain, is most annoying on account of the hard unsightly red tips left upon the fingers after the destruction of the nails. I have here several drawings illustrating this annoying condition, two of them showing a curious variation in which the longitudinal ridge takes a wedge or fan-shape with the apex forward, and which I have ventured to term on this account "pterygium" of the nail. Both of these occurred in young people, who also suffered from lupus and eczema, but the disease ran its usual course, and destroyed the nails almost completely.

The two great groups of skin diseases which we term psoriasis and eczema have each their characteristic mode of affecting the nails. These may be roughly distinguished by saying that psoriasis usually attacks the free border and nail-bed and under surface of the nail and spares the upper surface, while eczema generally attacks the root and folds of the nail and roughens and pits the upper surface.

In these drawings you see there is inflammation of the nail bed extending under from the free or distal margin, loosening the nail at its tip and often accompanied by an accumulation of epidermal scales beneath the nail so that a pin or fine probe can be pushed up easily under the nail half or threequarters of an inch. The top of the nail remains smooth, and its substance is little affected.

Although not an uncommon symptom in the course of general psoriasis, this form of nail disturbance may be the only symptom of the disease, and its nature is then proved by its yielding promptly to arsenic. I have frequently seen this condition, the only symptom in a patient, other members of whose family had well-marked psoriasis of other parts of the skin. Only recently a girl was brought to me with this as the only lesion, and upon inquiring as to her father's condition, he pulled up his sleeve and showed me well-marked scaly patches on both elbows.

In eczema, on the other hand, the disease begins at the root or folds of the nail and affects its substance and surface much more severely. Longitudinal thickenings and furrows are often produced, the nail is opaque and dirty-looking, and its surface rough, often stippled all over as with a series of shallow pin-pricks. It is a much more serious and

disfiguring disease than psoriasis of the nail, but the two conditions not infrequently co-exist, especially in those cases in which both eczema and psoriasis are present upon the body, the so-called "mixed" cases of skin-disease. Here is a drawing of the nails of a young lady who presented this "mixed" condition. As you see, the nails are rough, thickened, opaque and marked by longitudinal furrows. In this disease it is again most important to estimate the original condition of the nail, as it is a most influential factor in determining the character of the changes. The thick nail suffers more severely than the thin.

There is a form of senile psoriasis of the nails, fortunately quite rare, which is extremely severe. Spreading from the nail-bed, it causes ulceration of the finger-tips and even leads to gangrene. It also affects the toes, and in two cases the degree of soreness produced was so great that patients were quite unable to walk. Indeed so violent is it, that we could hardly believe it to be psoriasis, were it not for the characteristic scaly patches upon the body and limbs which usually precede it.

In clubbed fingers the nails are greatly enlarged, both in length and breadth, while in acromegaly the fingers are enlarged, but the nails are unaffected. This may be used as a diagnostic point in discriminating between the two conditions.

Of syphilis of the nails the chief thing to be said is that it presents an infinite variety of forms. There is no disturbance of them which it will not imitate. It often produces thick, fibrous ribbed nails; again, it imitates psoriasis and, in other cases, superficial erosions, like the pitting of eczema develop. They seldom permanently injure the nail substance or deform the nail, and they yield, though slowly, to mercury.

There is a pustular disease, of unknown origin, which attacks the nails of children. Red spots appear in the nail substance, form minute abscesses, and break through the surface of the nail. These pustules appear in crops, and are quite liable to recur several times. Ringworm affects the nails at times in a very similar manner, painful spots appear in the nails, and then pustules form which break through the surface. As a rule, only one nail is affected at a time, and the diseases spreads slowly and obstinately from one nail to another. This, when it does occur, is so constantly associated with characteristic ringworm of the scalp or body, that I feel quite sure as to its nature, although I have always found the greatest difficulty in discovering or demonstrating the fungus in the nail substance itself. But this in my experience, is true of all parasitic diseases of the nails.

Another rare, but most destructive disease of the nails is congenital pemphigus. This leads to the complete exfoliation of the nail and a most unsightly deformity of the finger-tips, and may be recognised by the presence of the characteristic bullæ upon the digits, forearms and legs; these seldom or never extend above the elbow or the knee. I show here drawings of the hands of a mother and son, which could scarcely be distinguished from each other, and the disease often runs in families, in this particular group, the mother and three sons were all attacked. The disease is chronic, extremely obstinate, and treatment is of no appreciable effect.

Mr. MAGUTH, the ex clergyman, now medical botanist, who stands charged with manslaughter, in that he treated for simple sore throat a child who proved to be suffering from diphtheria, and subsequently died therefrom, has been duly committed for trial, bail being allowed.

A COUNTRY HERBALIST'S CURE FOR THE "KINGS EVIL." (a)

By JOHN KNOTT, M.A., M.D., and Dip. Stat. Med (Univ. Dub.); M.R.C.P.I., M.R.I.A.; &c., &c.

[(*Continued from page 57.*)

I HAVE now, I think, placed sufficient evidence before my readers to show the high reputation which the herbs in question possessed during many centuries in the treatment, not only of the dreaded King's Evil, but of many of the other physical ills to which human flesh is heir. I will now digress for a time for the purpose of displaying the reputation of other remedies—many of which are now totally forgotten or absolutely neglected—in the treatment of the special malady which has so much troubled the therapeutists of all the ages. In the "New London Dispensatory," compiled by William Salmon, the author of the *Herbal*, from which I have already quoted so largely, we find the following—

"Artanitæ, Cyclaminis, of sow-bread, hot and dry in 3°. A plaister made thereof with hog's lard and Sulphur, helps the Atheromata, Scrophula, and Kings Evil. . . ."

"Asari of Asarabacca. Hot and dry in 3°. The root is hotter, but a safer purge than the leaves. . . . . It dissolves Wens and hard swellings, and is eminent against the Kings Evil, long tedious Quartan Agues, Green Sickness, and Asthma. . . . ."

"Bardanæ majoris, Lappæ maj. Of the great Burdock, Temperate. . . . . In the Gout and Kings-Evil it is a specifick."

"Chelidonii minoris, Scrophulariæ, of Pilewort, it is temperate. . . Outwardly in a balsam, it Cures the Piles in the Fundament, Wens, Kings Evil, Sores and other creeping Ulcers. . . ."

"Jalapæ, Mechocannæ nigræ, of Jalap. Temperate and dry in 1°. It pumpeth strongly all bad humours, chiefly those that are watery, with great safety. . . . I have oftentimes found it a good specifick in Struma or the Kings Evil. . . ."

"Mecoacannæ albæ, of Mechoacan, or Rhubarb of Peru. . . . Temperate and dry in 1°. . . . It is good in the Rickets, Scurvy, Kings evil, Catarrh's, Dropsies, Jaundice, Gout, and French Pox. . . ."

"Spatulæ fœtidæ, of stinking Gladdon, hot and dry in 3°. . . . . taken in the morning fasting in Rhenish Wine, it prevails against the Cachexia, Dropsy, Kings Evil. . . ."

"Bardana minor, Lappa minor, Ελενθιον, the lesser Burdock; hot and dry in 1°. . . . Outwardly it is of excellent use in the Kings Evil. . . ."

"Capparis, Κάππαρις, Capers; hot in 1°., and dry in 2°. . . . . An extract of the Bark of the Roots. . . . very prevalent against Quartan Agues, hard Spleens, Kings Evil, Palsies, Convulsions, Cramps. . . ."

"Cotyledon, Umbilicus veneris, Acetabulum, Κοτυλεδών, Navil-wort, or pennywort; cold and moist in 1°. . . . The Essence prevails against the Sciatica and Kings-Evil."

"Cyclamen, Cyclaminus, Artanita, Sow-bread; hot and dry in 3°. The Juyce of the Leaves (or rather their Essence) . . . or in a Balsam, wasts knots, hard tumors, and swellings of the Kings Evil."

"Digitalis, Alisma, Θραλλις, Fox-glove, hot and dry in 2°. . . . is an extraordinary good wound-herb, prevalent against the Kings Evil. . . ."

"Ebulus, Chamæcte, Χαμαιακτη, Dane-wort, or Dwarf-Elder, hot and dry in 3°. . . . The Essence . . . kills Worms, helps dry Coughs, Quinsies, Asthma's, King's Evil and French Pox. . . ."

"Eryngium trifolium, Trefoil Thistle; . . . opens obstructions of the Liver and Spleen, helps the Jaundice, Dropsie, Sciatica, French Disease, and Kings Evil."

"Ficaria, Scrophularia major, Figwort . . . hot and dry in 3°. . . . a good specifick in the Kings Evil."

(a) An abstract of this paper was read in the Medical Section of the Royal Academy of Medicine in Ireland on Nov. 18th, 1898.

"Fumaria vulbosa, Bulbous, or Onion-Fumitory; hot in 2°., dry in 3°. . . . It is . . . of singular force against the Kings Evil."

"Genista, Spartum Σπάρτου, Broom, hot and dry in 2°. It opens, attenuates, is abstersive, diuretick, hepatick, splenetick and nephritick . . . a great Traumatick and Vulnerary, and a Specifick in the Kings-evil."

"Hordeum, Distichon, Polystichon, Κριθὴ, Barly; cold and dry in 1°. . . . with Tar, Wax, Oyl, and Boys urine, it is effectual against the Kings Evil."

"Paronychia, Reduvia, παρονυχία, Whitlock-grass, hot and dry in 3°. . . . experence has confirm'd it to be a great specifick in curing of the Kings Evil."

"Primulæ Veris, Of the Primrose. The Flowers boyled in Vinegar and applyed, are good against the swellings of the Throat, Uvula, and Kings Evil, especially as a Gargarism."

"Rhamni, Spinæ Cervinæ fructus, Buckthorn Berries, hot and dry in 2°. . . . they are of great force against Cachexia, Dropsies, Jaundice, Gout, and Kings Evil."

The products of the Animal Kingdom were also laid under contribution, although not so extensively. We are, for instance, told that: "Talpa, The whole Mole, the Ashes of it helps. . . ." "Coluber . . The Adder . . the Ashes are good. . . ." "Hoglice . . are most admirable things, being given 100 days together or more, for the curing of all sorts of Cancers and Scirrhous Tumors in what part of the Body soever, the King's Evil, old sordid and rebellious Ulcers, Convulsions, the Rickets in Children, and dimness of sight, yea blindness itself. I have also seen a very good effect of them being used for many days in the Cure of the French-Pox, for they resolve, cleanse and purifie to a Wonder."

Of the number of mineral preparation recommended in the same volume for the cure of the King's Evil, I will mention but a few of those to which specially wonderful virtues were attributed.

"Manna Mercurii. Golden Panchymagogon. . . . This is a great specifick and Secret against the French Pox, Gonorrhœa, and all manner of Venereal evils, it eases pains in all parts. . . . and is made of wonderful Virtue for curing of the Kings Evil. . . ."

"Tinctura florum Reguli Antimonii. . . . It is a Medicine of that universal purport that few can parallel it; for it rectifies most Distempers of the Stomach, frees the body from Excrements, it takes away Flegm, comforts the Spi its, restores and augments the natural heat, is an admirable thing against the Scurvy, Cachexy, and the Green-sickness in Virgins: It takes away Scabs, Itch, Scurff, and Morphew, cleanses the whole Mass of blood of all putrefaction, and cures the Kings-Evil, Leprosy, and French Pox."

"Oleum Arsenici Anodynum. . . . It is an excellent thing against all poysoned Wound, Ulcers, and Cankers, Pocky boyls, sores, and breakings out, Kings-Evil sores, bitings of Mad-Dogs, Fistulas in the Fundament and elsewhere."

And there are many others recommended with various degrees of confidence.

In the great encyclopædic treasury of pathology and therapeutics compiled by Theophilus Bonetus, "Medicina Septentrionalis Collatitia" (Genevæ, 1684), we find the then current pathological notions of the Kings-Evil, as well as all recorded methods of cure. I will give some extracts from the English Translation, London, 1684:—

"Because there is a great likeness between the Kings-Evil and hardned glands (for they are alike both in place and matter), therefore we must do our endeavour to distinguish the one from the other. They differ first, because the matter of the Glands is more subtil and thin, of the Kings-Evil more gross and viscid, and more contumacious, and hence it is, that whenever a thin and subtil matter is incrassated, of Glands they become the Kings-Evil. Which is Galen's meaning, 1 *de loc. aff.* 3, when he sayes, that Glands sometimes turn into the Kings-Evil. Secondly, because indurated Glands are more separable from the adjoyning Flesh, so that by the touch you may easily know it from the Glands: But the King's Evil is so propagated into the adjoyning Flesh, that it is a very hard thing to distinguish it. 3, Because the Kings-Evil has a Coat, but the Glands are alwayes without one. Rogerius the Surgeon advises to take Ivy Leaves, and Citron, and pound them together, and lay them to the Swelling: and if the Swelling fall in 3 dayes' time, he says it is a sign they are Glands, and not the Kings-Evil; but if they grow worse with the application, so as to be red and ake, it is a sign they are not Glands but the Kings-Evil. . . ."

With regard to treatment we are told (under the same heading) how Mercurialis informs his readers that: "as soon as I observe Swellings arise in the Necks of Children, I find no more present remedy than to exulcerate the skin of the head, for this is the most proper diversion and evacuation. But we must have a care not to draw Blisters in Children's Heads with Cantharides. . . . But it is better to do it with Mustard, Nettles, Honysuckle; yet with great moderation and prudence. . . .

"Galen ad Glauconem . . . tells him that he gave astringent Medicines for the Kings-Evil. . . . In Rhases *lib. de Apostem* it is found that Plantain is very good in the Cure of the Kings-Evil.

"Rondeletius affirms that he has cured several of the King's-Evil beginning, by laying Cypress nuts upon the part." In this mode of treatment he confesses that he was merely carrying out the precept of his master Dioscorides.

. . . . . .

Felix Platerus is the authority for the following:—"As we find that Narcoticks outwardly applied have a great dissolving faculty, so also, if applied in the Kings-Evil, they will do much: As leaves of Mandrake, Henbane, Poppy, bruised, or roasted a little under Coals or boiled or used any other way by themselves. Also Mandrake root, or powder added thereto, &c. The rubbing also of the Scroffles till they grow red, does also conduce something to the discussion of them; And if it be used before the application of Topicks, it better disposes them to receive their virtue.

"By a potential Cautery, which making an eschar in the Skin without pain opens the Scroffles, I have often got them out; or I have laid them bare, that they might be better suppurated by applying Medicines. But it is dangerous to attempt this by actual Cauteries, seeing an Inflammation might easily follow. Yet in any ignoble place they might very well be opened in this manner."

The following remarkably successful form of anti-scrofulous treatment has been transmitted to posterity by Scultetus, of "Armamentarium" celebrity:—"A certain woman had the scroffles all over her Neck, and she was cured in a Months time. A powder of equal parts of Sugar, Ginger, and Turpeth was given her, which purges Phlegm particularly from the remote parts. After ceratum oxæleum was applied, they were softened with oyl of Lizards. Take green Lizards as many as you will, boyl them in common oyl till they be burnt, and the oyl turn black: let the colature be put in a Glass and set in the Sun till the dreggs subside, the oyl grow clear, and it be of a brown colour. Then I gave every Morning for 30 dayes of the Electuary, which H. Saxonia and J. Prævotius reckoned as a most sure secret; take some common or green Lizards, cut off their Heads and tails and take out the Guts, infuse them in strong white Wine Vinegar 40 dayes by themselves; then dry them and steep them in other Vinegar, and dry them again either in the shade or Sun, and reduce them to powder: which, being done, with one ounce of the powder mix 4 ounces of Honey The Dose for Children is 2 drachms, for grown Persons. half an ounce, six drachms, or an ounce at most for 30 or 40 dayes."

The practice of Galen and of Severinus shows that the modern surgical method of wholesale extirpation of scrofulous glands is not so recent a mode of dealing with them as some latter-day operators would seem to have persuaded themselves. "We forbear not to cut out Scroffles, though they be crude and hard Tumours, but then they must be moveable, and not fastened to the flesh, and we may

draw them out with our Fingers, as we do steatomata and such things, having cut them from the skin and severed them round, with a knife broad and sharp-pointed and crooked backwards, according to Galen 14 *m. m., cap.* 11. I have tried this Chirurgical way of Cure with success in hundreds."

Bonetus closes his article on the subject with the following interesting list of

"MEDICINES ESPECIALLY MADE USE OF BY EMINENT PHYSICIANS.

"1. Drink every day out of a man's skull, and the King's Evil will then vanish. The Mushrome that grows on a Birch-tree, put in Wine and drunk, has a singular Virtue in gradually curing and wasting the Kings-Evil." (Agricola.)

"2. It has been observed that Scroffles and other Tumors fall, if the Part affected be rubbed with a dead man's hand, for so the swellings gradually vanish as the dead Body rots by degrees. (Bartholinus.)

"3. Root of Vervain hung about the Neck of one that has the Kings Evil gives wonderful and unexpected relief. They say Silver-Knapweed is marvellous good; also red Poppy steeped in Wine, and bruised, and the Mucilage applied to the Swelling, is a Medicine that does good by tempering, and has those Virtues which we require in Medicine for the Kings-Evil, over drying things being excluded. (Baricellus.)

"4. Three Toads boyled in Oyl Olive in a glazed Earthern Vessel, make an excellent Oyl, for the Kings-Evil; but the fumes of them, while the Oyl is in making are dangerous. Therefore, keep that vessel close, and have a care. First they apply Arsenick to the Scroffles, and blister them, then corrode the Part with sublimate, and use the said Oyl, which will be yet better, if you infuse the salt of Toads in it. (Borellus.)

"5. This Potion has been often tried, which not only takes away the Kings-Evil, but all Mucosities of the Throat; take of Broom-flower Water 3 ounces, drink it warm with Sugar in the Morning. The Powder of Brown-flowers does the same mixt with Honey of Roses. (Sebast. Cortilio.)

"6 The lesser Celandine has 4 or 5 grains like Wheat growing to its root, which are used to draw out the Scroffles with great success.

"7. Their cure depends upon the Meazles of Hogs, which may be calcined and sprinkled on them, and Oyntments may be made of them, which are very good for the Cure of these Swellings and these Unguents may be fortified with distilled Oyl of Hogs-Lard, or distilled Oyl of Hogs-Meazles, which is a specifick against the Kings-Evil. (Joh. Pet. Faber.)

"8. If the Kings-Evil must be taken away by caustics, there is no better Medicine to take them away, than sublimated Arsenick; but you must have a care, that the Parts near the Swellings do not Putrefie or Inflame (Guil. Fabricius.)

"9. An excellent Electuary to take away the Kings-Evil is thus made: Take of the Bones of a Hen, the flesh whereof has been boyled off, dry them, and powder them. Take of this Powder and Seed of Sesamum each alike, as much as you will, with Honey make an Electuary. Take a drachm at a time Morning and Evening all the decrease of the Moon till the new, and then repeat it the following decrease of the Moon. (Rod. à Fonseca.)

"10. The use of the Powder of Sponge will cause it to decrease, if you drink as much as you can take upon a knife's point, in Cinnamon-water. The sponge must not be burnt, for then its Seminal Virtue is destroyed. (Grembs.)

"11. This is admirable for the Kings-Evil, Throat rupture, Parotides, and all hardness. Take the leaves of Cypress, neither the tenderest nor the hardest, reduce them to powder, Sprinkle them with strong Wine, and turn them, till the Body of them turn to dreggs. Lay it upon the Scroffles or Rupture and the third day take the Medicine, you will find the Place contracted, which must be squeezed out with the Fingers. Let this Medicine be repeated, and on the Seventh or Ninth day at farthest, the Kings-Evil will be gone to a Miracle. (Hollerius.)

"12. Take of Root of Fern, Spleenwort, Dwarf-elder each 3 ounces, cut them and boyl them in the best Wine, then pour away the Wine, bruise the Roots, and add of live Sulphur 1 ounce, ashes of Cockle-shells, 2 drachms. With equal parts of Honey and Vinegar reduce them into the Form of a Cataplasm, lay it upon the Scroffles, it consumes them wonderfully. (Fr. Joel.)

"13. There is scarce any Plant of so great Power in softning and discussing Swellings in the Kings-Evil, &c., as the bulb of Cornflag and Hog's-Lard outwardly applied. (Laurembergius.)

"14. It has been found by experience, that burnt Allum powdered, if half a drachm of it have been given in Wine alone, or mixt with other discutient and drying Powders has done much good in this Case. (Platerus.)

"15. Root of Figwort eaten for 10 dayes every Morning fasting cures the Kings-Evil."

(*To be continued.*)

NURSES OF THE LATEST FASHION. A.D. 1899.

PROFESSIONAL EXPERIENCES IN SHORT STORIES.

By FREDERICK JAMES GANT. F.R.C.S.,
Consulting Surgeon to the Royal Free Hospital.

MY attention has been lately drawn, very powerfully, to the conduct of nurses engaged in private nursing. This limitation at once excludes my retrospect of nursing in hospital practice during a period of forty-five years (1899).

Accumulating personal knowledge, reinforced by the experiences of many authoritative members of my own profession assures me that the character, as disclosed by conduct (no less than the technical qualifications) of not a few private nurses, is such as defames the general body of which they are members. Mostly, if not only, among the "untrained" and "uncertificated" class of women, who style themselves nurses or nurse-attendants, misconduct—in various forms, prevails; desecrating the fair fame of the rightful Order of Women, and by demoralising many a home, begets lasting misery in personal and family life. I am not without hope, that the portraitures presented in "Nurses of the Latest Fashion" will fulfil a right good purpose, by tending to eradicate some nurse-forms of wickedness and vice—who as mildewed ears of nurse-womanhood are thus blighting their wholesome sisters, and blasting their just claims to the confidence reposed in their beneficent vocation. In telling the "stories" *based* on some of my professional experiences, the illustrations given of these false nurses, and of the other *dramatis personæ*, with the incidents narrated—do not pertain to individuals—they are alike wholly impersonal characters, and yet realistic.

It behoves all women, as nurses, to bear ever in mind that they are members of a body; and that each should hold herself responsible for a professional character which she is thus bound to maintain or to retrieve.

A PLEA FOR STATE REGISTRATION OF NURSES.

The animated photographs and experiences to which I invite attention in the following series, chiefly in the form of stories, concern not only nurses, but the public also. Few people there are who pass through life without knowing something of nurses, in their times of needful help and care; and many remember these "ministering angels" with the most grateful appreciation of the devoted attention, skill, and kindness, with which they fulfil their duties in the spirit of a sacred calling.

But the qualifications and the personal characters of nurses *differ* widely. Nurses "trained" in hospitals of different *grades*, and for a *variable period*, and nurses untrained, "certificated" and uncertificated, are alike competing in any number to get "private practice," as distinguished from hospital work; and as their relative merits and demerits, are alike covered by the title "nurse" or "nurse-attandant"; all share *equally* the

claim for admission into the mansions, the houses, the homes of the class of society who can afford to remunerate them, according either to their perhaps equal demands for their services, or the scale of charges provided by various competing institutions of nurses. All these women dress very much alike—as roses, dipped in the morning dew of blessing, trust, and hope—angelic to the weary sufferer, and sorrowful relatives and friends.

Of course the untrained eye of wife and mother, of husband and father, cannot possibly see at first sight, nor perhaps discover by after observation, more than the outward appearance and manner, and conversation, of the new friend in need, a friend indeed. A charming attire—neat, not gaudy—decidedly religious-looking, surmounted by a pretty capped-faced of healthy colour, and cheerful expression, or sallow and work-worn, perhaps saddened; hands scrupulously clean; a quiet, subdued, sympathetic manner; a mellow whispering voice, like the tones of an æolian harp, fanned by zephyr winds in Paradise. The note-words breathe God's humanity, with consolation and cheery hope.

Even the family doctor with his practised eye and ear, may see and hear—no more; glad, beyond measure, that there is such an outward form of perfect womanhood to represent his attendance in the morning, when oh, God, would it were evening, and at nightfall, when oh, God, would it were morning; and having full confidence and trust that amid his toilsome rounds of day and night professional duty, he can conscientiously feel relieved of his cares and responsibilities by the heaven-sent one; never, when "pain and anguish wring the brow," or in convalescent hours, will his patient know an evil spirit, thou!

If I were asked what, in my experience are the most prevalent vices among so-called nurses up to date, and which most urgently need to be eradicated, I, with friendly frankness, would say (1) untruthfulness and slandering; (2) pilfering; (3) sensuality and intemperance; (4) cruelty in their duty; (5) idleness, or perfunatory work, without any heart in it; the ruling principle of the nursing vocation (itself a sacred calling) being to get the highest wages for the least amount of work done, otherwise than in novel, magazine, and newspaper reading, letter-writing, and making articles of dress for themselves or their relatives; with increasing hours off duty; for shopping, calling on friends, corner of srreet-appointments, &c., and holidays at pleasure. Matrons there are whose disqualifications of character I am not portraying, who may be disfigured by some such personal defects—*e.g.* (4), cruelty in *their* "duty" to patients in homes and refuges.

But, if with many "steadfast and true" in, and to, their vocation; there may be also many, some, or few, commingled with their sisters, who cannot be distinguished by the public, or the professional eye; an authentic general Register of names, with *uniform* qualifications, and approved *character*, should be the credential for security alike for nurses and the public

In the second Charter for the Incorporation of the Royal British Nurses Association, of which H.R.H. Princess Christian, is President, Her Majesty'e Privy Council permitted only the term, List of Nurses, not a Legal Register.

But *State* registration of nurses would regulate more than the obvious inequalities of the certificate system, with regard to the technical qualifications and personal character of that order of nurses at present authorised by various *private* Nursing Institutions, or as hospital private staff nurses, each of which have rival interests, and are of unequal competency, in their *competitive* certification.

The full training—perhaps the *over*-training—of certificated nurses has carried with it a scale of remuneration for *their* services—in private cases, which has opened the doors of the vast majority of householders, and the bed-rooms of a population of lodgers in sickness, to the ministrations of another order of nursing women, instead of the certificated.

The service of a certificated nurse, at £2 2s. per week, amounting in chronic (lasting) cases to 104 guineas per annum, exclusive of good board (perhaps separate meals) and bedroom to match, or two such nurses for day and night service - is a luxury quite beyond the reach of most well-to-do householders and lodgers, constituting the professional and business classes – the bulk of society.

The fact that (some) private nurses, who are attached to institutions—worked perhaps upon the "co-operative" principle—do not *themselves* receive the whole of the remuneration for their services, does not lessen the burden on the public who engage them. Thus, each such Institutional nurse, say, co-operative, "receives at least £50 a year, and considerably more if she is fortunate in making herself liked, or if higher fees can be obtained" by the business-nursing speculation; the other half share of her wages being retained for the *maintenance* of the Institution, in consideration of providing her a home, in the intervals of her cases, or in the event of illness, The public still pay for the certificated nurse, £2 2s. per week, as including *her* maintainance, when out of work, or temporarily disabled.

In these circumstances, touching the financial relation of nurses to the public needs, an uncertificated nurse, of whom there are at least, hundreds as "nurse-attendants,' with, or witnout adequate, or *any* practical knowledge, and with, or without, *any* guarantee as to her known personal character and antecedents, hears, or reads by advertisement, that *she* is "wanted"; and forthwith she undertakes the case, whatever its nature, at £2 2s. (not per week, but) per month, at the rate of £25 a year.

Surely this latter order of women—at present a social necessity—should for the security of the public, be included (in a separate list) on the same legal register; and all such nursing women, thus enrolled, should hold a special certificate—expressly stating that they are incompletely trained or untrained, and with special regard to their personal character, the latter being a guarantee even more requisite than with regard to nurses whose personal qualities have been tried and proven in the course of hospital training under supervision, to practice in private cases from an institution or hospital, or on their own account.

The author in presenting these papers on "Nurses of the Latest Fashion"—whether by the unauthorised assumption of the nursing vocation, or who are imperfectly certificated—would, therefore, humbly urge his plea for "State Registration" of the *whole* body of nurses and nurse-attendants in one common legal register; just as—and for analogous reasons—all recognised members of the medical profession are enrolled on a legal register of professional qualifications.

I.—SATAN IN PETTICOATS.

In the stories I am about to relate wherein some nurses will figure as the heroines, and of whom I would present animated photographs, the first of these in its completeness, is probably an exceptional species, under cover of a nurse's dress, &c.

Nurse Lucretia is *partly* the money-seeking, fortune-hunting woman, but she gains admission to the house of sickness and death simply to play a game best suited to carry out certain diabolical purposes. There are other ladies in the world of fashion and beauty who are fortune-hunting of men, who themselves may be no less engaged in the same vocation. Some such women may be known to every reader of this journal, who has met them in the World's Mart They are to be seen in Society's *salons*, as living specimens of their craft, without studying Thackeray's "Newcomes," in the person of Ethel Newcome, the heartless *coquet* who would have sold herself body and soul, for wealth (and rank); more beauteous she, in her tears of remorse and loving care of her brutal brother's children, than ever she looked in the flushed excitement of the ball-room, with Lords Kew and Farintosh, with whom, and other game, she would equally divide her fickle favours. There are yet other E. N.'s, unknown to the Hogarth-Novelist; nurses, whose representative portraiture, an humbler artist would sketch with a pen dipped in the blood of his thought.

Nurse Lucretia is of Borgian blood; cold, calculating cruel. She would vary the depravities of an incestuou,

nature; she would seduce husband, or son, even in the room adjoining the departing spirit of wife and mother; or she administers slow poison preferably by (accidental) over doses of some potent medicine; selling herself, or with a redoubled display of nursing care; in either way to gratify the only love she ever feels—her passionate love of money. With an elderly gentleman patient, nurse-poisoner smoothes the pillow, and caresses the sufferer for a *post obit* bond, given to her as a tribute of gratitude for her affectionate and unremitting devotion to him; a free gift, which shall not appear in his Will, lest perhaps £10,000 or £20,000 should be disputed by surviving claimants.

Bosh! there are no such women-nurses. Yes, incredulous reader, and some such disguised "uncertificated" nurse may get into your home any day—if not Lucretia, one of her blood-sisters, there to exercise her hellish trade upon whomsoever may best answer her fell purpose. She is the devil in petticoats. Here is one such "nurse attendant," an illustration of the species, as developed up to date. She would have quite misled anyone with less knowledge of human nature and (feminine) character than a practised observer, who, while he can fully appreciate the true and the beautiful in woman, is also a judge of blacking.

This Nurse Lucretia, when out of place—a frequent circumstance in her yet young life, daily consults the newspapers of fashionable or church connection, as best representing the wealthy and titled, or the saintly classes of that society among whom she looks for the most profitable find.

In reply to an advertisement, otherwise perhaps most unsuitable for a trained nurse, she would do herself the pleasure and the honour of calling, feeling sure that her special knowledge in accordance with the advertisement, besides considerable general nursing experience, would enable her to give entire satisfaction in the faithful performance of her duties, similar, indeed, to those in the situation she had just left. Not a word about character or reference, or both may be offered.

Nurse Lucretia calls within a few hours, and sees the patient; if *alone*, so much the better. She is alertly in advance of other nurse applicants, some of whom arrive during her brief visit, and are waiting in the hall their turn for being engaged, as she passes them to the street door with a jubilant expression in her face. For Nurse Lucretia has made such a personally favourable impression, that none others applying have a chance. No character or reference was needed from Lady U——, whose service she was leaving.

A mourning brooch which Lucretia wore, was—she said—the gift of a family in grateful memory of her attendance upon one, whose loss to them was irreparable. Time seemed only to mock their grief; and nurse often accompanied the disconsolate widower and his motherless children to the cemetery, bearing floral tributes to the power of death which had so *mysteriously* taken their loved one from them. But ah, she had walked with God "on earth." and "*He* took her," at last away. The value of Lucretia's mourning brooch was enhanced by the additional gift of £100 two year's full wages.

Lucretia returns in the evening to commence her attendance on an elderly lady, who although stricken with one-sided paralysis, is singularly acute in money matters; her husband, an old man, with much of the heart of youth, is a sort of scientific religioso, and although possessing mature professional experience in the art of healing, is not singularly gifted as a financier.

Lucretia, is a spare, lithe, active little woman, of graceful figure, with a face which might have been pretty, but sadly indicative of a past, within the short life of thirty years; the features are hardly to be noticed; for the flushing cheeks, playful little mouth, slightly upturned nose, and open forehead surmounted by a frizz of auburn hair, seem lost to sight, in your rivetted view of gentle hazel eyes, while the ear listens to a silvery voice as of an angel in mercy sent.

"She is come, she is come," sang in chorus the second nurse-attendant with the servants, as the fascinating little woman tripped or flitted with Ariel's wings into the bed-chamber, announcing her arrival to "the dear old lady." Yes: and as Ariel might have said to the husband—"Hell is empty, and all the devils are here."

But for a moment, a little pecuniary difficulty occurred, ere Lucretia could be installed to commence the duties of her beneficent nursing vocation. The cabman had carried her box on his stomach and safely deposited the precious burden, full of dainty nurse apparel, &c., in the hall. "That ere young lady has not paid my fare." This just cause and impediment being made known to the fare-forgetting fair one, a silvery-bell voice replied from the drawing-room landing, 'Oh, just give the man one shilling, that is more than his due." Nurse Lucretia had come direct from Lady U——, and in the hurry of packing her box, she had left her purse in her bed-room, under the pillow. Lady U—— would doubtless forward it (the first-named valuable article) to her by book-post. The confiding and generous second nurse-attendant at once discharged the lady-nurse's liability by paying the necessary coin. On seeing this friend in need, however, a trace of momentary confusion passed over her self-possessed countenance; those liquid eyes which ever met yours were downcast, and the playful little mouth, around which ever danced a smile, refused its wonted performance to its owner. Then the bell tinkled, "I was not aware that there is a *second* nurse-attendant in this case; for my heart is easily won," glancing at the old lady, "and as my work is done in God's service, I like to have the patient all to myself. At least if a helper is needed, as seemingly in this case of paralysis for lifting the poor dear sufferer, I must have the sole personal charge of her, and especially in that spiritual time during the solemn hours of darkness." The uplifted eyes of the helpless sufferer bespoke a gladsome response to the sympathetic look and touch of the heavenly visitor; and the simple, honest, and faithful No. 2 bowed her assent to this arrangement.

But it is necessary to mention the terms of Lucretia's engagement. The paralysed old lady had engaged this handmaid of the Lord; making *terms* with her quite unknown to the old husband, and probably for this purpose she had been so desirous of seeing the patient alone. Happily a warning voice had whispered, "take her on trial for a month, but terminable by either party at that period."

The wages, even for an angel, could only be in their circumstances, with heavy additional expenses, £25 per annum, and everything found. Lucretia looked for a moment, disappointed. "perplexed but not in despair, cast down, yet not forsaken," as she would have expressed her position; "£25, &c., a year," said she. "Well, *she* had never received less than £50, or in that proportion of remuneration, for her services rarely lasted so long a period as one year; but in the pecuniary circumstances mentioned, £25, or at that rate of *weekly* payment, she would accept *these* terms; in consideration also of the helpless invalid to whom she already felt attached; anxious, moreover, to meet her offer in a spirit of Christian love; she willingly and gladly thus concluded the agreement. And she felt sure that she was sent by Him, &c., &c."

This agreement was, as in other similar cases, entirely verbal; but no one had heard the terms; even the second nurse-attendant being out of the room. The patient, reduced by suffering and age, as well as having had a paralytic attack, and the handmaid of the Lord, were the only parties to the contract.

The old lady listened patiently, but with some nervous restlessness to nurse's previous experiences, painful yet delightful, as she told them with her bewitching smile; nursing in her skilful hands seemed to be quite a fine art, and life-giving. She told the patient of "antisceptics" (antiseptics), for so nurse's little mouth lisped the word; "the Röntgen rays, dear madam, for examining you internally—say your heart," as Lucretia placed her marble hand upon that treacherous organ in her own bosom. "Then there's the 'funnygraph' (phonograph) into which if you speak, your every word is registered, and can be re-spoken years afterwards, even as they are recorded in heaven." Pausing; "but I alarm you; yet why should not all we say—as well as do—be registered *there*," with up-pointing finger; "who, say

nothing but what is *true*, honest, pure, lovely, and of good report."

Miss Lucretia B——, bearing her full name and prefix by box label—quite captivated the simple, truthful-minded dear old lady-patient (for so she is); indeed, some such jargon of religion with scientific-nursing accomplishments had at once won her heart, and somewhat enfeebled understanding, on the occasion of nurse's first visit.

By similar tactics, it is more than probable that other nurses, who by no means rival Lucretia in the special features of her character, are prone to display their vast experiences and technical knowledge, and may thus gain more influence over a patient—albeit for no evil purpose, than the most able doctor. We shall, in the course of these stories, produce some further illustrations of spurious nursing-methods for thus exalting the lamentably ignorant, or the unprincipled women, who practice these devices.

Thus captured, in her husband's absence from the bed-chamber, the credulous sufferer, after her first interview with nurse, had sent a message to the old gentleman below, that "she had seen such a clever, and good woman, with such delightful anner, and engaging conversation; one also who would read her favourite prayer—"Thy Kingdom come," morning and evening; in these happy circumstances she had ordered Robinson, the maid, not to admit any more applicants of whatever kind." With this message warm in his breast, the loving old husband seemed to be content, and thus relived of his anxious solicitude for her comfort, a devoted wife's heart-to-heart union of forty years married life would allay his own incessant suffering of several years duration and breathe peace to him. Was this twofold blessing—one for each of the old couple—realised?

The old lady upstairs, of whose soul and body the ministering angel had now gained entire possession, was beautifully passive in the hands of her nurse attendant; grateful, as her nature is wont to be for the smallest favour, she at once "fell in love," as a man would say, with Lucretia; in the long days and yet longer nights of suffering or helplessness, almost bed-ridden for a wearisome period, this *faithful* watcher learnt, with the adroitness of the most skilful legal cross-examiner, all about her patient's family connections, her property—"free from the debts and control of any husband"; and in return for all such confiding information, Nurse Lucretia became "the guide, philosopher, and friend" of the old wife, without at present extending her favours to the old husband.

(To be continued.)

Clinical Records.

CANCER HOSPITAL.

Case of Excision of the Rectum and Vagina for Cancer.

Under the care of CHARLES RYALL, F.R.C.S.,

Surgeon to the Cancer Hospital, Brompton; Surgeon to Out-Patients, London Lock Hospital: Surgeon to Out-Patients, Gordon Hospital for Diseases of the Rectum.

E. W., æt. 51, married, was admitted into the Cancer Hospital on April 4th, 1899, and gave the following history. For the last two months she had had pain during defæcation and continuing for some time after the act. She had also suffered from constipation and occasionally from a discharge of blood and mucus. There had been no marked loss of flesh. She had had no previous severe illness and had always enjoyed good health. On examination the growth was found occupying the lower three inches of the rectum, involving the whole circumference of the bowel, and it was most extensive anteriorly where the anus and the lower two inches of the posterior vaginal wall were invaded by the disease The affected part was movable, and there was no evidence of metastatic deposits, so the case was considered a fit one for operation.

Operation, April 8th, 1899.—The patient being under the influence of ether, she was placed on her left side in the semiprone position, with the thigh well flexed on the abdomen. A median incision was made from the middle of the sacrum to the anus, and the muscular and ligamentary structures and middle sacral vessels were freed from the lower end of the sacrum and the coccyx. The lower two pieces of the sacrum and the coccyx were then removed by the bone forceps and the exposed part of the rectum was separated from the surrounding soft parts. The peritoneum of Douglas' pouch was incised on both sides of the bowel and by dividing a little of the mesorectum sufficient of the rectum could be freed to meet the requirements of the case. The bowel was now divided well above the disease and the upper divided end was secured to the skin below the remaining portion of the sacrum, or, in other words, to the upper angle of the wound. The rest of the peritoneum of Douglas' pouch was separated from the bowel, and then the peritoneal cavity was closed by suturing this peritoneum to the anterior surface of the upper remaining part of the rectum. The lower portion of bowel was now rapidly freed from the upper and unaffected part of the vagina, and the lower diseased portion with the diseased part of the rectum and anus was removed. The orifice of the remaining part of the rectum was now secured in the upper angle of the wound as described, in order to form the future artificial anus.

The rest of the wound was then closed by deep and superficial sutures which thus formed an artificial perineum and necessarily narrowed the vaginal orifice. The bowels were kept confined for 48 hours, after which an aperient was administered, but every care was taken to prevent fæcal contamination of the wound. The patient made an uninterrupted recovery, and the wound healed by primary union, and she was discharged from hospital four weeks after operation. She is now well and able to carry out her household duties and exercises control over her sacral anus by means of a rubber plug and pad

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, JULY 13TH, 1899.

Dr. MACNAUGHTON-JONES, President, in the chair.

SPECIMENS.

MR. CHARLES RYALL showed a vagina and rectum removed for malignant disease, notes of which will be found in another column under the heading "Clinical Records."

In the discussion that followed, Dr. HEYWOOD SMITH asked how far down the posterior vaginal wall the growth extended? Was Mr. Ryall able to leave a part of the vagina?

Dr. C. H. F. ROUTH asked whether the patient had now complete control over the rectum?

Mr. BOWREMAN JESSETT congratulated Mr. Ryall on the success of the case. The only question was whether the same result might have been obtained without removing the lower part of the sacrum. If the finger could be got above the disease the old operation would sometimes answer, and the sphincter action could be retained; but in many cases the disease could not be got completely away without a Kraske's operation. In one case he had the pleasure of assisting Mr. Ryall to remove the upper part of the rectum, and the lower part of the sigmoid; the way in which Mr. Ryall did the operation was deserving of the highest praise; he connected the two parts of the gut, and the patient was now able to get about and pass the motions in the ordinary way.

Mr. RYALL, in reply, said that the lower part of the vagina was affected, so that this portion had to be removed; the effect was that the anus was higher up than usual, and the patient had not sphincter control. By wearing a plug, she was able to get about all right. In this case one could not have done the perineal operation, because the peritoneum would have had to be opened in any case

Dr. HERBERT SNOW exhibited a uterus removed for multiple myomata from a patient, æt. 47. The symptoms were of five years' duration. The patient was worn out by repeated attacks of hæmorrhage, latterly almost continuous, with much pain. The uterine body was completely buried in myomatous masses. Two of these had not only contracted membranous adhesion to the bladder-walls, but had become incorporated with them in such a manner as to form two *culs-de-sac*, large enough to admit two fingers. Dr. Snow had not met with this condition before, and would be glad to learn if any other member of the Society had seen it. He regarded the pouches as peritoneal diverticula which had become segregated; like the portions of the funicular process which not seldom remained patent and isolated, upon the spermatic cord, giving trouble in later life. It had been suggested to him that they were lymph-spaces, but he thought they were too large. The nodular masses impinged on the bladder in such a manner as to necessitate careful dissection, and to make it impossible to tie the uterine arteries before division. In thus separating the tumour one suddenly entered a rather large cavity, lined by a mucous-looking membrane. Although the latter had not the rugose appearance of the bladder, it was necessary to pass a bougie before one could feel sure an accident had not taken place. This occurred twice. The Trendelenburg posture was used, and the operation was that modification of Dr. Heywood Smith's which Dr. Snow had lately brought under the notice of the Society. It consisted in dissecting off and suturing together thin flaps of uterine tissue over the residual cervix. Thus all risk of wounding the ureters was obviated, and firmer union was gained than by merely sewing flaps of peritoneum easily torn at the time or subsequently ruptured in attacks of vomiting. The patient made a most favourable recovery.

Dr. SEPTIMUS SUNDERLAND showed the following specimens:—

CASE I.—*Subserous Fibroid removed by Abdominal Myomectomy.*—The patient, a nullipara, æt. 39, was sent to Dr. Sunderland by Dr. Arthur Thomas, of Wandsworth Common, complaining of constant abdominal pain and the passage of very thick and clouded urine. She had always suffered from dysmenorrhœa, and had noticed enlargement of the abdomen for several years. Relief from suffering, by any means, was begged for by the patient and her husband; and after a month's trial by rest and drugs, with no result, they wished for operation. The tumour, nodular in places, occupied the lower part of the abdomen fitting very closely to the iliac fossæ and extending nearly to the umbilicus, and could be felt per vaginam pressing on the bladder. The uterus felt retroverted and rather bulky. A sub-peritoneal fibroid was diagnosed and, on operation, the tumour was found growing from the fundus uteri by a broad rounded pedicle (practically continuous with the large fundus uteri) which, according to the incised area seen on the tumour, would measure 6 ins. in circumference, 2¼ ins. broad, and 2¾ ins. from before backwards. There was a firm and broad adhesion to the bladder on the left side which required transfixing and tying, and a firm adhesion to the intestine at the upper part on the right which was also tied. The patient made a good recovery, and the bladder symptoms and pain disappeared.

CASE II.—*Large Hydronephrosis, simulating Ovarian Cyst, removed by Laparotomy.*—The patient, a slightly-built, thin girl, æt. 14, was sent to Dr. Sunderland by Dr. Aubrey with an abdominal tumour, diagnosed as an ovarian cyst. The patient and her mother had noticed the abdomen increasing in size during the previous thirteen months. Until the week before she came to him there had been no pain, and she then complained of a feeling of discomfort more than actual pain. The whole of the lower part of the abdomen from an inch above the umbilicus, was dull on percussion excepting a small space in the right flank. The tumour evidently contained encysted fluid, and was again diagnosed as ovarian cyst, but on opening the abdomen in the middle line the tumour was found to be covered by peritoneum. Dr. Sunderland removed the tumour by enucleation, and ligaturing a pedicle containing the vessels and situated several inches distant from the ureter, which was tied separately. There was no hæmorrhage, although the enucleation was not easy in some parts. The fluid was removed by tapping, in the course of the operation, and consisted of about seven pints of urine. The flattened kidney substance on the back part of the specimen, which was much shrunken on account of its being badly preserved. The patient recovered rapidly after the operation.

Mr. J. FURNEAUX JORDAN said that there was sometimes a difficulty in diagnosing between renal and ovarian cysts. He had reported a case before the Society. The abdomen was larger than a full-time pregnancy; the cyst had grown in a few months without pain, and was situated a little more to one side than the other. Examination of the urine gave no result. He opened the abdomen, thinking it was an ovarian cyst; in the cyst were found 33 calculi. He did not examine the other kidney at the time, but the patient died in forty-eight hours of anuria. He then found that the other kidney was affected and contained seven large calculi. It was remarkable that the patient had had no pain at all.

Mr. BOWREMAN JESSETT remarked that some few years ago a patient came to him who was passing blood and pus, and he diagnosed a renal calculus. She would not be operated upon; the pus disappeared, and she got well. After two years she returned with total suppression. She then had a large tumour on the opposite side; he operated, and she got quite well. Two years later she again returned with a large tumour on the same side, and again he took away several calculi. After two years more he operated for the third time, and the patient died. At the autopsy both kidneys were found atrophied, with hardly any kidney-substance. It was remarkable that the patient had been able to live so long.

Dr. HEYWOOD SMITH said that sixteen years ago a young woman came to him with a large tumour reaching above the umbilicus; she had seen Mr. Thornton, who advised aspiration. This was done in the afternoon, and she died two hours later. At the post-mortem both kidneys were found much distended, and within each was found a large oxalic acid calculus. He asked Dr. Sunderland what method he had adopted for the removal of the myoma.

Dr. ARTHUR GILES commented on the difficulty of diagnosis in these cases. He had assisted one of his colleagues at a cœliotomy undertaken for what was thought to be an ovarian cyst; the tumour occupied the middle line of the abdomen, which it filled, and reached down to the pelvis. There were no symptoms or signs pointing to the kidney as the seat of the tumour. On opening the abdomen the cyst was found to be retro-peritoneal, and its true nature was then, of course, evident. The peritoneum was divided and the renal cyst dissected out and removed. The patient made a good recovery.

The PRESIDENT said that he had twice seen a pyonephrosis mistaken for an ovarian tumour. He had also seen a case which he diagnosed as renal; on tapping, he drew off two pints of pus; the patient got well. These cases showed very well the disappearance of the kidney-substance and its conversion into a cyst. It was often difficult not only to diagnose between a renal and ovarian cyst, but also to say which kidney was affected. This was a point in favour of dealing with these cases by the abdominal route.

Dr. F. A. PURCELL remarked that other tumours besides renal ones could be mistaken for ovarian cysts. He had a case in which a patient who was pregnant had a large cystic swelling; the abdomen was opened and the cyst tapped, when it turned out to be a distended bladder. The nurses had said that the bladder had been emptied, the urine being drawn off with the catheter. The wound in the bladder was sewn up, and the patient recovered.

Dr. R. HODGSON pointed out a diagnostic sign between the two kinds of cyst; with hydronephrosis there was usually dulness in the flank, whilst with ovarian tumours the flank was usually resonant.

Dr. SEPTIMUS SUNDERLAND, in reply, said that he had not passed a sound down the cut end of the ureter toward

the bladder as suggested by Mr. Jessett, to determine if a stone were present in the ureter and he wished he had done so. He had found the actual kidney substance very low down in the abdomen, and he thought possibly the kidney had originally been a congenital "floating" kidney. On the other hand, the kidney substance might have been displaced downwards by the pressure of the urine as it collected. To Dr. Heywood Smith and the President, he said the urine was examined before operation and contained no pus—it was quite clear and normal. No, he had not used Langenbech's incision—he had thought the tumour was ovarian, and opened the abdomen in the linea alba, and even then it was not easy to decide whether the cyst were renal or mesenteric. He had on two occasions seen the abdomen opened by operators when ovarian tumours had been diagnosed, and when one case proved to be a pyonephrosis, and the other a hydatid of the kidney—both on the left side, but in neither case had the tumour been as large and exactly simulating an ovarian cyst as in this instance. He had also heard and read of other cases. He was interested to hear from Mr. Furneaux Jordan of a similar experience in his own practice, and he thanked Dr. Giles and Dr. Hodgson for their remarks as well as the other speakers.

In reply to Dr. Heywood Smith, Dr. SUNDERLAND, although at first contemplating supra-vaginal hysterectomy on account of the size of the pedicle, which was as big as the enlarged fundus uteri, had removed the tumour by a circular incision around and through the thick pedicle. He then removed a wedge-shaped piece of tissue from the base of the pedicle, arresting bleeding by four transfixion ligatures, and brought the edges of the stump together by silk sutures. Thus the uterus and ovaries were left to the advantage of the patient.

[Some interesting cases were also shown by Dr. Keith, Mr. Jessett, and the President; and papers by Mr. Charles Ward, of Pietermaritzburg, and by Dr. Lapthorn Smith, of Montreal, for all of which we hope to have space in our next.—ED.]

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, July 23rd, 1899.

RETRO-UTERINE HÆMATOCELE.

AT the meeting of the Société de Chirurgie, M. Routier spoke on the treatment of retro-uterine hæmatocele, and said he was a partisan of opening the tumour through the posterior *cul-de-sac*. M. Chaput admitted that that mode of treatment was excellent, but sometimes the patients lost a great deal of blood. One of his patients operated at the Tenon Hospital succumbed in this way. After having incised the posterior *cul-de-sac* and evacuated the tumour, he plugged the wound with iodoform gauze; in the afternoon the patient developed all the signs of internal hæmorrhage and died before help arrived. Ever since he was careful to place only a simple plug and to wait events; if the hæmorrhage continued he performed laparotomy.

M. Lucas said that he would never willingly incise an hæmatocele per vaginam. Laparotomy was the operation indicated in such cases, as it permitted the inspection of all the points which might bleed. M. Pozzi never witnessed the slightest accident following the opening of the posterior *cul-de-sac*. He had seen more than once serious hæmorrhage occur, but he could always control it by hot injections and plugging. However, in extra-uterine pregnancy, laparotomy was indicated.

M. Regnier considered it was always very difficult to distinguish between extra-uterine pregnancy and hæmatocele. It was always where the hæmatocele was recent, that the danger of profuse hæmorrhage existed. Consequently, it would be well to postpone interference, one way or the other, for three weeks after the first symptoms.

MENSTRUATION THROUGH THE EAR.

M. Lermoyez related how he attended for several years a young girl who menstruated for a very long time by the right ear. Every month, after general prodromic symptoms, such as lassitude, headache, a thin stream of blood flowed from the ear, although no lesion could be detected. The tympanum was intact, but the cutaneous vessels of the external auditory canal were much enlarged. At the end of three years menstruation followed the ordinary channel.

GASTRIC ORIGIN OF SKIN DISEASE.

M. Robin said that for a long time clinicians suspected that certain forms of dyspepsia played a *rôle* in the genesis of some skin diseases. Out of 422 dyspeptic patients studied by him, 129 presented acne, eczema, lichen, prurigo, urticaria, furunculosis, herpes, &c. On the other hand, he particularly studied the gastric secretion of several patients suffering from prurigo or simple eczema, but who did not present any dyspeptic symptoms, and he found that they suffered, nevertheless, from a form of dyspepsia due to lactic or butyric fermentation. Consequently, he was convinced that these fermentations acted on the skin through a trouble of nutrition (insufficiency of the general exchanges increase of demineralisation, &c.), or by elimination of lactic acid in the perspiration. The treatment should naturally be addressed to the special form of the dyspepsia. If the fermentation be due to the presence of lactic acid, the fluorides should be ordered, while sulphur, iodide of sulphur, or iodide of bismuth, were the best agents against the butyric acid form.

HÆMOSTATICS IN THREATENED ABORTION.

In hæmorrhage resulting from threatened abortion, the custom is, after providing the means destined to calm the uterine contractions—opium, rest, ice to the hypogastrium—to prescribe an hæmostatic agent which will not provoke tetanic contractions of the organ, such as hydrastis canadensis, viburnum prunifolum, or hamamelis virginica. According to Prof. Bossi, these agents prescribed alone are not always to be relied upon, on account of the difference of temperament so frequently witnessed in patients. Much disappointment would be obviated if these agents were prescribed together according to the following formula:—

Fluid ext. of Hydrastis canadensis
" Hamamelis virginica
" Viburnum prunifolum } ℥ ij;
Tincture of Piscidia erythrina
Laudanum, xxx m.

A teaspoonful of this mixture to be given every eight hours if necessary.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, July 22nd, 1899.

AT the meeting of the Medical Association of Berlin on June 27th, 1899, Hr. von Leyden read a paper on

THE INNERVATION OF THE HEART.

He reviewed the subject in outline, historically noting important discoveries, such as that of the influence of the

vagus, the accelerating and depressor nerves, and the existence of the cardiac ganglia, all of which led to clearer views on the wonderful problem of how the heart continued to beat the whole life through. Apparently, those discoveries placed the theory as to the dependence of the heart's action on the cardiac nerves upon a firm basis. But, soon, came observations to the effect that the heart, freed from its nerves, and even when it was removed from the body, continued to beat. And in the case of cold-blooded animals the possibility of this phenomenon persisting for days was explained by postulating the existence of a motor centre in the heart. The cardiac ganglia were regarded as this centre. Subsequently, it was ascertained that an organ deprived of its ganglia still continued to beat, whence arose the theory now advanced by Engelman and His that the cardiac muscle can work even when not dependent on nervous influence of any kind. This theory is founded on the following considerations:—

1. That the embryonic heart beats long before the presence of nerves can be demonstrated in it.

2. That there are muscular structures—the ureters, for instance—in which neither nerve-cells nor ganglia are demonstrable. and which, nevertheless, exhibit the phenomenon of contraction.

3. That, according to His junior, the cardiac nerves originate in the sympathetic system and in the process of their development grow into the heart. The heart's ganglia originate in the spinal ganglia, which must be considered as purely sensory.

Accordingly the cardiac nerves are sensory, and as such are, of course, incapable of engendering or emitting motor impulses.

4. Finally, nowhere among the terminals of the cardiac nerves are found the endings peculiar to motor nerves.

5. Leyden declared himself not competent to pronounce on the question, but the new theory seemed to him a plausible one. However, he felt bound to add that Waldeyer opposed it, maintaining the existence of motor cardiac nerves; so, too, did Kronecker and his school.

Hr. Blum, Frankfort a/m, read a paper on

THYROID PATHOLOGY AND THERAPEUTICS.

He urged that the thyroid should be removed from the list of glandular organs. It elaborated no physiologically active secretion, but seized upon a poison continually secreted in the system by means of some capturing substance. The tissue of the thyroid thus served for the arrest of some poisonous material produced by the action of the vital processes. The activity of the fettered virus was different from that of the free toxins. By the iodising process taking place in the thyroid the harmful agent deposited there as a tox-albumen was weakened. By perfect saturation with iodine it lost its poisonous properties. The free poison caused severe and frequent epileptiform convulsions, very frequently cachexia, and sometimes distinct psychical disturbances. Examination of a dog destroyed by thyroidectomy showed changes in the ganglionic cells of the cord and brain which could be identified by Nissl's method. The disturbances when the poison was passed into the system by inunction were of another kind. They consisted chiefly in alteration in tissue changes (emaciation, decomposition of albumen and nuclei, and liquefaction of the fat), restlessness and palpitation of the heart. Convulsive conditions had never been observed. The quantity of thyroid substance absorbed could be determined by the administration of iodine. The iodine of the iodine—containing substance was estimated quantitatively. In many days the toxic effect of the thyroid substance administered still acted alternatively on the tissue change when all the iodine given had been again passed off. Such an animal when given thyroid, besides the symptoms mentioned, always had a long continuing glycosuria, and when cane sugar was given it excreted lævulose. The same animal when phlorizin was given with the same diet excreted dextrose.

As regarded the so-called thyroid therapeutics in myxœdema thyroid extract might act in two different ways in the one it could relieve the organs of abnormal deposits; further, the capturing substance contained in the thyroid body could fix the freely circulating toxin in the myxœdematous individual and at last in part render it harmless. In struma and obesity the administration of thyroid was best abstained from, because while the substance was incorporated, which must be determined by the excretion of iodine in the urine, symptoms of poisoning could not be excluded. In cases of goitre other preparations of iodine, especially the non-poisonous iodine albumen (iodalbacid), should be first tried. In obesity the proper dietetic measures should have the preference.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, July 22nd, 1899.

THROAT AND EAR DISEASE.

THE annual reports from the different kingdoms of the Empire are rapidly coming in, and it is not uninteresting to observe the enthusiasm and activity in the different schools of medicine in which the Polish shines. Pieniazek records the history of a rhinosclerma which he had under treatment since 1895, causing stenosis of the larynx, trachea and upper part of the bronchi. By repeated scraping and dilating the patient has greatly improved.

Seven cases of stenosis after croup, and one caused from granulating opening after tracheotomy were treated with success in a similar manner, though tampons were frequently applied.

Bronchial stenoses were treated generally by compression, iodides or drugs suitable to the cause. Among the cases were stenosis from mediastinal glandular swelling after pleurisy, tuberculous enlargement of glands and syphilis. In the latter laryngo-fissure and excision of the infiltrated glands were practised. One case suddenly collapsed while feeding with tube in œsophagus. The necropsy revealed yellow atrophy of the cardiac muscle and liver.

There are four cases of laryngeal cancer which were hard to diagnose. One arose out of perichondritis laryngea, phlegmona colli, with swelling in the pharynx. Another arose from keratoides polyposum on the left vocal cord, which was excised, but soon recurred, extending deeper into the surroundings. Another instructive tumour that turned out to be carcinomatous, was that of a female with a tumour about the size of a hen's egg attached to the

left side of the soft palate. The fine pedicle which supported it being cut or torn, the tumour fell back into the throat and was swallowed by the patient. The remnant of pedicle left was removed and microscopically examined, but no trace of any adenoid tissue was to be found. Six months after another appeared with typical carcinomatous tissue.

PERITONSILLAR ABSCESS.

The same author records the history of six cases of peritonsillar abscess treated with gargle and hot fomentations. Several extended aditus ad laryngeni, in one case paralysis of the recurrent nerve followed excision of tuberculous glands in consequent infiltration.

This case is interesting from a physiological point of view, showing the effect on the soft palate of one side of the mouth after cutting the tragus.

Sedziak in his diagnosis of this disease, records the history of 8,500 cases of inflammatory condition of the fauces, root of the tongue, and pharynx, resulting in purulent accumulation, and concludes that 235 are peritonsillar in character, or 2·76 per cent. They are also affected by season, mostly occurring in the spring and autumn.

The greatest incidence is on males at the age of twenty to thirty years. It is difficult to say how far the abuse of nicotine and alcohol affect the origin. The immediate cause is the pyogenic bacteria which may be retained on the roof of the mouth till a retention of the tonsillar secretion occurs to admit germination. He has frequently seen follicular tonsillitis after influenza and muscular rheumatism, but more frequently with hypertrophy of the tonsils. Those of a lymphatic constitution are more prone to the disease. Death may occur from erosion of carotis interna, œdema of larynx, or bursting of large abscess during sleep, and suffocation.

STRUMA.

Thirty-one cases of struma are given—seventeen by compression on trachea, one by displacement towards the left, swelling of posterior surface and œdema of right arytenoid cartilage.

NASAL SARCOMA.

Among Sedziak's cases two of nasal sarcoma of five years' standing are noticed without any effect on the surroundings, while an empyæma arbri-Highmore of secondary origin receded spontaneously.

The happy results obtained in these cases have convinced Sedziak to pause before commencing a major operation on the nose. He admitted the danger of this intra-nasa treatment in the case of sarcomatous tumours, as the constant irritation may finally lead to a cystic development.

Continental Notes.

[FROM OUR OWN CORRESPONDENT.]

URIAGE-LES-BAINS (NEAR GRENOBLE, FRANCE).

URIAGE-LES-BAINS is in the Department of Isère, formerly part of the ancient Province of Dauphiny. It is connected by two good steam tramways with the flourishing City of Grenoble; a city chiefly noted nowadays for its glove-making and its cherry-brandy! Grenoble is an important junction-station on the Paris-Lyons-Mediterranean Railway, and is readily accessible from Paris, Lyons, and Marseilles by several different lines belonging to the great P. L. M. Railway system. Uriage is also near Aix-les-Bains, and is a convenient and excellent spot for those who have undergone "a cure" at Aix to visit for a change of scene and for recuperation. For Uriage lies in the Vaulnaveys Valley, one of the charming valleys of the Dauphiny Alps; with very interesting environs, historic, botanic, geologic, and artistic; affording easy promenades and excursions on foot, cycle, and by carriage, and with mountainous ascensions for those more energetically inclined. The steam tramways conveniently connect it with Bourg d'Oisans and its glaciers, the central point of Alpine climbing in Dauphiny.

The Uriage baths have been well described as really "sea-baths, sulphurous, and in a pine forest and mountain atmosphere;" Uriage being some 1,400 ft. of elevation. The springs here were much frequented in ancient and mediæval days, as is shown by the many remains of the old baths and buildings. For some centuries, during the troublous times of the Reformation, and of warfare between Savoy and Dauphiny, the Uriage waters were neglected; in 1820 the property came into the possession of the Saint-Ferriol family, who yet own it, and have again brought it into prominence as a health-resort, valuable both for its mineral waters and for its salubrious pine-wood, mountain atmosphere as an "air-cure." Near a large garrisoned city, with its libraries, museums, military music, good shops, &c., and in a most picturesque position, Uriage is a very desirable summer home for the invalid, the rest-seeker, and the artist. Its mineral springs are unique in France, and almost in Europe, in uniting in themselves chemical principles usually found elsewhere widely separated. It is difficult to define them by the customary classifications; they are at once strongly sodic-sulphuretted-sulphurous, and sulphated-purgative. "To name Uriage," says one medical writer, "is to speak of an efficient remedy with a two-fold correlative peculiarity—peculiarity of mixture and peculiarity of indication. The water of Uriage is a powerfully mineralised one; in which has been vigorously determined the place of its efficacious medicinal elements." These waters obtained their reputation chiefly for skin-diseases acne, eczema, prurigo, tuberculosis (external), psoriasis, &c., and are found to be particularly efficacious where there exist anæmic, lymphatic, or arthritic predispositions. Their sulphurous-saline elements are also highly beneficial for the elimination of uric acid.

Uriage is strongly recommended for children, especially those residing most of the year in large cities, where colds and bronchitis are frequent, nutrition often imperfect, and growth hindered from various causes; also for hereditary tuberculosis, when not pronounced. In syphilis it is claimed to be a valuable auxiliary curative, and important in developing latent cases.

The Thermal Establishment at Uriage is open from May 25th to October 15th. It is fully equipped for all applications of the waters by the most approved scientific methods and apparatus. The water is used for drinking, baths, douches, vapour-baths, pulverisations, gargarisms, irrigations, and lotions. The pulverisations are particularly efficient in diseases of the face eyes, pharynx, ear cavities, and chronic otorrhœa.

Uriage has numerous good hotels, pensions, furnished villas, châlets, and apartments, restaurants, livery stables, Alpine guides, and all other requisites for a com-

fortable sojourn, transient, or for the whole season. The houses in connection with the Bath establishment are "The Grand Hôtel," "Hôtel du Cercle," "Hôtel des Bains," "Grand Châlet," and the villas Juliette, Jeanne Marguerite, Rose, Wurbee, and des Chênes; all with electric lighting. At Uriage are also the Hôtel de l'Europe (a branch of Grand Hôtel, Thibaud, Grenoble), Hôtel Monnet (a branch of the Hôtel Monnet, Grenoble), Hôtel du Midi (a branch of the Hôtel Chateaubriand, Hyeres), Hotel du Louvre, and several others of various grades and terms, so as to amply accommodate all classes of visitors.

The Operating Theatres.

CANCER HOSPITAL.

PAN-HYSTERECTOMY FOR CARCINOMA OF THE BODY OF THE UTERUS COMPLICATED WITH FIBROIDS. — Mr. BOWREMAN JESSETT operated on a single woman, æt. 56. suffering from carcinoma of the body of the uterus secondary to fibroids of the organ. She had been suffering from off-and-on hæmorrhage for about two and a-half years, and had been seen by several specialists who had recognised the fibroids of the uterus, and had held out hopes that at the menopause the hæmorrhage would stop. Just previous to admission to the Cancer Hospital she noticed the discharge to be, however, most offensive. Examination under ether and curetting the uterine cavity showed the *debris* to be of malignant nature. Mr. Jessett, therefore, recommended an operation for removal of the whole organ, but on account of the size of the fibroids, it was deemed inexpedient to attempt to remove the uterus by the vaginal route. Mr. Jessett proceeded to open the abdomen and ligature the broad ligaments, and remove the whole of the uterus by the abdomen. Iodoform gauze drainage was passed down through the vagina, and the peritoneum stitched carefully across the front of the pelvis. Mr. Jessett said that the interest of the case was that the patient had undoubtedly suffered from uterine fibroids for some considerable time, and it was considered that this was sufficient to account for the whole of her symptoms and, no doubt, this was the case; but in the present instance, as he has so often pointed out, fibroids occurring in a woman about the climacteric are very apt to take on malignant action. He had within the last twelve months operated in many similar cases on several occasions. The bearing of this fact in mind was, he thought, of the utmost importance, and he would urge on practitioners generally the necessity in all cases of women suffering from uterine hæmorrhage, either connected with the uterus or otherwise, to make a thorough vaginal examination, also, if necessary, to dilate the uterine canal, and curette the cavity of the organ, and have the *débris* carefully examined by a competent pathologist; in the event of the *débris* being pronounced malignant to at once advise the patient to submit to have the organ removed, as in these cases, when the diagnosis is made early the operation may be performed with comparative ease, and the prospect of a radical cure is most encouraging, he having at the present time several patients on whom he had operated for similar affections, alive and free from recurrence from some months to four or five years. In examining these cases he pointed out the great advantage of making a rectal examination whilst the patient is under ether, as on several occasions the broad ligament, which, by vaginal examination, appeared to be thickened and possibly infiltrated by the disease, by rectal examination this thickening had been discovered to be caused by the presence of interligamentous fibroids or by a hydrosalpinx, the presence of which, whilst somewhat complicating the operation, by no means negatives the desirability of operating or in any way jeopardises the prospects of the patient's recovery.

The patient made an excellent recovery, and when seen some months after the operation there were no signs of recurrence.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 26, 1899.

THE STERILISATION OF MILK.

THEORETICALLY the milk of a cow proved to be free from tuberculosis and otherwise healthy ought to be a salutary and nutritious food, but in practice asepsis is impossible, and certain precautions are indispensable if milk is not to become the vehicle of pathogenic contaminations. This fact gives importance to the plan of sterilising milk, that is to say, of freeing it from all living germs capable of giving rise to disease. At the outset it is necessary to distinguish between two groups of symptoms to which milk may give rise. It may, as already stated, contain the bacteria of this or that disease, which it thus helps to spread. Boiling under certain conditions will kill the germs, but may not kill the spores, and, apart from the latter, boiling does not neutralise the effects of toxins elaborated in milk by previously existing living organisms. Milk may be kept sweet by being periodically boiled, but milk that is no longer fresh and has therefore undergone partial decomposition cannot by any known process be

rendered harmless. The gastro-enteritis of infants which so often follows the ingestion of milk, especially in hot weather, may, it is true, be due to the presence of bacteria, but, seeing that it may follow the ingestion even of milk that has recently been boiled, it is probably in many instances due to the toxins therein contained. It follows and this is a practical point worthy of attention, that milk consumers in towns far removed from the dairy of origin, who cannot therefore receive their milk until many hours after it has left the cow, cannot rely upon domestic boiling as an effectual protection against diseases due to this cause. They must consequently fall back upon milk which has been sterilised *en bloc* immediately after it has been drawn. In other words, they must rely upon the so-called sterilised milk. The technical details of effectual sterilisation are far too complicated to admit of their being carried out at home, apart from the fact just alluded to, that it is useless, or, at any rate, insufficient to attempt to sterilise milk of many hours' standing. Condensed milk, with or without added sugar, of course fulfills this desideratum so far as the freedom of the product from germs is concerned, but condensed milk is not well borne by all infants, and there are indisputable disadvantages attending the use of such products, which, when diluted, do not in all respects correspond to the formula for fresh cows' milk. There is consequently a wide field of usefulness for milk sterilised at the dairy under skilled scientific supervision since this process, if properly carried out, in no wise impairs the digestibility of the product and affects the taste and composition of the milk in a minimum degree. The conditions of efficient sterilisation may be briefly summarised as follows: The milk must be subjected either to a temperature above boiling point for a period of time extending over not less than half-an-hour, or the process must be repeated at intervals at a somewhat lower temperature. Other things being equal, a milk sterilised by repeated exposure to a temperature rather below boiling point undergoes less physical change than one which has been summarily heated under pressure, the emulsification of the fat is not impaired and the conversion of part of the casein into peptones is less apt to take place. A point to which sufficient attention has perhaps not been called, whether in sterilisation on a large scale or at home, is the absolute necessity for rapidly cooling the boiled milk. This is necessary because the temperatures intermediate between the boiling point and the normal are favourable to the rapid development of any germs which may be in, or may subsequently find their way into, the milk. Under any circumstances such milk should be consumed as soon as possible after exposure to heat. Boiling may afford a tolerably effectual protection against tuberculosis, scarlet fever, and diphtheria, but gastro-enteritis, consequent upon the ingestion of stale milk, which has already undergone partial decomposition, destroys more infant lives in one year than all the other diseases of milk origin do in a century, hence the importance of securing fresh milk, or, failing that, of employing milk which has been efficiently sterilised *en bloc*. There are plenty of such milks on the market, and with ordinary care these afford a trustworthy and salutary food for infants.

THE METROPOLITAN ASYLUMS BOARD.—II.

IN accordance with a former intimation we propose to consider in the present article the attitude of the Metropolitan Asylums Board with regard to the housing of certain physically unfit classes of Poor-law children. As everyone knows, Mr. Chaplin's famous Order was issued in April, 1897. On behalf of the Local Government Board he directed the Asylums Board to provide accommodation for children suffering from contagious diseases of the eye, skin, and scalp; convalescents and children requiring sea air, and others of defective intellect, cripples and those remanded by magistrates. Two years and a quarter have now elapsed and it is with some interest that one turns to the Annual Report of the Asylums Board for 1898, to see what has been done. It has been estimated that accommodation will have to be provided for 2,070 children. Two sites have been purchased for ophthalmic patients, one at Swanley and the other at Brentwood; buildings have been acquired at Herne Bay and at Margate for convalescents, besides a house at Pentonville for defective children. With regard to the St. Anne's Home, Herne Bay, we believe we are right in stating that the building was originally an hotel, and that it has been already officially condemned for structural reasons. It seems likely, therefore, that in addition to the £17,000 already spent in purchase money, a very large additional sum will be sooner or later demanded for rebuilding. If these surmises be true the confidence of the public will be to some extent shaken in the wisdom of the Asylums Board. Men of business capacity would have settled the whole business off-hand, instead of dealing with it piecemeal in a leisurely and extravagant fashion. Let us take the specific case of the ophthalmic patients, who make up 800 of the 2,070 for whom accommodation must be provided. Sites have been acquired and plans adopted for the erection of schools upon the cottage house system at a cost for building and administration that can fairly be characterised as enormous. The Metropolitan Asylums Board has always spent money like water, but in this particular instance of the Ophthalmic Schools it has established a record of extravagance that is calculated to rouse even the apathetic London ratepayer into indignant protest. So far as the proposed administrative staff is concerned, the estimate seems to have been based on the fallacious view that ophthalmic patients require as liberal a proportion of nurses as ordinary "fever" patients. The total accommodation to be provided is for 712 ophthalmic patients, equally divided between two schools. Before the ratepayers are saddled with this heavy

burden for foundation and up keep it seems reasonable that the bearings of the scheme should be publicly and cautiously considered. First we would ask, how is the ophthalmic population to be kept up as the patients are gradually cured and drafted back to their own places of settlement? At Hanwell practically all the patients of the original contributing district school have been cured, and the isolation ophthalmic school has since been filled by children from other metropolitan unions. If the supply to the new Asylums Board special hospital is to depend on the voluntary action of Guardians and Poor-law medical officers, then the scheme will be likely to languish. Medical officers may or may not recognise ophthalmia, and they may or may not be unwilling to run counter to the unwillingness of the Boards of Guardians to transfer children to another authority. It seems to us that if Mr. Chaplin's scheme is to attain lasting success the transmission of infectious children to the new special hospitals will have to be made compulsory. To that consideration another equally plain proposition must be appended. In order to keep the Poor-law schools free from such cases there must be some plan of systematic skilled inspection. The necessity of those two measures was advanced in this journal on the first appearance of Mr. Chaplin's order. It is to be hoped that the Board which sanctions lavish expenditure in so many directions will not draw the line at the comparatively small sum needed for an expert whose services will go far towards securing the ultimate success of what constitutes a most salutary social movement. The recommendation was made by Mr. Sydney Stephenson in his admirable report upon the Ophthalmic State of the Metropolitan Poor-law Children in 1897. Of course it may be possible that some satisfactory method of collecting the affected children other than by the aid of Government Inspectors may have been officially adopted, and, if so, we shall be glad to hear its details. One point seems clear, namely, that if such Inspectors be appointed, in order to carry official standing and authority they will have to be officers of the Local Government Board. In conclusion, it may be remarked generally that the criticisms contained in this article are not advanced in any captious or discontented spirit. If money be needed to carry out any great public administration let it be spent generously, but at the same time with some regard to prudence. Mr. Chaplin by his energetic action has provided the London community with the germ of a long-needed reform. We trust that it will not be allowed to fall short of perfection merely by the neglect of a few obvious precautions.

GUARDIANS AND VACCINATION OFFICERS.

It must be admitted that the position of Boards of Guardians *vis-a-vis* their Vaccination Officers under the last Act is somewhat anomalous, but guardians have only themselves to thank for this curtailment of their discretionary powers. In many parts of the country, guardians have shown themselves determined and refractory adversaries of the law, and have not scrupled to stultify the law by a policy of passive resistance. The Government, having gone the length of its tether in the matter of concessions, evidently appreciated the importance of providing an organisation which might be trusted automatically to enforce the attenuated compulsion which has been left part of the law. Such compulsion as remains is aimed at the careless and the indifferent only, for all those who feel strongly enough on the question to decline the protection afforded by vaccination, have ample opportunity of giving expression thereto. It remained to overcome the inertia which characterises the behaviour of the uneducated classes in respect of things and matters not having for object the immediate gratification of the appetites of the flesh. These reflections are suggested by the meeting of Poor-law delegates which took place in London early last week, By dint of active canvassing some forty-two Boards had been induced to send delegates. The chairman was careful to point out that they had not met to discuss the question of the advisability of vaccination as a protection against small-pox, but merely to voice the indignation of Guardians at finding that their servants, the vaccination officers, were expected to act *proprio motu* in the matter of initiating proceedings against defaulters under the Act. The action of the Local Government Board was declared to be insulting to public authorities, and a resolution in favour of bringing pressure to bear on the Board was agreed to with only six dissentients. The chairman's introductory remarks are in themselves a sufficient justification for the course adopted by the Local Government Board. They (the guardians), he observed, did not wish to set their faces against the law, but as responsible to the ratepayers, and representing the principle of local self-government, they were entitled to consideration. These observations embody an exceedingly vicious principle, one against which we cannot too strongly protest As worked out in practice, it amounts to an assertion that local self-government entails the right of individuals to set the dictates of Parliament at defiance. It is all very well for the guardians to say that it is not their intention to defy the law. Experience in the past has shown that in certain parts of the country guardians are ready and willing enough to render the law nugatory, and guardians, like magistrates, have to learn that their functions consist in carrying the law into effect irrespective of their own views or the opinions of a certain section of their constituents. We trust the Local Government Board will not recede from the position which has been taken up, seeing that reversion to the former *regime*, which left the guardians masters of the situation, would undoubtedly remove the last incentive to vaccination among the poorer classes of the community. We are threatened with a Vaccination Amendment Bill next session, but we need not now discuss its bearings.

By this time next year we shall be in a better position to form a trustworthy opinion of the effects of the concessions wrung from the Government in opposition to the almost unanimous voice of those whose opinions are worth having on such a complicated question.

Notes on Current Topics.

Legislation for Midwives.

THE reception accorded by the Lord President of the Privy Council last week to the delegation of supporters of legislation for midwives was characterised by diplomatic sympathy and extreme caution. Obviously no government would, if it could do otherwise, take upon its shoulders legislation of a kind bristling with controversial points and certain, if carried, to alienate the good wishes of a large and influential class of the community. Nevertheless, it cannot be denied that there is a large body of public opinion favourable to a measure having for object to improve the education and status of midwives. The crudeness and quasi-impracticability of the proposals hitherto brought before Parliament, have rendered it a comparatively easy task to defeat the intentions of their advocates, but the more these proposals conform to the provisions stipulated by the General Medical Council, the more difficult will it be to resist their assuming legislative form. No Government is likely to undertake the ungrateful task of forcing through Parliament a Bill on any other lines in the teeth of determined organised opposition at the hands of the medical profession, whose interests, be it remarked, are on all fours with those of the public. From every point of view the matter is one which would best be dealt with as a private bill, for this obliges its supporters to disarm opposition by timely and reasonable concessions. This is evidently what the Duke of Devonshire had in mind when he urged the delegates not to be discouraged, and advised them to prepare a measure in consultation with their critics, embodying therein all representations which they might consider reasonable. The advocates of midwives legislation may congratulate themselves on having made a decided step in advance in that they have secured an expression of sympathy on the part of the Government, but this they could have secured much earlier in the day had they shown themselves less intractable when called upon to safeguard the interests of duly qualified medical practitioners and to take precautions against the introduction of a new and imperfectly trained body of women for obstetric purposes.

The Self-Constituted Expert.

AN "expert" is always more or less an unknown quantity. He may be, indeed he usually is, a recognised authority on the subject respecting which his opinion has been solicited, but it is necessary to distinguish between the expert whose claims to special knowledge are based on tangible evidence of special study and the *soi disant* expert whose claims to distinction fail to command assent among his fellow professionals, to whose reputation, such as it is, is due to cleverness in manipulating the lay press. We are all familiar with the names of certain people, popularly described as experts, who somehow never miss an opportunity of bringing themselves to the fore in the *causes celebres* of the hour. They do not wait for their opinions to be asked; they buttonhole the editor or one of the junior members on the staff of a London daily, and on the morrow their views are blazoned forth to the multitudes, framed in a motley array of adjectives and irresponsible encomiums, the better to justify their publication. It goes without saying that the popular experts' views must always be diametrically opposed to the professional and official views. He deliberately puts himself forward as the exponent of the views of the thoughtless, but possibly earnest, minority of the public. His name is used as a lever for bringing pressure to bear in high quarters, and so he acquires a spurious fame, "unto which he was not born." As the great public are unable to distinguish between the genuine and the spurious article, writers for the lay press are enabled to expatiate on the untrustworthiness of expert testimony, and to give examples in proof thereof. In well-informed circles, it is true, opinions are valued, not by number or by energy of expression, but by the professional status of the donors. A great deal of harm is done, nevertheless, by these irrepressible individuals, because the public are very apt to mistake notoriety for fame, and to attach an overweening importance to what a celebrated politician once called the "harebrained utterances of irresponsible frivolity."

"Vol au Chloroforme."

DOES any anæsthetist or medical expert believe any of the thrilling narratives produced by the Press of persons—almost always women—being rendered unconscious by the momentary inspiration of chloroform or any other anæsthetic? From time to time we read dramatic stories of women robbed—in railway carriages or elsewhere—of their money and jewels, or of their virtue, by an instantaneous whiff of chloroform, even by throwing into the carriage a handkerchief saturated with that anæsthetic. The possibility of this has come to be so popular a belief in France that the supposed crime is designated by a special name, "Vol au Chloroforme," and we have had within the last fortnight the report by a lady that she had been robbed of 70,000 francs in a railway carriage by this means. We believe we are in a position to assure the public that the production of unconsciousness by such means without preliminary violence or without consent is the next thing to absolutely impossible. We have, of course, seen young children who succumbed to the anæsthetic in a very short time—say a minute—and we can also believe that a woman assaulted in a railway carriage might from the combined influences of excitement and terror and the anæsthetic, lose consciousness in a couple

of minutes, but this could not happen without a subsequent recollection of the precedent circumstances. The public should know that to induce anæsthetic unconsciousness in an adult under the most favourable circumstances almost never takes less than three or four minutes—usually ten to fifteen minutes. The theory of the lone, unprotected female overcome by a five-second smell of chloroform administered by a man whom she cannot remember, will do for sensation newspapers, but not for the medical profession.

The Determination of Sound Direction.

THE function attributed to the semicircular canals in respect of the determination of the direction of sound has been gradually undermined, and is now more or less discredited. The nature of the mechanism by which the source of origin of a given sound is perceived, therefore, still remains to be explained. There is reason to believe that the appreciation of direction is *mutatis mutandis* very analogous to the phenomenon of stereoscopic vision, that is to say, it is in virtue of certain subtle modifications of sound as perceived by both ears that we learn to diagnose direction, just as the slightly inaccurate superposition of two visual images gives the sensation of projection. In the course of a long series of observations carried out at the Yale laboratory it was found that as a matter of fact the sense of direction is remarkably accurate, a blindfolded subject making only 113 out of 656 possible errors. It was noted that the sounds of the right hemisphere were more accurately perceived than those of the left, those from the front more than those from the rear, and those from below more than those from above, variations which are probably due to the shape and direction of the pinna, and to the difference in the functional acuity of the two ears. Distance is estimated merely by the absolute intensity of the sound, but direction is gauged, according to Matsumato, by the relative difference between the intensities of the component sounds as heard by the two ears. This is such a delicate process that ventriloquists can, by directing the attention of his audience to a given spot other than the actual source of the sound, and by certain studied modifications of the sound emitted, mislead the judgment into overruling the impressions on the sensorium of the observer and give rise to an absolutely false perception. There remains the fact that in certain atmospheric conditions, notably in fog, the sense of direction is greatly modified, and even lost, as sailors know to their cost. This fact would tend to show that senses other than hearing are concerned in completing the impression or at any rate in confirming or disproving the deductions based thereupon.

Unsound Fruit.

FROM a medical standpoint there can be no doubt that a great deal of nonsense is talked about unsound fruit. If we accept the popular view, many, if not most, of the acute summer diseases are due to bad fruit. Only last week, a correspondent signing as a medical man, wrote to a leading metropolitan newspaper to the effect that unsound fruit was one of the chief causes of summer diarrhœa. As a matter of fact, it is nothing of the kind. The malady in question is a symptom of invasion of the body by micro-organisms of many different kinds. It is perfectly true that those hurtful microbes may be conveyed on fruit, as they may be in any other article of food. Fruit, however, is in itself vastly less likely to carry the seeds of the infection than contaminated milk, meat, or water. Indeed, it may be fairly asserted that to attribute the incidence of this disastrous seasonal disorder to the agency of fruit is to cast round the real source of the mischief an ample cloak of ignorance. We have yet to learn that the organisms found in over-ripe or fermenting fruit have any serious disease-producing action. The point has a very serious economic aspect. Quite recently a South London sanitary inspector named Thomas has secured the destruction of enormous quantities of fruit consigned for the purpose of jam-making. It is well known that the sterilising process of prolonged boiling renders fermenting fruit harmless. In any case we should have preferred the evidence of the Medical Officer of Health offered in court upon this important point, instead of that of a subordinate official untrained in bacteriology. Messrs. Lipton and Co. would do well to have an inquiry made into the question by a bacteriological expert.

Scarborough as a Health Resort for Tuberculosis.

SINCE the open-air treatment of phihisis has come to engage so much of the professional and public mind, the health authorities of various favoured resorts have been active in claiming for their localities the advantages to be derived from following out the treatment. Under these, perhaps, natural circumstances it is not surprising that much diversity should prevail in the climates of those places which have been vaunted as suitable for the purpose. In this connection it has not been pointed out what is the best climate in which to carry out the open-air treatment. So far sanatoria are being opened or have been decided upon in all parts of the country under the most diverse conditions as to subsoil, climate, and environment generally. Nevertheless among the localities whose natural surroundings eloquently plead in its favour as a resort for consumptives desirous of undergoing the open-air treatment, mention should be made of Scarborough. There can be no question so far as our knowledge goes that this North-Eastern health resort is eminently adapted for the purpose. We believe that at present no special facilities exist for carrying out the treatment, but the matter probably only requires to be brought under the notice of the municipal authorities of the town, in order to prompt them to embark upon an enterprise which could not fail to be followed by excellent results. Naturally

favoured as Scarborough undoubtedly is for this special form of treatment, there is every reason for supposing that if the authorities were to erect a sanatorium the enterprise would soon prove a very profitable one for the ratepayers. A sanatorium under municipal control, erected and conducted in accordance with all the requirements of modern times, could not fail to prove a magnificent success. We commend the suggestion to the Corporation of Scarborough, believing that they will not lightly overlook this opportunity of again proving their ability to conduct the affairs of the town with commendable enterprise and foresight.

The Rating of Hospitals.

THE question of the rating of the hospitals is by no means so simple as it looks, and its settlement involves many principles, both legal and ethical. If the medical charities were all conducted in such a way that persons who could afford to pay private practitioners were not allowed to partake of the charitable funds, one great objection to rate-relief would be removed. Then, again, the pay system by which great charities like St. Thomas's, Guy's, and the London Hospitals in general practically trade on funds subscribed for the benefit of the sick poor. Apart from those two points, it is hard to see why anyone should object to the removal of taxation from the medical charities. However, any rate-relief must come out of the pocket of the ratepayer, and he may well object to relieving hospitals that compete with general practitioners, that give advice and medicine to the well-to-do, and that make money out of paying patients. Why should a struggling ratepayer contribute to the provision of medical necessities for folk who ought to pay for them? Government is giving a huge dole to the clergy of the established Church in the shape of a Tithes' Relief Bill. The church that nets this substantial contribution is the richest in the world, and ministers to a section only of the community. It is hard to see why a similar money relief should not be granted to the medical charities, which relieve Government of a vast mass of sickness, suffering, and disease that the State would otherwise be called upon to provide for.

Official Vaccination.

THE Vaccination Bill of last year has raised an apparently endless crop of anomalies and complications. It has been our pleasure from time to time to point out the enormous indirect compulsion that lies in the hands of the Government through the civil, military, and naval, the poor law, and the educational services. By simply announcing that the unvaccinated need not apply, the necessity of vaccination is practically enforced upon a vast section of the community. Nor could we imagine any Government that could refuse to enforce vaccination upon those engaged in the public services, an opinion we adhere to in spite of the rude shock of Mr. Balfour's surrender of the compulsory principle in the teeth of medical authority. But the anti-vaccinators will not be content with their victory, which will simply give them a sharper zest for future doles. They are raising a great outcry against the conditions imposed by the Education Department whereby vaccination of teachers is rendered an indispensable essential. Their attitude has been summed up thus by a writer in a contemporary journal, "A benevolent legislature provides that children need not be vaccinated, while the Education Department rules that their teachers must be. The inconsistency is as grotesque as the tyranny of the thing is outrageous." Meanwhile small-pox is practically extinct in London, and the burden of proving that vaccination has not been the chief factor in arriving at that happy result lies with the anti-vaccinators."

The "Ophthalmic Optician."

THE *fin de siecle* tradesman, the so-called "ophthalmic optician," has not by any means been backward since the Spectacle Makers' Company decided to give them the chance of gaining a diploma. In proof of this we must again revert to the advertisement columns of a contemporary. Upon this occasion it is the *British and Colonial Druggist* to which we may draw attention. In the issue of that journal for last week the following advertisement appeared:—"Classes are now being formed in Retinoscopy, Ophthalmoscopy and Ocular Physiology. Candidates prepared for the optic, dioptric and ophthalmometric grades of the British Optical Association. For terms and particulars apply to T. H. Sutcliffe, O.B.O.A., F.S.M.C., Blackpool." This announcement shows very plainly that if the diplomates of the Spectacle Makers' Company are compelled by the company to keep within certain lines in their sight-testing business, they are not bound by any restrictions by the British Optical Association. It will probably be news to the majority of our readers that opticians are now taking up retinoscopy and learning the ophthalmoscope. Practitioners may well ask, in view of these facts, what will be the end of this matter. Hazarding a guess, we believe that trouble is in store for the Spectacle Makers' Company. In the course of time the body of "Diplomates" whom they have created will be strong enough to dictate terms to them. For example, the restriction as to advertising is not one to which the "Diplomates" are likely to submit for long, for to a tradesman business can scarcely come without advertising Again these diplomates are forbidden to use atropine, but we gather from the advertisement above quoted that retinoscopy is now one of the branches of study of the optician, and this almost implies the employment of atropine. Altogether, it is quite possible that the Spectacle Makers' Company, or, at all events, those of the Company who have made themselves responsible for this new diploma, will subsequently find themselves in a veritable hornets' nest, and compelled to retire from the position which they have assumed. Meanwhile the Medical Acts are in such a delightfully chaotic condition that there is no

law which can prevent opticians using atropine or practising as ophthalmic surgeons if the public choose to employ them as such.

A Nursing Home Case.

OBSTINACY, like experience, has generally to be paid for, as a lady in Manchester has just found to her cost. She made an allegation against the proprietress of a nursing home in that town, to the effect that the latter was in an alcoholic condition on a particular morning when the lady paid a visit to the home for the purpose of seeing her daughter. But the allegation, however, being persisted in, there was nothing left to do for the proprietress of the home, who was a nurse, than to bring an action in order to clear her character. The case came on for trial last week, and the judge at the outset did his utmost to settle it out of court in the interest of both parties. The plaintiff, through her counsel, expressed her willingness to accept the judge's suggestion provided that an apology was tendered and the costs of the action paid. But the defendant, with an obstinacy which she probably now sincerely regrets, would not agree to this course, and the case, therefore, was heard. After the evidence had been given on both sides and the judge had summed up, the jury found for the plaintiff, and awarded damages to the extent of £50. We congratulate the plaintiff upon the result, for not only was she able to prove that the allegation was unfounded, but she has been awarded damages, the claim for which, had the case not been tried, she had expressed her willingness to forego. On the other hand the defendant has been taught a lesson which she will have good reason to remember. No possible sympathy can be felt for her, inasmuch as the evidence showed that she made the allegation in anger, and even when a favourable opportunity occurred for adjusting the matter, she obstinately refused to avail herself of it. This point was made much of by the judge in his address to the jury.

Footsoreness in the Army.

DURING the manœuvres on Salisbury Plain last year a large number of men were placed on the sick list owing to the prevalence of footsoreness. This condition was brought about as the result of the long marching, which formed part of the training to which the troops were subjected. However, active steps have since been taken, in order, if possible, to prevent the recurrence of this untoward result, and the Royal Army Medical Corps have dealt with the matter in a manner which will probably prove effectual. In the course of the end of last year at Aldershot a class of non-commissioned officers was formed and instruction given in the art and science of chiropody. This plan has so far succeeded exceedingly well in attaining the object in view, so much so that the military authorities are contemplating adopting it extensively. By its means the men are taught to look after their own feet, while at the same time any local ailments of the feet from which they may be suffering are taken in hand and cured. As might be anticipated corns, bunions, ingrowing toe nails, chilblains, blisters, are not uncommon among the troops, and anyone of these, if allowed to remain unrelieved, would soon incapacitate a man for much marching duty. The idea of establishing a permanent system of efficient regimental chiropodists for service in infantry battalions is now under the careful consideration of the military authorities.

A New Theory of the Cause of Appendicitis.

WE would seem up to the present to have been living in a fool's paradise regarding the pathology of appendicitis. It has been usual to attribute the onset of the disease to some local disturbance of the nutrition of the appendix, generally caused by a foreign body of some sort, and frequently, when the surgeon has been called upon to interfere, and explore the seat of inflammation, a large foreign body in the appendix has been found. But a Daniel has come to judgment in this matter. Dr. Alexander Haig has affirmed that the pathology of appendicitis allows of a most simple explanation. He states that in a large number of cases inflammation in the region of the cæcum and appendix is merely a gout of the fibrous tissues of the intestines and that like gout of other fibrous tissues, it is promptly relieved by salicylate of soda or other salicylates. This is, of course, a physician's view of the matter, and physicians are rather apt to be unorthodox as to the expediency of surgical treatment in cases like those of appendicitis which really belong to the domain of surgery. In waiting for cases of appendicitis, however, to recover under salicylate of sodium valuable time might be lost, so much so that instead of gout the surgeon might find at the operation general suppurative peritonitis, caused by the rupture into the peritoneal cavity of an appendicular abscess. It is obviously risky matter to have theories upon such a profoundly active disease as appendicitis. In truth, there is no room for them; a cherry stone may become impacted in the appendix as the result of a gouty attack, but it is obvious that the patient, gout or no gout, cannot be regarded as safe until that cherry stone has been removed. Hence it would seem to be best to find out the cause of the trouble first, and then consider the possibility of gout afterwards.

Criminal Responsibility.

As a mere matter of homespun justice, it is likely that the voice of the majority of our countrymen would be raised for or against the carrying out of a death-sentence on the merits of each particular case. A cold-blooded murder, without any suggestion of mental unsoundness on the part of the perpetrator, would arouse little or no popular protest. Where there is an element of reasonable doubt, however, as in a recent case before the public, a vast agitation at once surges through the country, and the Home Secretary is urged to exercise his prerogative of mercy by the Press, by monster petitions, and even by a large and solid phalanx of the House of Commons. When doubts of so weighty and multifari-

ous a nature are raised, it would seem to be a safer course to stay the avenging hand of justice. In the case mentioned the question of the prisoner's sanity was not laid before the consideration of the jury at the trial. Almost at the same time another prisoner was at once acquitted of a terrible murder on the ground of insanity. The lady in question imagined a schoolmaster had violated a scholar, and she accordingly shot him dead. The practical point that seems to be suggested by recent events is that there should be a court of criminal appeal, which in the poisoning case, would have permitted the plea of insanity to have been adequately considered. Secondly, the need of a board of experts in lunacy to inquire into the mental responsibility of criminals of all sorts, in conditions whenever and wherever the question of insanity is raised—whether before, after, or during their trial.

Medical Millinery in Edinburgh.

THE Edinburgh College of Surgeons has yielded to the importunity of a number of its Fellows who are anxious to be allowed to advertise themselves on public occasions by assuming a gown and cap of office. The College has intimated that any Fellow can have such paraphernalia "designed and faced in conformity with the armorial bearings of the College" for £3 18s. 6d., and it "recommends that it be worn on all ceremonial occasions where the College is represented." This last limitation would be useful if it were observed by Fellows who yearn for special clothing, for it would prevent them from bedizening themselves for garden parties, charity dinners and such functions; but we predict that it will *not* be observed. Practitioners stricken with the millinery mania will probably not wait for the occasions when their college is ceremonially invited and present. Considering that up to a recent period the fellowship was purchaseable for £25, without examination, and even *in absentia*, the canonicals now adopted cannot be regarded as a badge of very superior attainments.

Mr. Stephen Coleridge and the West London Hospital.

MR. STEPHEN COLERIDGE, who, as we stated last week, endeavoured, by an appeal, to induce the subscribers to the West London Hospital to divert their contributions to the Poplar Hospital, has been placed in an ignominious position. The chairman of the Poplar Hospital has stated that if any subscriptions are so diverted, his committee are sure not to accept them. In other words, it is now quite evident that Mr. Coleridge has signally failed to do any harm to the West London Hospital by informing the subscribers to the institution that two members of the staff are licensed vivisectors. Again. it is of interest to note that Mr. Holland utterly repudiates Mr. Coleridge's efforts on behalf of the Poplar Hospital. All this is entirely as it should be, and the National Anti-vivisection Society, of which Mr. Coleridge is the mouthpiece, have thus been administered a well-deserved snub.

Unqualified Assistants and Registration.

OUR Edinburgh correspondent informs us that one of the present features of the examinations for the licence of the Scottish Medical and Surgical Colleges is afforded by the number of candidates appearing who have filled unqualified assistant's posts during the past years, some of them for several years, but who are now compelled to become registered. Some of them exhibit certificates of attendance on classes obtained as many as ten or twelve years back. Their reappearance in the character of medical students often has an element of sadness in it, but their acquaintance with the subjects for which they come up is frequently very defective, even in such practical points as their experience of practice would lead one to expect familiarity with.

A SERIOUS case of wholesale poisoning of school-children occurred at Blackheath on Saturday last. After partaking of tea at an outing, some sixty of them were seized with vomiting and diarrhœa, the majority being taken to the Seamen's Hospital at Greenwich. All were considered sufficiently recovered before midnight, and were discharged, but the edibles and milk were taken for analysis by Dr. Hartt, the Health Officer for Greenwich.

PERSONAL.

Mr. H. W. ATKINSON, of Caius College, Cambridge, has been elected to the Shuter Scholarship at St. Bartholomew's Hospital.

W. H. SYMONS, M.D. (B), D.P.H. (O), F.I.C., has been appointed Medical Officer of Health for the City and County of Bath, at a salary of £435 per annum.

SIR WM. STOKES, M.D., F.R.C.S.I., Surgeon-in-Ordinary to the Queen in Ireland, has been appointed an Honorary President of the International Medical Congress, to be held in Paris next year.

THE appointment of surgeon to in-patients at the Westminster Hospital, void by the retirement of Mr. Thos. Bond, F.R.C.S., has been filled by the election of Mr. Alfred Tubby, F.R.C.S., and Mr. E. Percy Paton, F.R.C.S., has been appointed assistant-surgeon.

Dr. MAX BREUER, a German subject, formerly surgeon on the s.s. *Russia*, has just been made a Knight of the Legion of Honour, for having eight years ago rendered surgical assistance to a French sailor on an English petroleum ship, on the high seas, under peculiarly trying circumstances. *Mieux vaut tard que jamais!*

WE are glad to be able to report that Sir Thomas Grainger Stewart, Professor of Clinical Medicine in Edinburgh University, has made considerable progress towards recovery within the last few days, although it will necessarily be some time before he is able to fulfil any engagements of any description. It is to be hoped that the long vacation will afford him the rest he is so much in need of, and enable him to undertake the work of next winter with his health completely restored.

IT is proposed to build at Aix-le-Bains a hospital for the poor as a memorial to the late Dr. Brachet. The French Government has promised its assistance. English friends of Dr. Brachet who may desire to subscribe are requested to send their contributions to Mr. F. D. Mocatta, of Connaught Place, W.

Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

THE NATURE AND TREATMENT OF WHOOPING-COUGH.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your article on the Metropolitan Asylums Board in this week's number of THE MEDICAL PRESS AND CIRCULAR, the words "the terribly fatal maladies, whooping-cough and diarrhœa," occur in reference to the possibilities of some day dealing with them as infectious diseases.

Now, it has always appeared to me difficult to understand why it has taken so many years to make our profession perceive the nature of whooping-cough. My old friend, Dr. Octavius Sturges, *thought* I had some reason for my views, but as Dr. Sturges did not go through fifteen years of out-patient work in those crowded rooms at the Great Ormond Street Children's Hospital, I made allowance for his sceptical attitude. But I cannot reflect on this subject without recalling an amusing incident that occurred in the family of one of the most, if not *the* most, distinguished anatomists in London. His children had whooping-cough, and the advice of Dr. Niemeyer that the treatment of a birch rod might prove of effect was suggested, not by myself, but by another friend well-known as a children's doctor. A few weeks passed when the mother of the family caught the whooping-cough, and her eldest son recalled to her mind the advice of Dr. Niemeyer. That eldest now is a well-qualified practitioner, and an interval of between fifteen and twenty years has, I am glad to see, cleared up the great ignorance that prevailed in our profession on the nature of whooping-cough, and which, I hope, will lead as your article suggests, to some steps being taken to prevent its spread. To see thirty or forty children in the Ormond Street waiting-rooms mixed up with others was not pleasant.

I am, Sir, yours truly,
ROBERT LEE.

39, Gunterstone Road, West Kensington, W.,
July 21st, 1899.

THE CANCER "FOG."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Barnum tells in his "Autobiography" the story of a clever young lawyer who was pleading in his first cause, and had made a long and eloquent speech greatly to his own satisfaction. That was somewhat damped, however, when the judge asked him for which side he appeared - plaintiff or defendant?

I was reminded of this anecdote when I read the first letter of your correspondent, "Philosophus Ignotus"; for his opening remarks coincided so exactly with my own views, expressed or implied, that I could not see where the prospective censure was to come in. Such phrases as—"The philosopher's function to try to see," "principles." "I think careful and accurate observations are not so much a desideratum now as sound reasoning, judgment, and reflection founded on them." '*It is not more observations that we require* in the study of cancer, but a better use of the observations we already have," "No memory is so prodigious as to be able to carry it (the mass of recent medical observations); for one is in great danger of failing to see the wood for the trees," are aptly expressed propositions, perfectly after my own heart, and with which, making one slight reservation, I fully concur.

That reservation concerns the words I have above italicised. For however enormous the aggregate of details and of more or less isolated facts with which we have to deal, it is idle to pretend that we really have more than a child's empirical knowledge about any single medical, physiological, or pathological point that can be instanced. Sir Isaac Newton described himself as "a child picking up pebbles on the sea-shore." That is a simile we should all do well to bear in view, especially in the existing state of medical education. The student's brain is crammed to repletion with facts, or what pass for such. He is never supplied with any general law or principle which binds these together, by which their truth may be tested, and which enables them to be put to practical use. It is not even suggested to him to look for such a principle, which must needs be underneath them somewhere; or that, if he would become other than a mere empiric, he must search until he find it. So long as he can commit to memory a sufficient number of particulars, and reel them off to order at an examination, that is all which the present system requires. Hence, a frightful waste of force in the process of manufacture; a standard of quality far below what should be found in the finished article.

In the department of cancerous diseases there have been, of course, as my paper pointed out, very numerous and valuable observations. Were these, as your correspondent justly hints, carried into practical effect, the progressive mortality would soon be very appreciably diminished. But it is futile to pretend that we have enough for the purpose, and that no more are needed. We know perfectly well, the immediate antecedents—in other words, the exciting causes—of cancerous disease, whatever the variety. *No cancer ever arises without a definite and ascertainable excitant in each individual instance.* Only it is not permissible to discuss "cancer" as a single malady. It is a very large group of maladies, each widely differing from the rest, in mode of causation, to say nothing of clinical and pathological phenomena. The recognition of this maxim is the first step towards reform in medical literature and towards the foundation of any true cancer-science.

Your correspondent implies, and the lay press take for granted, that the causes of "cancer" are obscure and unknown. That is entirely erroneous. There is nothing mysterious about them. There is, indeed, a mystery, but it is purely teleological, relating to the qualities of protoplasm and the relation of individual cells to the nervous system Here observations are wholly wanting. I doubt whether there can be material scientific progress until this wholly unknown country has been explored. The physiology and pathology of unicellular organisms, such as the Amœba and its congeners, will some day be found of profound significance in elucidating those phenomena characterising malignancy in all its forms, which I have ventured to designate collectively "The Cancer Process"

Another most important matter on which independent investigations are urgently needed, is the behaviour of the lymph-glands towards cancer-protoplasm. In the *Medical Press* of November 9th last, I pointed out that in the early stages of all, or nearly all, malignant lesions, extensive destruction of the infective cell-particles takes place, either in these organs or in the lymph-current; most probably the former. Of this I feel perfectly certain, no other explanation will account for the clinical phenomena.

It seems to me that the fact might reasonably be turned to therapeutic use; nay, that we might even discover something in the nature of a remedy. But a long series of careful observations and experiments is an indispensable preliminary to any valid work.

I fail to see that any object would be gained by discussing the long string of interrogatories in your correspondent's second letter; even if I could discern their bearing upon the questions at issue, which is not the case. But he blames me for not stating facts, and giving the result of my own observations. If he will only do me the honour of referring to any one of my publications, the result of a life's work, I think he will discover a reasonable supply of facts. And if he would condescend to explore a little further, he would find every

question answered somewhere or other; without occasion to invoke "pollaki-siteism" or "polysiteism" and so to send us on a tedious search after the long-disused Greek lexicon. The series of 1075 cases analysed in reference to the question of heredity, would offer support to his own views on the non-validity of that factor as a source of cancer-development.

But alas! I am here reminded of a shrewd remark Sir Walter Besant somewhere makes about clever magazine articles. They are read, people talk about them perhaps, for a couple of days. Then the world goes on as though that article had never been written. So it is with any work or paper not involving a mare's nest on cancer. The only difference is that nobody takes the trouble to read the latter.

I am, Sir, your truly,
HERBERT SNOW.

6, Gloucester Place, Portman Square,
July 22nd, 1899.

THE TEMPERANCE QUESTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I ask for space to reply to the extraordinary article on "The Temperance Question" in your last issue? It so (apparently without the least intention) caricatures the total abstinence movement that one cannot but wonder that in these enlightened days anyone should have such notions about it. What, for instance, can be the meaning of the sentence, "The evils of excess in some are not very clearly proved to be curable by total abstinence in others"? I never heard of anyone who prescribed such vicarious treatment. It goes without saying that if a man abstains he cannot be drunk. If A. is the drunkard A. must abstain, and all the good B. can do A. by abstaining too is to encourage him and make it easier. But B. abstains, not simply because A. drinks, but (1) because it is better for himself physiologically; (2) because he does not want to be like A, and believes that total abstinence is the only absolute guarantee; (3) because he helps to break through and break down the drinking customs which have led A and so many others to become a drunkard.

Then the writer sneers at "religion" in connection with the cure and prevention of drunkenness. One fails to see why. For (1) the crusade against drink and drinking has been chiefly carried on by men from or with religious motives; and (2) why refuse the help of the strong motives which religion supplies in curing the drunkard? They certainly have their place and power.

One must pass over much that is irrelevant in the article, even if true, but the writer calmly defies logic in stating that Nature, by fermentation, p ovides us with the means of changing certain substances from one condition to another to make them more suitable to the human body. To prove that fermented drink must be beneficial, he instances the advantages of fermented bread! Surely he must know that the object of fermenting dough is to produce the bubbles of CO_2, which render the bread light, and that the production of alcohol is not the object, this product being expelled in baking. Will he maintain that alcohol is more suitable to the human body than sugar, or than starch? The absurdity of it precludes serious argument.

Then, again, he credits abstainers with the notion that "nothing which Nature provides us with should be used for good if it can possibly be used for ill." One might ask, and ask in vain, for the alcoholic beverage which Nature provides without human interference. Everyone knows that if Nature starts the process of fermentation, and is not let or hindered, the ultimate product is vinegar, &c., and not an intoxicating beverage. We do not object to any good thing, but we require proof that alcohol is good (for internal use), and we are convinced that even if there were some good to be obtained from taking it (pleasure, &c.) the evils which accompany are so inevitably and inextricably mixed with the good that "the game is not worth the candle."

Where can he have got the idea that we regard total abstinence as a virtue? We disclaim it altogether. We regard it as nothing more than common-sense to abstain from a drug (alcohol, and the drinks which contain it) which renders the practice of the virtue temperance (*i.e.*, self-control) more difficult, and which curtails or abolishes it in hundreds of thousands of cases, every day, to the manifest injury both of those who take it and those who have to do with them.

By all means treat this question as one of sanitary science, and in the same manner that other sanitary questions are treated Sanitarians advocate that food and drink should be as pure, nutritious, and free from poison as possible. No one in his senses will advise the use of slightly impure water when an abundant supply of pure is available. Should we say "A little won't do much harm, but don't take too much?" We are consistent in advising total abstinence from all poisons, and especially from alcohol, which by its insidious power has done and is doing more harm than all other poisons put together.

The profession know that this is all true and as soon as they are prepared to speak out the truth, the public will follow and have a better opinion of them.

I am, Sir, yours truly,
J. J. RIDGE,
Hon. Sec. British Medical Temperance Association.
Enfield, July 22nd, 1899.

THE ANSELL POISONING CASE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Although it is impracticable to attempt to draw a line of demarcation between insanity and criminal responsibility, it appears to me, *prima facie*, that the Home Secretary was ill-advised by the experts who examined the condemned in this case; otherwise the capital sentence would have been commuted. It is true a premeditated and diabolical murder was committed for the purposes of trivial gain. On the other hand, the pronounced family history of insanity, the early eccentricities of the condemned (as you remark) and terrible family history, coupled with the inadequacy of motive, clearly point to an abnormal mental condition, apart from the individuality of the case, and which according to the present tone of English society and public opinion should have absolved the condemned from criminal responsibility.

I am, Sir, yours truly,
CLEMENT H. SEBS.

Queen's Road, Peckham, July 21st, 1899.

HOSPITALS AND THE ANTI-VIVISECTIONISTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—With reference to your article entitled "The London Hospitals and the Anti-Vivisectionists" I never suggested, nor did I use any words that could imply a suggestion, that Drs. W. A. Turner and G. L. Cheatle "made use of the West London Hospital Laboratory for the prosecution of their (vivisectional) researches."

I made a plain statement that those two gentlemen were licensed vivisectors and were on the staff of the hospital. Mr. Bird, the chairman of the hospital, wrote to the papers claiming the support of the humane, and fortifying his claim by asserting that vivisection did not go on at his hospital. If he may claim support on that specific ground, why may I not point out that there are vivisectors on the staff?

And there being another hospital that is without that stigma in the eyes of anti-vivisectionists, why may I not name it?

If vivisection is a proper adjunct to a hospital, let those hospitals that foster it appeal to the public on that very ground for their support.

If it be not a proper adjunct to a hospital let those hospitals that have nothing to do with it at least have the advantage that may accrue from such disconnection.

The National Anti-Vivisection Society has a perfect right to use its influence openly and fairly to direct the subscriptions of the benevolent towards hospitals disconnected with vivisection, and it will certainly continue to do so.

The suggestion that you seem to make, that in fulfilling

this obvious duty to its supporters, the Society, and myself as its representative, are doing something discreditable is perfectly ridiculous.

I am, Sir, yours truly,
STEPHEN COLERIDGE.

20, Victoria Street, London, S.W.,
July 21st, 1899.

THE MEDICAL DEFENCE UNION AND MEDICAL AID ASSOCIATIONS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In consequence of the resolution passed by the General Medical Council on June 6th, in *re* medical aid and other associations the council of the Medical Defence Union has decided in future to require intending candidates for membership of the Union to sign the enclosed declaration in addition to the usual application form. As a matter of interest to the profession, may I ask you to kindly afford space in your columns both for this letter and the declaration itself?

I am, Sir, yours truly,
A. G. BATEMAN.

Medical Defence Union, 4 Trafalgar Square, W.C.
July 21st, 1899.

The declaration reads as follows :—

"I hereby declare that I do not at the present time hold any office in connection with any medical aid or other institution in which systematic canvassing is practised as a means of procuring patients, and that in the event of my being elected a member of the Medical Defence Union I will not during the continuation of my membership thereof accept any offices whatsoever in or be otherwise associated with any society, association, provident dispensary, or medical institution where canvassing for the purpose of procuring patients is practised; and I further declare that I will not engage in any practice either as principal, partner, or assistant in which canvassing for the purpose of procuring patients is adopted."

THE PROPOSED BOARD OF CONCILIATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—We may not be all of one mind with reference to the proposal of the General Medical Council to form a Board of Conciliation, but we shall all be agreed that the proposal is worth the careful consideration of the medical officers of the Friendly Societies of this country.

May I suggest that the annual meeting of the British Medical Association affords a very fitting opportunity of discussing this important subject

I am, Sir, yours truly,
T. GARRETT HORDER.

Cardiff, July 21, 1899.

Medical News.

Dental Hospital of London.

ON Wednesday last a conversazione was held by the Dental Hospital of London at the Royal Institute Galleries, Piccadilly, when the prizes of the School of Dental Surgery were distributed to the successful students of the year by Sir Richard Douglas Powell, the most successful students being Mr. J. T. Carter, Mr. W. J. Duncalf, Mr. A. Rice, Mr. E. Rhodes, and Mr. G. C. Sawday. Mr. Morton Smale, the Dean, remarked that the school had attracted a large number of students, including some from Italy, and their students had carried away several important prizes at the general hospitals. The new premises in Leicester Square were progressing, and the hospital would be in full working order in October. Sir Richard Douglas Powell said that through the efforts of the staff during forty years the hospital had advanced to a great state of perfection both in its teaching and in the administration of relief. When adequate room was obtained in the new building, with the museums and teaching power that now existed, the institution should be second to none in the world, and he believed that the students and prize-winners would carry on the good work of their predecessors.

The Sixth International Otological Congress.

AN interesting programme has been issued for this Congress, which will be held at the Examination Hall, Victoria Embankment, W.C., from August 8th to 12th. Over seventy papers are announced for reading, besides a general discussion on "Indications for Opening the Mastoid in Chronic Suppurative Otitis Media," to be opened by Profs. MacEwen and Politzer, and Drs. Knapp and Luc. The museum, to be held in connection with the Congress in the same building, promises to be of great interest. There will be a large collection of specimens relating to diseases of the ear and nose, not only from this country, but also from France, Germany, Austria, Holland, and other countries. Among others, Prof. Politzer (Vienna) is bringing over many valuable specimens. Members of the profession will be admitted to the museum, on presentation of their visiting cards, on Wednesday, August 9th, and on Thursday, August 10th, from 2 to 4 p.m., and on Saturday, August 12th, from 10 a.m. to 5 p.m. Further particulars of the Congress may be obtained from the Hon. Sec.-Gen. Mr. Cresswell Baber, 46 Brunswick Square, Brighton.

Irish Medical Schools' and Graduates' Association.

THE summer general meeting of the association will be held on Wednesday, August 2, 1899, at the Town Hall, Portsmouth, in Committee Room No. 1 at two p.m. the president, Sir William Thompson, M.A., F.R.C.S.I., in the chair. Dr. George Stokes has given notice that he will move the following resolution, viz.: "That the last sentence but one of the first paragraph of Rule VIII. be altered to read as follows:—"Of the elected members of council twelve only shall be eligible for re-election." The Chairman of Council will report the decision of council as to the "coming of age" celebration to take place in London at the commencement of the winter session.

Westminster Hospital Medical School.

THE following were the principal awards at the distribution of the prizes at this Institution for the Winter and Summer Sessions:—Scholarships in Arts, each of the value of £50, to C. Fletcher and G. W. Heron. Oxford and Cambridge Scholarships, each of the value of £40, to A. R. Roche, F. P. Edwards, and B. J. Dudley. Science Scholarships, each of the value of £30, to C. Roper and M. J. Cromie. Dental Scholarship, value £20, to L. W. Townsend. The Chadwick prize, value 20 guineas to A. J. V. Betts. The President's prize, value 20 guineas, to E. C. Whitehead. The "Bird" medal and prize, value £14, to H. D. Brice. Histology prize, E. C. Whitehead. Practical Chemistry prize, E. C. Johnson. Prize for Materia Medica, W. Payne and H. D. Brice. Midwifery prize, E. R. Carling. Medicine prize, W. Payne. The prizes having been presented, Sir John Wolfe Barry delivered an address, in which reference was made to the value of examinations as a guarantee to those entering a profession of their being *au courant* with all that is known in scientific research. But practical knowledge could never be met by any system of examinations, and in the medical profession must be acquired by clinical study in the hospital. The position taken by the school in the public examinations was referred to as comparing favourably with that of the larger medical schools. The records of old students were mentioned. Sir George Robertson, the hero of Chitral, had been a student at Westminster Hospital, and Messrs. Walker, White, and Jerman were now in Uganda upholding the high quality of the Westminster Hospital Medical School training.

London Hospital Medical College.

OCCASION was taken of the presentation of prizes and certificates gained by the students during the past year to formally open the new buildings of the medical school by Lord Knutsford, on July 18th. The following is a list of the prizes:—Price Entrance Scholarship in Science: £120, Mr. F. W. Jones. Price Entrance Scholarship in Anatomy and Physiology: £60, Mr. L. Bousfield. Entrance Science Scholarships: £60, Mr. J.

W. Fox; £35, Mr. J. J. Rainforth. Buxton Scholarships (Arts): £30, Mr. M. Greenwood. Epsom Scholarship (for Students of Epsom College): £126, Mr. C. Colmer. Scholarship in Clinical Medicine: £20, Mr J. Sherren. Scholarship in Clinical Surgery: £20, Mr. A. Killick. Scholarship in Clinical Obstetrics: £20, Mr. R. J. Howard. Duckworth Nelson Prize: £10, Mr. R. J. Howard. Letheby Prizes in Chemistry: Senior (£20), Mr. H. E. Ridewood; Junior (£10), Mr. G. O'N. Waddington. Sutton Scholarship in Pathology: £20, Mr. R. N. Salaman. Scholarship in Anatomy and Physiology: £25, Mr. H. E. Ridewood. Scholarship in Anatomy and Biology: £20, Mr. F. W. Jones. Minor Surgery Prizes: £15 prize, Mr. A. J. Couzens; £10 prizes, Mr E. J. H. Rudge and Mr. T. Y. Simpson; £5 prizes, Mr. H. R. Cran, Mr. W. G. H. Cable, and Mr. M R. Johnson; £3 6s. 8d. prizes, Mr. G. Birch, Mr. G. M. Clowes, and Mr. T. W. Jeffery. Practical Anatomy · £6 prize, Mr. R. A. Dolbey; £4 prize, Mr. H. M. Churchill. Anderson prizes: £2, Mr. W. H. Davidson and Mr. R. F. Williams; £1, Mr. B. Warren, Mr. D. S. Skelton, Mr. H. Balean, Mr. F. Challan, and Mr. A. B. Soltau.

St. Bartholomew's Hospital Medical School.

The following Scholarships and Prizes for the past winter and summer sessions have been awarded:—Entrance Scholarships.—£75, in Biology and Physiology, L. J. Picton; £150, in Chemistry, Physics, and Biology, C. C. Robinson and J. Burfield, equal; £50, preliminary Scientific Exhibition, A. F. Forster; £20, Jeaffreson Exhibition, T. Jeff Faulder; £50, Shuter Scholarship. H. W. Atkinson; £50, Junior Scholarships in Anatomy and Biology, A. Hamilton, T. H. Harker, and C. C. Robinson, equal; £40, Junior Scholarships in Chemistry, Physics, and Histology, H. V. Wenham and E. C. Williams; £5, Treasurer's Prize in Practical Anatomy, C. C. Robinson. Certificates—A. Hamilton, J. Burfield, W. S. Aldred, T. W. Chaff, J. W. Cleveland A. J. Foster, T. H. Harker, and H. V. Wenham; £50, Senior Scholarships in Anatomy, Physics, and Chemistry, F. Grone; £6, Foster Prize in Practical Anatomy, N. E. Waterfield. Certificates—W. P. Yetts, H. E. Stanger-Leathes, H. R. Kidner, J. Corbin, F. H. Noke, T. C. Melville, E. B. Smith; £6 6s., Harvey Prize, in Practical Physiology, N. E. Waterfield; Prox. Acc., H. R. Kidner; £5, Wix Prize, for an Essay on the Life and Works of Matthew Baillie, E. C. Williams; £6 10s., Hitchins Prize in Butler's Analogy, S. G. Mostyn; £10 10s., Sir George Burrow's Prize in Pathology, G. V. Bull. £13 13s., Skynner Prize, in Regional and Morbid Anatomy, including their reference to Scarlet Fever, &c., Howell, Davies; £20, Matthews Duncan Prize in Obstetric Medicine, C. J. Thomas; £30, and Gold Medal Kirkes Scholarship, and Gold Medal in Clinical Medicine, C. J. Thomas; £39, Brackenbury Scholarship in Medicine, C. J. Thomas; £39, Brackenbury Scholarship in Surgery, F. C. Borrow.

School of Medicine for Women.

THE science laboratories at the London (Royal Free Hospital) School of Medicine for Women will be completed and fitted up in time for the opening of the winter session. This will allow of classes being held for the preliminary scientific examination of the University of London, which has been impossible hitherto owing to lack of space.

University of London.

At the Intermediate Honours Examination in Medicine during July, 1899, the following candidates passed:—

Anatomy.—First Class: *William Percy Gowland (Gold Medal), Owens College; Charles Seymour Parker (Exhibition and Gold Medal), University College.

Second Class: — James Alane Coupland, Yorkshire College; Reginald Cheyne Elmslie, St. Bartholomew's Hospital; Greer Edmund Malcolmson, Owens College.

Third Class:—William Henry Bowen, Guy's Hospital; James Cameron, Edin. Univ. & Sch. of Royal Colls; William Thomson Crawford, University College; Ernest Nicholson Cunliffe, Owens College; Charles Edward Ham, London Hospital; Anna Maude Smith, London School of Med. for Women.

Physiology and Histology.—Second Class:—Myer Coplans, Guy's Hospital; Harold Edward Ridewood, London Hospital.

Third Class.—William Henry Bowen, Guy's Hospital; William Henry Harwood-Yarred, B.Sc., St. Thomas's Hospital, Albert Ernest H. Pakes, B.Sc., Guy's Hospital; Louis E. Stamm, B.A., B.Sc., Guy's Hospital; James Ernest Stratton, University College; George Ernest Waugh, Cambridge Univ. and University Coll.; Owen Thomas Williams, University College, Liverpool.

Organic Chemistry.—First Class:—Reginald Cheyne Elmslie (Exhibition and Gold Medal, St. Bartholomew's Hospital; *William Henry Harwood-Yarred, St. Thomas's Hospital; *Harold Edward Ridewood, London Hospital.

Third Class: - Agnes Catherine Scott, London School of Med. for Women.

Materia, Medica, and Pharmaceutical Chemistry.—First Class:—Ernest Rock Carling (Exhibition and Gold Medal), Westminster Hospital, King's College, and Birkbeck Institute; Reginal Cheyne Elmslie, St. Bartholomew's Hospital.

Second Class: Ernest Nicholson Cunliffe, Owens College; Greer Edmund Malcolmson, Owens College; Ernest Eric Young, St. Bartholomew's Hospital.

Third Class: - Alexander Clarke Begg, Edinburgh University and School of Medicine; William Henry Bowen, Guy's Hospital; James Cameron, Edinburgh University and School of Royal Colleges; Charles Edward Ham, London Hospital; Anna Maude Smith, London School of Medicine for Women.

* Obtained the number of marks qualifying for the Exhibition.

Royal College of Physicians, Edinburgh; Royal College of Surgeons, Edinburgh; and Faculty of Physicians and Surgeons, Glasgow.

THE Quarterly Examinations for the Triple Qualification in Edinburgh were concluded on the 20th inst., with the following results:—

First Examination, 4 Years' Course.—Of 6 candidates entered, the following 4 passed the examination:—

Gilbert Elliot Aitken, Nicholas Philipson, William Henry Burnhill, and John Wilson; and 1 passed in Elementary Anatomy, and 1 in Chemistry.

First Examination, 5 Years' Course.—Of 32 candidates entered, the following 13 passed the examination:—

Minnie Green, John Searle Burton, Leo Levi, Reginald Herbert Brierley, Evelyn Morris Franklin, Tom Bragg, John Mulvihill Gerety. Robert Walter Joseph Pearson, John Dick, John David Jones, Michael Bernard Conroy, William Pearson Cowper, and Samuel Ethelbert Mangenie; and 8 passed in Physics, 8 in Biology, and 1 in Chemistry.

Second Examination 4 years' Course.—Of 8 candidates entered the following 5 passed the examination:—

Nicholas Philipson, Selby Woodhouse Morton, William Smith, Thomas Edward Frazer Toovey, and Theodore William Rhoades; and 1 passed in physiology and 1 in materia medica.

Second Examination 5 years' Course. Of 31 candidates entered, the following 21 passed the examination:—

Thomas Longmore Ashforth, Martin Francis Cusack, Frederic John Scrimgeour, Robert Douglas Argyll Douglas, Edwin Wrigley Kemp, Thomas Sargeant Pearse, Anne Low Venters, Andrew Young (with distinction), May Thomson, Robert Chisholm, Charles Wilfred Coghlan, Thomas Huston, Percy Howe, John Walker Wood, Charles Stewart Hunter, Robert Bathgate Johnston (with distinction), William James Noble Todd, Robert Stratford Stephens, Peter Carruthers Watt, Robert Sutherland Mackintosh, and John O'Connor, and 2 passed in Anatomy and 1 in physiology.

Third Examination, 5 years' Course. Of 25 candidates entered, the following 20 passed the examination:—

Edith Maria Lydia Scull, William Charles Bentall, Alfred Augustus Beeks, Frederick Alexander Georgeson, M.A.; Raoul Ferdinand de Boissiere (with distinction), Frederick Charles Willmot, William Stephen Cowin, David Patrick Johnstone, Bernard Flood, Norman Lang Stevenson, Agnes McLean Rolland McNab, Neil Murphy Gavin, Archibald Macqueen, Arthur Ernest Whitehead, Mary Brice Carr, James Campbell Nicholson, Thomas Arthur Ball Harris, Walter Goldsworthy Edwards, John Hogan Rooney, and Kallyani Pado Chatterjee, and 2 passed in Materia Medica.

Final Examination.—Of 87 candidates entered, the following 43 passed the examination, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G.:—

Anne Mercer Watson (with honours), George Frederick Stooke, Herbert Alfred Hillman, John Scarr, Lewis Augustus Clutterbuck, Robert Mugh Russell McKean, John Brangan, George William Hardie, Frank Randolph Seager, Joseph Freeman, Rowland William Devey, Horace Gordon Lewer, John Colin Campbell Ford, Robert Boles Sandiford, Guy Verney Fletcher, David Coffey, Patrick Coffey, Henry Heber McWilliams, James Patrick Lavery, Ernest Augustus Boxer, James Gerald Sheahan, Winifred Muirhead, Euphemia Stoker, Patrick Heffernan, Joseph Eugene, Horace Gentil, Mary Birrell Davies, John Noonan Meade, Nicholas Philipson, Jeannie Hamilton Traill, Joseph Dalrymple, John George Grant, Edmund Patrick Kelly, Abraham Johannes Benjamin Albertyn, Rosalie Berthon, Robert Paterson, Dhanaindranatha Mittra, Pareah Ranyan Roy, Martin Joseph Lobo, Gregorio Manoel Horatio de Souza, Thomas Edward Frazer Toovey, Bhagvant Sakharam Patkar, James McMurry, and William Frederick Campbell, and 5 passed in the division of Medicine and Therapeutics, 1 passed in the division of Surgery and Surgical Anatomy, 11 in the division of Midwifery and 11 in the division of Medical Jurisprudence.

Royal College of Surgeons, Edinburgh.

The following candidates having passed the requisite examinations were, on the 20th inst., duly elected ordinary Fellows of the College:—

John Charles White Halliday, M.B., C.M., Univ. Syd., L.R.C.S.E.; Thomas Ranken Macdonald, L.R.C.S.E., M.B., C.M.Edin.; Hugh Robertson, M.B., C.M.Glasg.; Walter Archdale Sharpin, M.R.C.S. Eng., L.R.C.P.Lond.; John William Steven, M.B., C.M.Edin., L.R.C.S.E.; John Stevenson, M.B., C.M.Edin.; William Macrae Taylor, M.B., C.M.Edin.; Francis Ponsonby French, M.B., C.M. Edin.; Philip George Williams, M.R.C.S.Eng., L.R.C.P.Lond.; and William Gordon Hanna, was admitted a licentiate.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

"THOSE DEVILISH VIVISECTORS."

WE have received the following communication from a gentleman whose name we were unable to find in the Medical *Register*, and who appeared to be connected in some way with a hospital equally obscure.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I am afraid you are not enterprising. If you want to know who I am look in the Clerical Directories and you will see. And as to this Institution, it is not a place for harbouring helpless mortals, who shall form "*clinical material*" for vivisectors to sport with, but for giving shelter to people without any such evil accompaniment.

As to my right to speak of vivisection, I may say that I have followed very closely for eight years or more the doings of the experimenters on living animals, and I hold strongly to the opinion that the experiments are misleading as to what they teach, and in themselves barbarous. I may say of many of them that they are of a devilish nature, and if the British public were not deceived by the Report on Vivisection issued to Parliament from the Home Office, my opinion would be endorsed by the nation as a whole.

Perhaps you will give this note a conspicuous place in your journal?

I am, Sir, yours truly,
J. STRATTON.

Wokingham, July 21st, 1899.

DR. GILBERT E. BROOKE (Turk's Island).—We thank you for the photograph which, though artistically interesting, is hardly suitable for the purpose suggested.

A COUNTRY DOCTOR (Cornwall).—We fail to see the point of your objection. Of course you may be perfectly correct in your view that the joint affections of gonorrhœa are merely manifestations of the absorption of the irritative products of the specific micro-organisms. On the other hand, however, we have the suggestive fact that the gonococcus has been repeatedly found in the effusions into the joints of gonorrhœal rheumatism. Curiously enough the organisms are rarely to be found in the sheaths of tendons inflamed under similar circumstances. It is hardly too much to say that modern bacteriology has enabled the physician to approach the question of rheumatism generally from a new scientific standpoint. Much remains to be learnt about the behaviour of the vagrant gonococci. Scarlatina rheumatism offers another suggestive field of study. We congratulate you on your philosophical speculations.

NOCTURNAL INCONTINUENCE OF URINE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In answer to the request of your correspondent in your issue of June 7th, I would advise that the bladder be filled almost to distension with a weak solution of chloretone, of the strength of about one part to 125 (8 grams to one litre), the solution having a temperature of about 100 deg. F. Chloretone is a new product, having a definite chemical formula, being a combination of chloroform and acetone. It occurs in the form of a white crystalline solid, sparingly soluble in water. It acts as a local anæsthetic, and is entirely free from toxic or other untoward effect. Moreover, it is a powerful antiseptic, and its action in my hands has proved highly satisfactory. Internally, I would recommend the use of the sulphate of strychnine, in gradually ascending doses, and the oils of santal and saw-palmetto.

I procure the chloretone and globules of saw-palmetto and santal oils from Parke, Davies and Company, and as they have an establishment in London I presume the medicines can be procured there.

I am, Sir, yours truly,
CUVIER R. MARSHALL, M.D.

1505 Woodword Ave., Detroit, Mich.

THE LIVERPOOL SAMARITAN HOSPITAL FOR WOMEN, AND THE LATE MR. LAWSON TAIT.

IN our last issue we noted with surprise that the committee of the above hospital had at its annual meeting "elected Mr. Lawson Tait to be consulting surgeon" several weeks after that distinguished surgeon had passed away. Dr. G. A. Hawkins-Ambler writes us that the late Mr. Lawson Tait had been consulting surgeon to the hospital since its establishment some two or three years ago, and had taken the warmest interest in its progress. The mistake, he says, occurred in the report of one of the Liverpool newspapers, and singularly enough in the one which contained a lengthy obituary article on the deceased surgeon. It probably arose from the reporter present copying the names of the staff from a former report.

Appointments.

BENNETT, ROBERT A., M.B.Lond., M.R.C.S., L.R.C.P.Lond., District Medical Officer Niger Coast Protectorate, West Africa.

BERRY JAMES, B.S., F.R.C.S., Surgeon to the North London Hospital for Consumption and Diseases of the Chest.

FREEMAN, W. T., M.D.Durh., F.R.C.S., Surgeon in charge of the Department for Diseases of the Skin, Reading Dispensary.

HATFIELD, RONALD, M.B.Lond., L.R.C.P., M.R.C.S., Senior Resident Assistant Medical Officer for the Workhouse, Bradford.

HUTCHINSON, F. A. S., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Dunmow Sanitary District of the Dunmow Union.

JESSOP, W. H. H. M.B.Camb., F.R.C.S.Eng., Honorary Surgeon-Oculist of the Royal Masonic Institution for Girls, London.

LEE, MARY B., L.R.C.P., L.R.C.S.Ed., L.F.P.S.Glasg., Honorary Physician to the Samaritan Hospital for Women, Liverpool.

MCLAREN, J. B., M.B., B.Ch. Irel., Medical Officer for the Salford Workhouse.

MEACHER, J. H., L.R.C.P.Lond., M.R.C.S., Medical Officer for the No. 2 District of the Bodmin Union.

O'CALLAGHAN, ROBERT THOMAS A., F.R.C.S.Irel., Surgeon and Gynæcologist to the French Hospital and Dispensary, London.

ROSE FRANK, H., L.R.C.P Lond., M.R.C.S., Anæsthetist to the Bristol Royal Hospital for Sick Children and Women.

SIMPSON, FRANCIS O., L.R.C.P.Lond., M.R.C.S.Eng., Senior Assistant Medical Officer to the County Asylum, Rainhill.

SKEEN, W. ST. JOHN, M.B. C.M.Aberd., Medical Superintendent of the Durham County Asylum.

STOOKES, A., M.B., C.M.Edin., L.R.C.S., Assistant Surgeon to the Samaritan Hospital for Women, Liverpool.

TENCH, M., M.D.Brux., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Workhouse, Dunmow.

THOMSON H. CAMPBELL, M.D., M.R.C.P., Officer in charge of the Electrical Department at the Middlesex Hospital.

Vacancies.

Borough Asylum, Portsmouth.—Junior Assistant Medical Officer. Salary commencing at £120 per annum, with board, lodging, and washing.

Carrick-on-Suir Union—Analyst to the Board of Guardians. Applications to the Clerk of the Union. (See advert.)

Corporation of Manchester.—Medical Assistant. Salary £200 per annum. Applications to the Chairman, Sanitary Committee, Public Health Office, Town Hall, Manchester.

County Asylum, Prestwich, Manchester.—Assistant Medical Officer, unmarried. Salary commencing at £100 per annum, with apartments, board, attendance, and washing.

Denbighshire Infirmary, Denbigh.—House Surgeon. Salary £80 per annum, with board, residence, and washing.

East-End Branch of the Children's Hospital, Sheffield.—Out-patient Department.—Lady House Surgeon. Salary £70 per annum, board, lodging, and washing.

Great Yarmouth Hospital.—House Surgeon. Salary £90 per annum, with board and lodging. No alcohol found.

Lunatic Hospital, The Coppice, Nottingham.—Assistant Medical Officer, unmarried. Salary £150 a year, with apartments, board, attendance, and washing.

Oldham Infirmary.—Senior House Surgeon. Salary £35 per annum with board, washing, and residence. Also Locum Tenens. Three guineas per week.

Royal Surrey County Hospital, Guildford. Resident House Surgeon. Salary £80, with board, residence, and laundry.

Roxburgh District Asylum, Melrose.—Assistant Medical Officer. Salary £100 per annum, with furnished apartments, board, washing, and attendance.

Somerset and Bath Lunatic Asylum, Wells, Somerset.—Junior Assistant Medical Officer, unmarried. Salary commencing at £120, with board, attendance and washing.

Staffordshire County Asylum, Stafford. Junior Assistant Medical Officer, unmarried. Salary commencing at £120 per annum, with furnished apartments, board, &c.

Western General Dispensary, Marylebone, London, N.W.—Second House Surgeon, unmarried. Salary £80 a year, with board, and residence and 10s. a month for washing.

Wolverhampton Eye Infirmary.—House Surgeon for six months. Salary £70 per annum, with rooms, board, and washing.

Births.

COLDSTREAM.—On July 20th, at Belford, Northumberland, the wife of George Probyn Coldstream, M.B., C.M., of a son.

FRASER.—On July 22nd, at Epworth, Southsea, the wife of A. Mearns Fraser, M.D., of a daughter.

SECCOMBE.—On July 21st, at 45 Madeley Road, Ealing, the wife of Philip J. A. Seccombe, M.B., of a son.

SMALE.—On July 23rd, at Penwerris, Darlington, the wife of John Smale, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

SMITH—THORPE.—On July 20th, at Trinity Church, by the Rev. L. S. Lee, of Mansfield Woodhouse, William Robert Smith, M.D., F.R.C.S., of Beeston, Notts, son of Henry Smith Esq., of Barton Hall, Norfolk, to Ethel, fifth daughter of W. B. Thorpe, Esq., of Linton House, Nottingham.

WARRINGTON—WEEKS.—On July 20th, at St. Martin's-in-the-Fields, London, William Barnett Warrington, M.D., M.R.C.P.Lond., son of John T. Warrington, Esq., J.P., of Liverpool, to Annie Alexandra, youngest daughter of Fleet-Engineer G. J. Weeks, R.N. (Retired) of Forest Hill.

Deaths.

LAURIA.—On July 8th, at Lagos, West Africa, William Benjamin Lauria, M.R.C.S., L.R.C.P., late of Prince of Wales Road, Battersea Park, London.

LEAF.—On July 12th, at Waveney Mansions, Fairhazel Gardens, Hampstead, N.W., Walter Leaf, M.R.C.S., aged 63 years.

NESHAM.—On July 16th, at 12 Ellison Place, Newcastle-on-Tyne, Thomas Cargill Nesham, M.D..Edin. and Durh., M.R.C.S.Eng., L.S.A., aged 57 years.

STEVENSON.—On July 12th, at 105 Gordon Road, Ealing, W., James Stevenson, M.D., late Medical Officer of Health for Paddington, aged 74 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, AUGUST 2, 1899. No. 5.

Original Communications.

A PRELIMINARY COMMUNICATION ON AFFECTIONS OF THE TEAR-PASSAGES IN NEWLY-BORN CHILDREN.

By SYDNEY STEPHENSON,

Ophthalmic Surgeon to the Evelina and the North-Eastern Hospitals for Children London, &c.

IT is remarkable that ordinary text-books make no reference to a condition that is by no means rare in young babies—namely, a discharge of matter from the eyes resulting from an affection of the lacrymal sac and duct. Moreover, a careful search has failed to bring to light a single recorded English case, although mention of the subject is to be found scattered through the literature of other countries. For the purpose of giving readers a rough idea as to the frequency of this condition, I may state that among 1,538 out-patients seen in the ophthalmic department of the North-Eastern Hospital for Children, Hackney Road, no less than 27, or 1·75 per cent., were affected. Those figures, however, probably understate the frequency of the ailment, since there is reason for believing that many cases get well of their own accord without treatment at hospital or elsewhere.

The following practical remarks are based upon tolerably complete observations carried out upon fifteen of the above patients (nine males and six females).

A baby, generally aged less than six months, is brought with a statement that the eyes have been noticed to discharge either from or shortly after birth. The amount of secretion is often said to vary from day to day without known reason. A history may sometimes be obtained of a discharge from the maternal genitalia, but complaints of "scalding" are uncommon. On examination of the infant, a plug of mucus or muco-pus can be seen lying at the inner canthus or gluing the lashes together. There is no swelling of the lids, and the baby is able to open his eyes freely; the eyeball is not bloodshot; the cornea is clear. Although the palpebral conjunctiva may be rather hyperæmic, yet it never has the thick, red, folded, and villous appearance so characteristic of ophthalmia neonatorum. It is the exception for an obvious swelling to exist in the region of the lacrymal sac—that is to say, at the side of the root of the nose, behind the tendo oculi. More commonly, there is a slight, ill-defined dulness of the region in question. When moderately firm pressure is made with the finger over the internal palpebral ligament, muco-pus exudes from one or another punctum, and often a notable quantity of discharge may in that way be squeezed into the conjunctival sinus. Compression over the sac less frequently gives rise to an escape of muco-pus from the corresponding nostril. Most of the children appear to enjoy excellent health; among my series of fifteen cases, one only suffered from hereditary syphilis. No single patient showed evidences of disease of the nasal or neighbouring bones. Once a history was got of a similar condition having been present in two other children belonging to the same family. Lastly, in my fifteen cases, the right and the left eye were each affected six times, and both eyes thrice. Nevertheless, it is not rare to find that both eyes were attacked to begin with, and that while one has recovered, with or without treatment, the other has not done so.

If the secretion expressed from the lacrymal sac be examined by means of cover-glass preparations and cultures, it will be found to contain bacteria. For example, complete observations of this kind were made on thirteen of my cases, with positive results in every instance. A single organism was present in six cases, and in the others several. The following microbes were identified:—pneumococci (8); xerosis bacilli (5); staphylococcus pyogenes albus (4); streptococci (3); staphylococcus pyogenes aureus (2); bacillus coli communis (1); pneumobacilli (1); bacillus fœtidus ozænæ (1). In addition to the foregoing, there were found a bacillus like the B. buccalis maximus (1); a bacillus of the subtilis group (1); and a large strepto-bacterium (1). Accordingly the organisms most commonly associated with the lacrymal mischief are pneumococcus, xerosis bacillus, and staphylococcus albus. Since the two named last are frequent inhabitants of the normal conjunctival sac, their presence is not likely to be very important.

What is the explanation of these cases? The researches of modern embryology have taught us that the lacrymal sac and duct are formed from a solid rod, which originates by proliferation of the epithelium at the bottom of the lacrymal groove. By liquefaction of its contents, this rod eventually becomes hollow and converted into an epithelium-lined canal. The canaliculi are produced by a bifurcation of the epithelial ridge at the inner canthus. Now, if from any cause delay occurs in the elaboration of the passage, a baby may be born with the lumen of the lacrymal tube blocked with inspissated material, and should the latter become septic, it would furnish a highly favourable medium for the growth of micro-organisms. In this particular respect, the lacrymal passages may be likened to the fœtal vagina, the lumen of which has been found by Dr. J. W. Ballantyne to contain tenacious stuff. An apter comparison would be with the mastitis of babies, where an abscess of the breast may arise from penetration of pyogenic organisms into the epithelial remains that block the ducts of the gland. The lacrymal secretion, as most persons know, is generally absent from the eyes of newly-born babies, and from this fact we might infer that there was little immediate use for the drainage apparatus as represented by the tear-sac and duct. It is possible, indeed, that in every newly-born child the lacrymal duct is still imperfectly developed, and that it fails to become altogether pervious until the advent of tears, say, at the end of the second month. But such a speculation, although interesting, may be quite erroneous. At the same time, we are bound to assume, from the comparative frequency of atresia of the tear passages in babies, that more or less structural defect of the drainage system often does exist at birth. Cases that

recover spontaneously are almost certainly due to a trivial obstacle, such as inspissated mucus; on the other hand, those that persist may be owing mainly to an impermeability of the mucous fold, known as Hasner's valve, which lies at the lower end of the nasal duct. The sources of septic inoculation are naturally many in number, but may be briefly divided into *maternal* and *external*. When discharge exists from the lacrymal sac at birth, infection is tolerably certain to be derived from the maternal passages, and a history of secretion from the genitalia is often forthcoming in such cases. When symptoms are not noticed for several days after birth, the source of infection is likely to proceed from some external agency —as, for example, the baby himself or his surroundings.

Confusion may arise between cases of tear-duct atresia, on the one hand, and of ophthalmia neonatorum, on the other. The two affections, however, agree only in a single point, viz., that discharge is present from the eye. The points of distinction are simple enough. Atresia is generally unilateral, but ophthalmia practically always involves both eyes sooner or later. Atresia is a congenital condition, the effects of which often show themselves at birth; ophthalmia seldom begins until the second or third day of life. In atresia, the palpebral conjunctiva is normal, or, at most, rather hyperæmic; in ophthalmia, on the contrary, it is thick, red, and rugged. Ophthalmia is associated with swelling of the eyelids, and with other signs of inflammation, which are wanting in atresia. Lastly, the secretion in true ophthalmia contains gonococci, whereas in atresia, as already pointed out, it includes several micro-organisms, of which the commonest are pneumococci.

No good effect is likely to follow the mere application of lotions to the conjunctiva, since but little of the fluid employed can reasonably be expected to reach the lacrymal sac. Better results follow careful digital pressure exercised twice a day over the lacrymal sac with a view *(a)* to squeeze out secretion through the puncta lacrymalia, and *(b)* to break down the obstruction that is present in the nasal duct. Indeed, most of the cases make a speedy recovery under that simple manœuvre, which succeeds in accordance with the care exercised in carrying it out. When compression fails, we must clear away all obstruction by passing a small probe down the lacrymal duct. Formerly I was in the habit of slitting the inferior canaliculus before probing, but now I content myself with dilating the punctum and canaliculus with a fine, conical instrument set in a handle, which serves not only to stretch the parts in question, but also acts as an efficient probe for the duct. As a rule, a single operation of this kind is enough to cure the case. As some little delicacy is called for to introduce the probe neatly, I always prefer to operate under a general anæsthetic The same method of treatment generally succeeds in those cases where a definite swelling exists in the region of the lacrymal sac. There is a great risk of setting up a fistula if such a lacrymal collection be lanced from the cutaneous aspect.

CONCLUSIONS.

1. Atresia of the tear-duct appears to be fairly common in newly-born children.
2. It is due to delayed absorption of the material that exists during fœtal life in the lacrymal groove or duct.
3. It probably gives rise to symptoms only when the obstructing substance becomes infected with bacteria, of which the pneumococcus is the one most frequently found.
4. It is generally unilateral.
5. It is comparable with the mastitis of babies.
6. It is readily cured by periodic compression of the lacrymal sac; or, if that fail, by introducing a fine probe into the nasal duct.

HERNIA FOLLOWING ABDOMINAL OPERATIONS: ITS PREVENTION AND CURE. *(a)*

By A. LAPTHORN SMITH, B.A., M.D., M.R.C.S., Eng.,

Fellow of the British and American Gynæcological Societies; Professor of Clinical Gynæcology in Bishop's University; Gynæcologist to the Montreal Dispensary; Surgeon-in-Chief of the Samaritan Free Hospital for Women; Surgeon to the Western Hospital, Montreal, Canada.

ALTHOUGH hernia following abdominal operations is, in the writer's opinion, quite preventible, there is no denying the fact that it occurs with sufficient frequency to render it a bugbear more or less to every physician who advises a patient to submit to abdominal section. Rarely does a discussion take place at any of our great society meetings in which laparotomy as a method of cure is recommended, without some speaker, generally on the opposition side, making the objection that the opening of the abdomen may be followed by hernia. And his objection is a very tenable one, for, at the great New York Hospital for the Ruptured and Crippled, the surgeons report an appalling number of patients applying to them in whom this accident has happened after cœliotomy. There may not be so many of these cases in Great Britain and Ireland, but even there one has only to read the journals for a month or two to learn that it is rather a frequent occurrence. When it does happen it gives rise to disturbances, discomforts, and dangers which are sometimes far greater than those of the disease for which the abdominal incision was made. Many of those who came under the writer's care were suffering from strangulation of the omentum or bowel, and were only saved by immediate operation; while others had reflex disturbances of distant organs such as the heart and brain, which, while not dangerous to life, yet caused sufficient misery to require the patients to be constantly under medical treatment. And although, as will be presently shown, the hernia can easily be cured, yet the general welfare of abdominal surgery demands that every precaution should be taken to prevent the necessity of doing a second operation. It may have been the experience of many of you as it has been the writer's, that patients who need an abdominal operation frequently demur and object to the operation simply on the ground that once a woman has had one operation she will have to have a second, and perhaps a third. This erroneous idea has been traced more than once to a single instance of some friend whose primary operation for the removal of one ovary has been followed by a second one for the removal of the other ovary, and a third for the cure of hernia. In fact this has actually happened in the writer's own early experience.

No argument, however, is necessary to prove either the frequency of ventral hernia, or the great desirability of reducing its occurrence to a minimum. Before taking up the question of its prevention, let us for a moment glance at the causes of the accident. Although they are many they may all be included in one category, viz., anything which prevents primary union of the cut surfaces of the middle layer of the abdominal wall, or which allows the newly united surfaces to be drawn apart before the union has been sufficiently well organised to hold the edges together.

(a) Read before the British Gynæcological Society, July 12th, 1899.

By the middle layer is meant the recti muscles and the fascia of the linea alba; by the inner layer is meant the peritoneum; and by the outer layer is meant the fat and skin. One cause which is not generally recognised is the drawing of the peritoneum up between the edges of the middle layer, so that they are prevented from approximating. This is caused by taking too much of the peritoneum into the bite of the stitches, so that when they are tightened up the peritoneum is squeezed in between the raw surfaces, thus preventing them from adhering to each other. By taking in only an eighth or a quarter of an inch of peritoneum, this cause could be avoided.

It would probably be better not to include the peritoneum at all, as it unites very quickly simply by falling together.

Another cause, which, however, is well recognised, is failing to take in the bight of the stitches sufficient of the middle layer. This is due to the retraction of the middle layer back between the outer and inner layers. In order to avoid this mishap the skin should be pushed back above and the peritoneum below, so that the muscles will be the most prominent part, instead of the most retracted.

The drainage tube is one of the greatest causes of hernia, because it most effectually prevents primary union of the raw surfaces. Not only does it prevent the surfaces from coming in contact at that point, but it very often infects them, causing suppuration and closure by granulation. Ten years ago the writer drained with a glass tube all pus cases, and those in which there were many adhesions, even if there was no pus; but he abandoned this procedure some three years ago, with the result that no hernia has occurred among his cases since then. If drainage must be used it would be much better to drain by gravity through an opening in Douglas' *cul-de sac*, through which a T-shaped rubber tube has been passed, into the aseptic vagina.

But the most common cause of ventral hernia is the custom of removing the stitches much too early. Ten years ago, when the writer succeeded the late Professor Trenholme in the Chair of Gynæcology, it was the practice to remove the stitches on the sixth day, and this was the usual custom throughout America. Whether this was also the practice in Great Britain and Ireland at that time the writer is not sure, but judging from the recent book of Dr. Webster, of Montreal, in which he advises the removal of the stitches on the ninth day, and as Dr. Webster was, until recently, Assistant to the Professor of Gynæcology at Edinburgh, it would appear that such was the time at which it was customary to remove them in Scotland. Six days, or even nine days, the author of this paper considers far too early a date on which to remove them.

In a paper read before the American Gynæcological Society in 1893, the author expressed his views on this point in the following terms:—"When the edges of the abdominal incision are brought together clean and not bruised and with corresponding layers of tissue in exact apposition, we obtain primary union. Under this term we may include all cases of union in which there is no suppuration or granulation, although it does not necessarily follow that there is no exudation of plastic lymph. The ideal union by first intention is of course one in which the cut openings of vessels and the cut fibres of other tissues exactly correspond and unite, but this probably never occurs after an abdominal section. The union is rather due to the exudation of plastic lymph from the opposite surfaces, which forms a gelatinous glue and which eventually becomes organised into white fibrous tissue. We can obtain a good idea of this process by observing what take place when the tendo-Achillis is cut by the orthopædic surgeon for the cure of talipes equinus. After the subcutaneous division of the tendon the foot is kept for three days in its former faulty position until the ends of the divided tendon shall have become joined again by the exudation of plastic lymph. When a sufficient quantity of this has exuded, and, while it is still in a soft and stretchable condition, the surgeon gradually brings the foot to a right angle with the leg, when there is perhaps a space of two inches between the cut ends of the tendon, which are united however by this band of soft plastic lymph. The foot is then left in position until this material has become thoroughly organised, when the patient will be found to have the full use of the part. The same thing, I take it, occurs after an abdominal section; and it is owing to the too early removal of the suture while the plastic lymph is still soft and stretchable, and before it has become organised into white fibrous tissue, that we owe the great frequency of ventral hernia. By leaving in the supporting silkworm gut sutures for one month after the operation we can avoid not only the risk of ventral hernia, but we are also saved the anxiety of the incision being torn open during a fit of coughing or other effort, and the intestines escaping out of the abdomen, as has occurred in several recorded cases. If the silkworm gut sutures are left in for a month, as I have done in my last fifteen or eighteen cases, they can do no harm, and this accident is absolutely prevented from happening. Although I am not in a position to state the exact time at which the plastic lymph becomes organised into white fibrous tissue, yet I am in favour of leaving in the sutures at least until the process has had time to be completed. In my last few cases I have been introducing a few buried silkworm gut sutures through the cut edges of the abdominal fascia, which, of course, remain there during the whole of the patient's life, and which, therefore, render the occurrence of ventral hernia impossible. These were introduced after the through-and-through sutures had been placed in position and before the latter were tied." The above was written six years ago, and seems to have had some influence upon the practice of the abdominal surgeons of America, for since then the time for the removal of the sutures has been greatly extended. After six years' further experience the writer may say that he has left in the through-and-through sutures one month in several hundred cases, and with the most satisfactory results. During the last year he has crystallised his procedure into the following formula: When the abdominal wall is not more than one inch in thickness he employs through-and-through silkworm gut stitches half an inch apart, which he leaves in one month; but when the abdominal wall measures over one and under two inches in thickness, he brings the peritoneum and muscles and fascia together with buried silkworm gut, which remains for ever, and the skin is closed with a subcutaneous silkworm gut stitch, which is removed in ten days. When the abdominal wall is over two inches thick, then, in addition, the fat is brought together with fine catgut after the buried sutures have been tied.

An interesting question is, What becomes of the buried sutures? Are they absorbed? Or do they remain indefinitely as they were first placed? In what percentage of cases do they suppurate? The first question may be surely answered in the negative. The writer has found these stitches while performing laparotomy for the removal of the second ovary more than four years after they were first introduced, and they were as clean and smooth as on the day they were buried, and he believes that they remain indefinitely so. The answer to the third question varies a little, according to the operator and the rigorousness of his asepsis. Dr. Noble, of Philadelphia, reported at the meeting of the American Gynæcological Society, held at Boston last May, 472 cases

with 10 suppurations, or less than 2 per cent. The writer has had 3 per cent. in nearly 300 cases, consisting of 102 Alexanders, 120 ventrofixations, about 20 ventral and umbilical hernias, and about 60 ordinary abdominal sections.

Would any other material do as well as silkworm gut? There are three alternative materials—namely, silver wire, silk, and chromicised catgut. Silver wire has been used a good deal by Kelly, but it has no advantages over silkworm gut. It is harder, takes longer to tie, and is no easier to disinfect than silkworm gut, and suppuration follows in about the same number of cases. It is possibly more permanent; but then, if silkworm gut lasts four years, of which the writer is positive, that is quite as long as is necessary. If silk could be prepared so as not to suppurate any oftener than silkworm gut, it would have the great advantage of being softer, instead of having hard and sharp ends. In about forty of his own 120 ventrofixations the author attached the uterus to the abdominal wall with Chinese silk which had been boiled and dried, and then dipped in a saturated solution of iodoform in ether. It was then kept in sublimate alcohol until required for use. In only one case out of forty did one of these stitches have to be removed, and that was in a case complicated with pus tubes which burst and infected the incision. The writer thinks that the pores of the silk being filled with minute particles of iodoform the capillarity of the silk is destroyed, and bacteria are also inhibited from growing in it. In passing it might be mentioned that there is nothing so good as a crochet hook for removing a buried stitch, which can be done in a moment, and with very little trouble. Chromicised catgut has a great advantage over all these materials; in that we are also able to make it last as long or as short a time as we like. The author prepares it as follows: The catgut is bought from Keller, of Nassau Street, New York, soaked for a month in ether, then for a month in sublimate alcohol one in five hundred; it is then placed in a watery saturated solution of bichromate of potash for a longer or shorter time. One hour's immersion will make it last a fortnight, two hours a month, one day three months, and so on. The author, however, has been so well satisfied with silkworm gut that he has only a few times used chromicised catgut in the abdominal incision, although he has used it extensively in plastic work, and he is therefore unable to state from actual experience the length of time it requires for the above-mentioned catgut to be absorbed in the abdominal incision.

Another factor in preventing ventral hernia is the keeping of the patients in bed one month after their operations, and the wearing of an abdominal support for one year. Both of these precautions are unnecessary in cases in which the middle layer is closed with permanent sutures; the writer frequently allows these cases to be up in from ten to twenty days and to go home in from twenty to thirty. There is absolutely nothing that the patient could do that could cause the incision to open; and as the sutures are as strong at the end of a year as they were at the beginning there is no need to wear a band at all. This is quite a boon, as many patients complain a good deal of the annoyance of having to wear an abdominal belt. When through-and-through sutures are used and they are left in a month, the period during which it is necessary to keep the patients in bed is very much lessened. One of the writer's patients against his will left his private hospital twelve days after an abdominal section for tubal pregnancy, because her children were stricken with an epidemic disease. This lady was none the worse for her indiscretion, and she walked into his office three weeks later to have the stitches removed. Many others for various reasons have gone home in two weeks, and come back at the end of thirty days to have their stitches removed. All these patients who have temporary stitches, although they have no need to wear a bandage while the sutures are in, are all carefully enjoined to wear one from the time that they are removed.

If, after what the writer has said, anyone will still persist in removing through-and-through stitches in from five to ten days, then he should be most careful not only to keep his patients in bed for one month and firmly bandaged, but after the stitches are removed the patients should be carefully dieted, so as to keep the intra-abdominal pressure down to a minimum, as hernia can hardly fail to follow the so early removal of the stitches while the uniting material is soft and extensible.

In order to obtain primary union and to avoid stitch-hole abscesses, two things are desirable: first, not to bruise the edges of the incision by putting powerful clamps on every oozing spot until, as the writer has seen, as many as a dozen of them are crushing the tissues. Large vessels should be tied individually with fine catgut, while finer ones should be immediately twisted. Oozing can be stopped by the pressure of very hot sponges.

The silkworm gut should not be tied so tightly as to cut or strangulate the tissues; such force is quite unnecessary; it only requires that the recti muscles which naturally fall together, should be held there by a very moderately tight circle of silkworm gut. The writer has devised two little improvements in technique in order to insure that the margins of the incision will not be distorted by introducing the sutures at unequal distances on the two sides. First, a rubber stamp having a straight line in the centre and a scale on each side marked off into centimetres from one to thirty, is sterilised by heat, and just before the operation and after the abdonem has been washed up it is stamped from the pubis to above the umbilicus in the middle line. When we come to close the incision we have only to introduce the needle at one number on one side and bring it out at the corresponding number on the other side in order to obtain a very accurate approximation. We are greatly facilitated and expedited by hooking up the top of the incision and raising the whole abdominal wall away from the bowels, and, at the same time, keeping them on the stretch; with a sharp Péan needle mounted on a handle we can pass the sutures through almost quicker than an assistant can thread them. From four to six stitches can thus be passed in a minute, a great saving of time on some other methods, and it makes a much neater result. Of course, the Trendelenburg posture is a great help in doing this quick work, because it keeps the bowels out of the way of the needle. How the wound is dressed has little if anything to do with hernia. The writer covers the incision with sterilised boracic acid.

We now come to the cure of ventral hernia. If the hernia is a small one, the ring not measuring as much as an inch in diameter, it may be cured by the following simple method, which the writer employs in small umbilical hernia, namely, by means of a single buried purse-string suture of silkworm gut, passed in the substance of the ring and about a quarter of an inch back from the edge The latter will have been freshened up by the removal of the sac down to the peritoneal surface of the ring, so that when the single stitch is drawn tight it puckers up the ring until the opening is completely obliterated. It is then tied and the ends cut short. The relaxed skin should not be removed but carefully brought together; it is surprising how its redundancy will disappear in a few days. If the hernia is a long one a different method must be employed. The following case in the writer's practice well serves to

describe the method he employs. The patient was one of the first cases of abdominal section performed in Montreal by one of our oldest operators, but it was in pioneer times and the stitches were removed in six days, with the result that there was an enormous protrusion of the bowels through an opening at least ten inches in length and six inches wide. As the skin was exceedingly thin and the bowels lay almost next to it, an incision one-sixteenth of an inch deep from without inwards would have gone into the intestine. To avoid this a director was introduced through a small nick in the skin above the hernia, and the skin was cut all the way down from within outwards on the director. The intestines were adherent to the whole length of the fascia which had originally united the edges of the incision, but which had stretched out into a thin membrane after the stitches had been removed. As it was impossible to remove this without injuring the bowels, it was cut off the abdominal wall and the intestines were dropped into the abdomen with this part of the abdominal wall attached to them. The edges of the recti muscles were then sought for and found with some difficulty, and the fascia covering them was split up on each side, and twenty-five buried silkworm gut sutures then brought the muscular surfaces, as well as the peritoneum and fascia, in contact, leaving a thick line of union.

The peritoneum of the sac was removed from the skin and the latter was brought together without removing any of its redundancy by a subcutaneous suture. Primary union was obtained throughout without one drop of moisture on the dressing, and the patient has been heard from at intervals during the three years which have since elapsed, and has never had the slightest discomfort from the large number of buried stitches.

To sum up the paper:—

1. Hernia is a frequent complication following abdominal section.

2. When it occurs it prevents other women from undergoing a needed laparotomy.

3. It is quite preventible—

(*a*) By leaving in the stitches for one month if the woman is thin enough to allow us to use through-and-through sutures; or,

(*b*) By using non-absorbable buried ligatures when the woman is fat enough to require two layers of sutures. The writer prepares his silkworm gut by placing it in sealed glass tubes and boiling it. A cut with a file is made in the middle, and just when it is required for use the tube is snapped across.

(*c*) By discarding the abdominal drainage tube, and when drainage is necessary, which it rarely is, draining through the vagina.

(*d*) By securing accurate coaptation of the cut edges by marking the places where the stitches are to go before the incision is made.

(*e*) By taking care that no peritoneum is curved up so as to come between the muscle and fascia of opposite sides.

4. Hernia is easily cured in small cases with a single buried silkworm gut purse-string suture; and in larger cases by splitting the edges of the ring until the recti muscles are exposed from top to bottom, and suturing them with buried silkworm gut.

5. Patients with buried silkworm gut stitches do not need to stay in bed more than two weeks, and in some cases less; and they do not need to wear an abdominal belt.

6. Patients with through-and-through silkworm gut stitches left in for a month can, in case of necessity, go home in twelve or fifteen days, and return at the end of four weeks to have their stitches removed. They do not need to wear a support until the stitches are removed, and even then it is much less necessary than in patients whose stitches have been removed early.

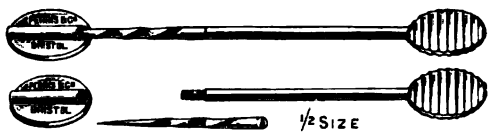
DESCRIPTION OF "TRANSFIXOR." (*a*)

As Proposed and Used

By CHARLES WARD, F.R.C.S.I.,

Of Pietermaritzburg, South Africa; Fellow of the British Gynæcological Society; Fellow of the Obstetrical Society of London.

The "Transfixors" are for use where the surfaces to be brought together are widely separated, as in certain gaping wounds, where the tension on stitches would be great. Also where it is considered possible to do without stitches altogether, by using the transfixor. But it is in abdominal sections where the patient's condition renders it advisable to bring operative procedures to a close as quickly as possible that they are most useful, as the abdominal wound can be closed in a minute, and the anæsthetic stopped, the rest of the proceedings not requiring the use of an anæsthetic.



It will be seen that the "transfixors" are simply Kœberle's hysterectomy pins, modified by having a screw arrangement in the middle. They are intended to be included among the instruments taken to an abdominal section, and if not used entirely in place of stitches, kept in reserve in case the condition of the patient should require their use as explained above.

They should be applied as follows:—

Pass the "Transfixor" about ¼ of an inch from the margin of the wound, and go through all the tissues involved in ordinary gaping wounds: except in abdominal cases, in which it should be passed down to Cooper's fascia or subperitoneal tissue, and brought out in a reverse manner on the other side. Unless the peritoneum has been separated from the abdominal parietes it will be found to be in thorough apposition; no stitching is required.

Another "Transfixor" is then inserted about 1½ inch from the first, and as many as may be required, usually four, two long (No. 1), two medium (No. 2); the small size (No. 3), being for parts where a long one would be inconvenient. The edges of the wound are then pressed gently together and a layer of (say) double cyanide gauze, laid along it with or without a dusting of iodoform; this must not be too thick. Over this a figure of eight twist with sterilised silk is then passed round each transfixor; the protector is put on, and a light dressing is applied, with pads of gauze under the projecting parts of the transfixors on each side. They may be looked at on the fifth day, and, if necessary, be left on for a fortnight or more without risk.

It may be necessary, if the patient has been very restless, to put in a cutaneous stitch or two at the first dressing, but if care is taken in the application of the transfixors this is unnecessary.

It is claimed for them that:—1. They are quicker in application than stitches; the abdomen can be closed in one minute. 2. They are easily rendered aseptic. 3. If anything they deepen the scar union, rendering it stronger. 4. They leave no stitches or other foreign matter in the abdominal cavity, or peritoneum. 5. They do not constrict vessels or portions of muscles so much as stitches. 6. They allow the anæsthetic to be dis-

(*a*) Read before the British Gynæcological Society, July 12th, 1899.

continued sooner, and shorten the whole proceedings by ten to fifteen minutes or more. 7. There is no fear of stitch abscess. 8. They hold the wound firmer than stitches. 9. They are not affected by after-vomiting, they cannot cut out. 10. In the event of secondary hæmorrhage the wound can be re-opened rapidly by simply pulling the transfixors out. 11. And the principle of the screw comes in on their withdrawal; by unscrewing the transfixor, and drawing out each end on its own side, no material that has been outside the abdomen, or liable to contamination, passes through the deep tissues, as in releasing stitches; and they are removed with less pain and annoyance to the patients; the pointed end being seized with a needle-holder at the roughened part near the point.

Illustrative Case, February 16th, 1889.—A woman, æt. 40, had a movable mass of rapid growth in the region of pylorus and front of stomach, with malignant cachexia, on abdominal section, the cancer was found to involve nearly the whole stomach. Anæsthetist announced critical condition of patient, proceedings stopped; abdomen closed in one minute in the manner described; and the anæsthetic discontinued. On the fifth day the wound was practically healed; a superficial cutaneous stitch or two were put in where the dressing had got disarranged. Transfixors removed on the twelfth day, wound firm and comfortable on thirty-first day, no sign of bulging whatever.

I saw this woman yesterday, seventy-third day from date of opening abdomen. The disease is invading other organs, but the lump for which the abdomen was opened is much smaller. The scar is very firm.

To have delayed closing the wound in order to stitch it (either in layers or not) would in this case have been dangerous, and would have prolonged the operation quite fifteen minutes; whereas by transfixors the operative proceedings were brought to an end at once.

They are not advisable, or so likely to be effectual, I should think, in cases where drainage is employed. Nor is the idea original except where the screw comes in.

They are made by Messrs. Ferris and Co., Bristol.

A COUNTRY HERBALIST'S CURE FOR THE "KINGS EVIL." (*a*)

By JOHN KNOTT, M.A., M.D., and Dip. Stat. Med (Univ. Dub.); M.R.C.P.I., M.R.I.A.; &c., &c.

(*Continued from page 82.*)

DR. JAMES, the contemporary and personal friend of Dr. Samel Johnson, published his great "Medical Dictionary" in 1745, ten years before the appearance of the work of the great lexicographer. I may mention, in passing, that "Rough Johnson," is known to have contributed very largely to the more purely literary items of this professional Encyclopædia, and that the idea of preparing his own great English Dictionary is said to have arisen while taking part in the work of his friend. James's Dictionary may be taken as a respectable criterion of the knowledge of the period, and of such subjects as that now before us, in the hazy and unsettled style of its science.

"SCROPHULA.—The King's Evil; from *Scropha*, a swine; because this Animal is said to be much subject to such a Disorder.

"Quincy remarks, that the Gout and the King's Evil agree, in being frequent amongst Persons strong both in Body and Mind, who are hearty Feeders, and on other Accounts well and healthful; in this respect, however, considerably differing, that the Evil generally appears at three, four, or five Years of Age; and dries away by that State of Manhood that the Gout gives its first Warnings of approach; though neither of these are without some Latitude of Exception. And as the Gout is owing to sharp saline Humours, that are contracted by a particular Way of living, and favoured in their Accumulation by a peculiar Make of the Parts where they settle, upon the Declension of the natural Strength, so this Disease seems owing to a hot, Sharp Humour, propagated *a Semine* from the Parent, in the first Formation discovering itself at an Age, when certain Glands are fitted for its Reception, and disappearing when the digestive Powers have arrived to their greatest Strength.

"That Persons subject to the Evil do early show an uncommon Vivacity of Mind, and Forwardness of Understanding, is a Fact that all have experienced who have been accustomed to such Opportunities of Observation; as, also, that if the Distemper goes on without much Interruption from its natural Course, and dries away about the Age of Manhood, as it commonly does, such Persons are generally strong, and free from Distempers afterwards.

"That such a Humour can be derived from the Parent, is granted, perhaps, in more Instances than where it is really so, and is likely to be yielded by many, more on the Score of a Vulgar Opinion, than for any true Notions of the Manner how such a Thing is possible: It may be, therefore, necessary to form some rational Conceptions hereof, in order to judge what Disorders spring from such an Origin, and which not, because, without some Rules to determine by, Cases may be confounded and mistaken, from some Resemblance in their Appearance which flow from very different Causes.

"To this Purpose, then, I cannot see what we have to do with the Philosophy of the Microscope, so far as it asserts the Semen to be animated before generation, because it seems not in any Manner to affect the Matter under Inquiry; but so far as we get any Knowledge of the sensible and manifest Properties of that small Portion of Matter, from whence we boast the Production of the finest Machines in the Creation, it appears to consist of a very subtle, active Salt, floating in a soft, balsamic Vehicle; whereas, therefore, we can conceive what Consequences to the Œconomy already formed, may flow from an Excess or Defect in the more active Principles of such a Composition; so may we, by a Parity of Reason, conjecture, what must be the Result of every Deviation from the natural Standard in the same Principle before its Animation in the Matrix. Where, then, this Principle abounds with Heat and Pungency in the masculine Semen, it will not only irritate more frequently and more strongly to Venereal Embraces, but carry with it the same Qualities into the impregnated Ovum; and, without some uncommon Interruption, or Contemperature from opposite Qualities, will increase in the growing Fœtus, in Proportion to its Enlargement, and make a Part of that Constitution to which it gave Being, with the same Afflictions and Properties as it stood possessed of in the generating Semen.

"Hence, it will be no difficult thing to imagine what a Condition the Off-spring of such a Parent must be in: and how, sooner or later, in one or another Part, this primitive Matter may show itself in a very troublesome, if not a very mischievous Manner, as the Circumstances of Life, and Strength of the Constitution encourage or obstruct its Exertion, and the peculiar Configuration of the Glands favour or resist its Accumulation and Lodgment: And though in the Case immediately under Enquiry, it principally shows itself from a little Time after Birth to a State of Manhood, is probable from this Reason, that sooner, it is not in Quantity enough to be discernable, or is hindered from Exertion by the Laxity of the Parts, and Viscidity of Humours, which is always more or less the Case of very young Children; but that when the parts have got some Degree of Firmness, and have digested away the tough Humours, this hot, sharp Matter becomes Sensible to the fine Strainers and Membranes as it passes in the Course of Circulation, and at last fixes upon them so as to occasion Pain, Inflammation, Swelling, and running Sores: But when, again, the

(*a*) An abstract of this paper was read in the Medical Section of the Royal Academy of Medicine in Ireland on Nov. 18th, 1898.

Constitution takes another Turn, and arrives to its utmost Vigour, the digestive Powers become able either to destroy its Pungency by Attrition and Comminution, to detach it off by some natural Outlet, most commonly the Glands of the Skin, or to lessen it, so much at least, in Quantity, that it flows with the ordinary Current without sensible Effect, and never afterwards appears, but in giving to the generating Principle the same bad Taint from whence it derived its Existence: And that even frequent Coition and Propagation shall vent and draw off a great deal of this Matter, to the Benefit of the Parent, and Detriment of Posterity, is not only probable, but almost demonstrable; because, during that Time of Life, and in Proportion to such Indulgence, the Parent is always the most free from it, and that during the Travail of a Woman with Child, before subject to such Humours, or any of the like Kind, she shall be entirely free from it then, though if the Issue survives the common Fate of Convulsions, a little more Age seldom fails to discover when such a Mother had her temporary Relief.

"That the Distemper then under Consideration may be thus propagated, is not only out of Question from common experience, but the Manner of it may in some measure be conceived from these Hints, and the Nature of the generating Matter. The same way of Thinking, also will suggest in what Circumstances a Person may fall into this Distemper without having to charge it upon Parents, or the Milk of a tainted Nurse, which, also, may possibly happen, tho', it is believed, very rarely; and that is from a Way of feeding, or any other Condition of living, that gives to the Mass of Humours an uncommon Heat and Sharpness, which in Time shall fix upon the same Parts, inflame and ulcerate them in the same Manner as that derived from a distemper'd Semen. . . . . .

"The *Scrophula* or *Struma* is a hard glandulous Tumour, usually of the same Colour with the Skin, seated principally on the Sides of the Neck, about the Musculi Mastoidei, behind the Ears, and under the Chin; either more or less moveable, single of the conglobate Kind, or in Clusters of the conglomerate Kind; many Patients having been observed to have them contiguous from the Ear down to the Clavicle.

"Though the principal Seat of this Disease is in the Sides of the Neck, scarcely any Part of the Body is exempted from it; and it affects either Glands, Muscles, Membranes, Tendons, Bones, or the Viscera.

"The Glands are the most remarkable Seat of this Distemper, and whenever the outward Glands appear swelled, those of the Mesentery may be concluded to be so too, the Mesentery being usually the Part first attacked by this Malady. . . . . .

"If the Strumæ have been long ulcerated, and are become sinuous and virulent; and if they lie near one another, they often find a communication to one another, though they appear distinct: In this Case the Lips grow callous, and the Ulcers corrosive, frequently sordid, and the Cure is not to be hoped so long as any one Cystis remains, or the Vessels that feed them; but if the Ulcerations be simple, the Cure is acordingly easy. Those who are seized with Strumæ in the Neck, after forty Years of Age, seldom recover, As they personally labour under great Obstructions, whence spring scorbutical Affections, Jaundice, Fainting, Vomiting, Loss of Appetite, sometimes a Dropsy, and sometimes a Cough, in which case they die tabid." . . . . . .

"The Method of Cure.

"In the Cure three Things are required.

"1. A Regimen of Diet, and the other Non-naturals.

"2. Pharmacy or Internal Prescriptions.

"3. The Applications of Externals, either to discuss, suppurate, or extirpate the Glands.

"With respect to a Regimen of Diet, Regard ought to be had to the Constitution of the Patient, whether it be hot or cold, dry or moist, old or young, robust or delicate. If the Body be cold or moist, we generally suppose a Surfeit preceded, and Crudity to abound; in which Case, Abstinence from Meat and Drink, or at least great Moderation, is requisite. Their Diet ought to be moderately heating and drying, as Mutton, Kid, Rabbet, Pullet, Chicken, Partridge, Pheasant, Poultry, and the like, and these roasted; avoiding all Aliments which yield a gross phlegmatic Nourishment, such as Water-Fowl, Fish, especially those of Standing Waters, Herbage, Cheese, all smoak'd, seasoned or dried Meats. Their Bread ought to be of wheat, well-baked, and their Drink medicated Ale or Beer; Wine also is allowed, and Water utterly forbidden.

"In hot and dry Constitutions tending to a Hectic, we allow a Diet of a more humid Nature, their Meat being boild with Lettice, Spinnage, Purslane, Wood-Sorrel, and the like; to some of these we dare scarce permit the eating of any Flesh, but rather a Milk-Diet, or Asses Milk; though Milk will not be always found agreeable; in which case we prescribe medicated Broths. Pork is, by some, forbidden strumous People.

"Air is a great Help to the Cure, which ought to be mild and gentle, in cold Weather healing and attenuating, and in the hot cooling. Exercise of Body ought to be enjoined, it being necessary to waste Superfluities. Sleeping in the Day is forbidden, unless where the Case is painful, to which it is an Anodyne. The Passions of the Mind ought to be moderated.

"The internal Prescriptions must be qualified according to the Habit of the Body. If it be cold and phlegmatic, abounding with gross viscous Humors, the Prescriptions ought to be heating and attenuating. In plethoric Constitutions, the stronger Cathartics ought to be exhibited, or the milder often repeated. The Purgatives are, the Species Hieræ with Agaric, Diaturbeth, Pulvic *Cornachini*, Pilulæ Cochiæ è duobus, *Rudii*, De Hermodactylis, Alocphanginæ, Imperiales, è Succino, Trochisci, Alhandal, Diagrydium, Resina Jalapii, and Mercurius Dulcis, and all those Medicines prescribed in the Lues Venerea.

"Alteratives are also usefully taken on those Days in which the Patient does not purge. Among these a Decoction of the Woods claims a Pre-eminence; to which are added one or other of the Specifics so called such as the Roots of Fig-wort, Drop-wort, Devil's-bit, Soap-wort, Bur dock; the Bark of the Walnut-tree; the Herbs, Rag-wort, Crane's-bill, Herb-Robert, the greater Celandine, Hound's Tongue, white Hore-hound, Fox-glove, and the like.

"In these Decoctions, it is very common to put also a Lump of crude Antimony, of four Ounces or half a Pound Weight, grossly powdered and tied up in a Rag . . .

. . . . . .

"Besides these Liquors to be taken as a Diet, there are other Medicines, such as the diaphoretic Antimony, Bezoar Mineral, Æthiops Mineral, and Gum Guaiacum.

"The third Intention is performed by the Application of Externals, 1 To the Tumors which we endeavour to resolve, or suppurate or to extirpate. 2. To the Ulcers which are the Effect either of Suppuration or of Extirpation. In Tumors we shall begin with Emollients and Discutients, though it is no easy Work to resolve these Glands, if we consider the Stubborness of the Matter, and its being contained within a Cystis; yet in some soft delicate Bodies the milder sort of Glands, which are not too much indurated, frequently resolve. The Emplastrum de Ranis cum Mercurio is frequently applied for this End, as also that of the Gums, Ammoniacum, Galbanum Bdellium, to which crude Mercury may be added as it is in the New Dispensatory. . . Zacutus . . . says he never used the following Ointment without success: Take of the Root of Great Bryony, plump and round, half a Pound; cut it into small Pieces, and fry it with three Pounds of recent Olive Oil, till they become dry and wasted; strain it, and add Turpentine of Fir, half a Pound; Yellow Wax five Ounces; remove it from the Fire, and make it into a viscid Ointment.

"The Herb Goose-Grass or Clivers, beat up with Lard, and the Strumæ therewith anointed, discusses the same, while the distilled Water of the whole Plant lends further Assistance. The Root of Smallage is recommended by Mr Ray for the like Use. Crollius as highly extols the Lesser Celandine or Pilewort, whose Roots, he says, are a Kind of Specific in this Disorder. . . .

"Etmuller and Mr. Ray recommend the Pulvis Cyani, or Tincture of its Flowers; others, the Radix Cynoglossi,

or Root of Hound's Tongue, drinking the Decoction of it, and applying it outwardly in Cataplasms. But the Folium Digitalis, or Leaf of Fox-Glove, pounded and applied to the Strumæ, or the Ointment of its Juice, is highly esteemed by the Botanists. Dr. Bates's Preparation of this Ointment stands thus:—

"Take of May Butter, three Pounds; fresh leaves of Foxglove, bruised, as much as you can mix with the Butter; expose them to the Sun thirty Days; then boil them till the Leaves become curled, and let a strong Expression be made.

"This seems to be the same with that used by Mr. Wiseman which he calls the Valentia Digitalis, having undergone a repeated Infusion of fresh Leaves, by which the same is further impregnated with the Virtues of the Plant. Helmont praises the the spongy or hairy Excrescence, growing out of the Canker-Rose, the Powder being taken to half a Dram mixed with Sugar.

"The Radix Rusci, or Root of Butcher's Broom, in fine Powder, given to a Dram every morning in White-wine, especially if an equal Proportion of those of Flipendulaor Scrophularia be added, and administred in the like Dose, is praised by Etmuller, as is the Rue-leaved Whitlow-Grass by Mr. Boyle. Arnoldus Villanovanus says, that the fresh Root of Scrophularia, eaten for ten Mornings fasting, certainly cures the King's-Evil.

"When the Glands discuss not, but begin to enflame, a Suppuration will be the Consequence; to promote which, let the stronger emollient Suppuratives be applied, as the Roots of White Lillies, Bryony, Marshmallows, Sow-bread, wild Cucumbers, to which may be added fat Figs, and Pigeons Dung; and if the Progress be very slow, for stirring up the sluggish Humour, and rousing its Heat, the Root of Pellitory of Spain, and the seeds of Staves-Acre and Mustard. To promote the Suppuration, it is, also, common to pinch them hard; and some People in the Country thrust a Thorn into them, which excites Inflammation, and disposes them to suppurate. Care must be taken to endeavour a perfect Concoction; for if they are opened while any Part of the Gland is hard, it will encrease, and occasion a Necessity of eradicating it, or of leaving the Cure imperfect."

The writer proceeds to discuss the processes of incision, extirpation, subsequent dressings, &c., &c. And towards the end of a long dissertation on the various special forms of strumous disease, he returns to the neck and indicates a confusion of ideas between scrofula and goitre, which does not seem to have prevailed so much in even less enlightened times. "Those Tumors are called strumous or scrophulous, which appear externally, on the anterior and lateral Parts of the Neck. Of these Tumors there are different Species; some are small, some of a moderate size, and some surprisingly large; some are soft, others hard; some are moveable, others immoveable; some are favourable, others malignant. Scrophulous Tumours arise in indurated glands of the Neck; sometimes in the small moveable glands; sometimes in the superior and inferior salival Glands, and sometimes in the Thyroide Glands, which last are by some particularly called *Scrophulæ*, or the King's-Evil; and by the French, *Ecrouelles*."

(To be continued.)

The Nursing Problem.

NURSES OF THE LATEST FASHION. A.D. 1899.

PROFESSIONAL EXPERIENCES IN SHORT STORIES.

By FREDERICK JAMES GANT, F.R.C.S.,
Consulting Surgeon to the Royal Free Hospital.

SATAN IN PETTICOATS (*continued*).

SUDDENLY a change came over the spirit of Lucretia's devoted service, and in the name of Him—.

Incredible as it may appear that one whose professed qualifications *seemed* to be already verified by her nursing attendance, she should, under a week, give *practical* proof of her own incompetency; moreover, nurse frankly *protested* her own unfitness, terminated the trial, and must leave that day—that hour, at whatever inconvenience and wrongful loss to the patient. But, of course, "I claim my wages for the month." In vain, the poor helpless "dear old lady" implored her all-in-all not to desert her; for, "you know that other woman, kind as she is, can *do* little, or nothing, as you can; she cannot turn me in bed, not lift me out of it into my chair; and oh, the long nights, without you. Remember, I don't terminate the month's trial." With a deaf ear to piteous entreaties, Lucretia still protested her own unfitness—must go at once—and with the month's wages.

When the news of love'y Lucretia's immediate departure, &c., was communicated to the old husband, he, quite hitherto unaccustomed to such domestic matters, thought he understood dear nurse's *case*. She was one of the itinerant, migrating black birds of passage, who flit from place to place, quitting each within a few days, and demanding, extorting from their helpless, world-excluded victims, a month's salary, for, say, three days' *service*, worthless work, the servitor being quite incompetent to undertake any duty, such as answers to the advertisements, they are ever scanning for an eligible "find." A very easy mode of making an income, without any capital of ability, industry, or character.

But Lucretia *must* go; very sorry to quit such a happy place; but go, she must really, and with the month's wages. Lady U——— had not paid her wages, on quitting her ladyship's service; nor had that same "unjust, irreligious lady" kindly forwarded to her the purse she had forgotten in her hasty departure. Consistently with this explanation of Nurse Lucretia's position, it would have seemed more reasonable that she should have remained in her present situation, instead of throwing herself out of place, and forfeiting her wages by terminating her engagement; certainly, however, in her unfortunate financial circumstances, Lucretia's absolute penury would explain and excuse her otherwise pitiful dishonesty in not having yet paid the shilling cab-fare borrowed of Nurse 2, as the debtor had neither received wages owing to her, nor had she come into her property by book post.

Practised as I am in thinking the thoughts of other people, women's thoughts especially, I own that the movements of Lucretia's mind puzzled me, so that I could not interpret to the old husband the real motive for nurse's sudden decision.

She demanded a month's wages for under a week's service, determined by her own professed inability to continue the duties of her engagement. "She could," she said, "summon either the (paralysed) patient or her husband, to the police-court, and thus prove her rights—as by agreement, and get her lawful wage"; this threat being accompanied with a fierceness of utterance by the playful little mouth, a resonant tone of the silvery voice, and a gleaming fixed glare of the gazelle eyes, utterly unbecoming the placid, gentle, loving woman, up-to-date.

Unfortunately, the poor old wife's condition rendered her totally unable to appear as witness in a police court; and as she *alone* had made the (verbal) engagement with Lucretia, her astute threat was as idle as it was heartless.

But "No," she went on to say, "she knew police-courts very well, and she knew the law; her father was a barrister, only she was not on terms with him; it would not become her social position for her to appear in court, as the case would be published in all the morning papers, and she would be identified in connection with a petty claim for wages, as nurse-attendant, when it might not be known to a wide circle of friends that circumstances had compelled her to adopt a calling below her birth."

Accordingly, Lucretia was quite willing to remain, but in the service of the old husband, as *cook*. "She had—she told him—gained considerable experience in the culinary art, especially for invalids." "This offer she made, knowing that the dear patient had already engaged another, and far more capable, nurse-attendant, who would arrive in the evening; and as she understood that the cook was having a holiday from that day, she would

gladly take *her* place—as a matter of convenience—in the household arrangements."

To the regions below Lucretia descended, there to exercise her culinary art, in preparing such delicacies by her own little hands as might as much please the palate, and suit the stomach of the invalid, as in her nursing capacity she had ministered to other bodily wants, and had fed the soul with good things. The old husband's appetite, not so fickle, would be more readily satisfied.

The most astutely vicious people are often the most blindly stupid, and are wont to give evidence against themselves. It was so with Lucretia. She readily entered into an agreement—in writing to the effect—that she surrendered her claim for a month's wages as nurse-attendant. She agreed to remain in service—as cook—for her *own* convenience; and that *one week's* such service, at the same rate of wages, would satisfy her previous demands for a month's remuneration.

At first, Nurse Lucretia's cooking fully justified her claims. Excellent beef tea, and other products of invalid cooking, were served up to the old lady: while the old gentleman, himself a great sufferer, fed, as it were, by manna from heaven, began to feel the renewal of life in the hands of the angel-cook, breathing a prayer in return that old Mrs. Clipper might be induced to extend her holiday *sine die*.

About the third day of this course of nutriment, the wife, who during more than a year's bed-room incarceration had slowly regained such general health as made her life tolerable, although still afflicted with infantile helplessness, began to throw out symptoms of internal distress. Persistent diarrhœa, a burning throat, and thirst, bespoke continued *irritation* of that tract within the body, through which passed the products of the culinary *art*, with alarming rapidity. What the irritant might be which thus seemed to convert the stomach into a saucepan for boiling its own contents, while the bowels were the sink for cleaning and washing out, ere the receptacle was used again, might have been a mystery to any other old man, beholding his poor old wife in writhing agony at times, rallying again when the invisible enemy was withdrawn, and so on. But, in the evening, when the first piteous scene in this tragedy was enacted, fortunately the husband, having a bed-room ticket of admission, and being a judge of blacking upon the fair skin of womankind, had studied the cook-specimon, who under cover of nurse-attendant had got into his wife's service.

Sitting in the dining-room, after witnessing his wife's agony, the old man fell into a trance, with his eyes open and conscious of what he saw, otherwise in a state of abstraction. Suddenly the door opened, and a lurid vision entered, with outstretched arm, the withered bony hand and forefinger of another old man pointed at the seeming sleeper; spellbound, the visited could not rise from the couch on which he reclined. The visitor with a tone of voice, more in sorrow than in anger, said—"Beware of your nurse-cook; beware of the would-be *murderess* for money—beware of the bigamist—of the widow, as she is not—the liar—the religious hypocrite—the prostitute—the *swindler*—the common *thief!!!*

The old husband, awakening as from the abyss of hell, rose, tottering, and rang the bell. The vision vanished. But cook, thinking it might be some special invocation of her culinary art for dinner on the morrow, answered the summons.

"On this occasion"—the old husband said, with resonant voice—"It is I—your master—who orders you to quite this house immediately." "You are a woman with a past," said he, as their eyes met. "Thank you, yes," replied the satanic nurse, Lucretia, "I own I have a most romantic past for a young lone woman if all were known."

But I know something more of you. "Do you." "You are a woman without a future—except a prison—or death." "Thank you; do you, know *that*." Lucretia never looked more self-possessed, calm, gentle, modest, kindly-cruel. But Robinson, the maid, found her in the hall, hanging over the stair-rail in a fainting condition.

To forthwith get rid of nurse-cook—thus convicted—was yet no easy matter. She not only had the effrontery to reclaim a month's wages by the wife's verbal agreement with her—as Nurse, which, if valid for three days service terminated by herself, she had afterwards cancelled by her willing signature to the terms of the written agreement for one week as cook; she now claimed a month's wages in that capacity; two months, in all for both services. She "knew the law"; and "she would certainly lay her case before the police magistrate, Mr. P————n, who would protect her rights." "No"—on *second thought*—"she would not."

But why—in addition to her vocation as swindler, should Nurse Lucretia have been cook-poisoner in this case? Money moved her influence over the mind of an old lady who is exceedingly susceptible to kindness, unsuspecting in her own simple honesty—who possesses property in personal estate, at her own disposal by Will.

Now, the mysterious reason for her desire, and determination to suddenly relinquish her nursing attendance on her victim, was evidently explained by the circumstance that cook's holiday gave Lucretia the opportunity for carrying out her diabolical design. Her greed for money had impelled her to practice the old trick of demanding wages not her due, but she at once relinquished her fraudulent claim in view of her far longer expectations under the Will, in the event of a successful issue to her cooking service.

Lucretia's second thought took her out of the house without further reconsideration.

After her departure, the "dear old lady"-patient sent a piece of note-paper to her husband in the dining-room; "That woman has carried away all she could rob me of, without detection."

Nurse Lucretia's Immediate Antecedents.

Prior to her appearance in Catchemalivo Square I have received authentic information, written and verbal, respecting Nurse Lucretia's immediate antecedents.

When residing with Lady U———, as nurse, she stole everything she possibly could remove, without discovery at the time, damaging and destroying much valuable property in articles of vertu; notably one vase, of rare and costly porcelain, cherished as a gift to Lady U——— on the occasion of her marriage. The household servants became instinctively alarmed by nurse's conduct, as ominous whisperings came to their ears; they locked her bed-room every night, lest she might visit them during the hours of darkness. At last, she quitted this situation, being compelled to leave without warning.

In her previous situation, as nurse in sole charge of an only child—girl, winsome and affectionate, she beat and otherwise ill-used the nursling, who needed no correction of its endearing charms. She always locked the door of the happy, playful, unprotected little lady, so as not to be interrupted in her nurse duties, or interfered with by any servant. The door being unsecured on one such occasion, the mother, with perhaps her maternal apprehension aroused, entered the room, just in time to see nurse in the act of administering a spoonful of something from a saucer containing a reddish fluid. The poor little thing fell asleep, and remained so long insensible to mother's voice and awakening cries, that it was feared she lay asleep to wake no more.

Whether this well-nigh fatal deed was done by the hand of a murderess, with some secret motive and purpose, or whether an overdose of medicine was administered by the hand of an ignorant, "untrained," and "uncertificated" nurse, is known only to Him who seeth in secret.

Certain, however, was the sequel—that Lucretia forthwith surrendered her charge of the little patient, and, without the least protest, consented to leave the house, but demanding (her old claim) a month's wages. Threatening the summons from a Police-court, and the assistance of her legal friend (with whom the reader is acquainted), at once silenced the mother's demurrer; as a nervous lady, she dreaded her name appearing in the papers, and which would be "equally distressing to nurse, a lady born, and well known to the magistrate," the case was settled out of Court, "the mother of the hapless innocent agreeing to pay nurse's lodgings until she could recommence duty in another situation."

Thus, this head-nurse of the latest fashion disappear from our view.

Clinical Records.

CANCER HOSPITAL.

Cases under the care of Mr. F. BOWREMAN JESSETT, F.R.C.S.,

Surgeon to the Cancer Hospital, Brompton.

I.—*Case of Large Dermoid Ovarian Cyst removed from a Woman, æt 72—Recovery.*

A. M., æt. 72, was admitted into the Cancer Hospital on November 8th, 1898, suffering from a very large ovarian cyst. Her abdomen has increased in size rapidly for the last three years. At the birth of her last child, thirty-five years ago, she remembers the doctor telling her she had a tumour, and fifteen years ago she was advised to have an examination but declined. She has had eleven children.

Present Condition.—A healthy-looking woman; has lost flesh of late. Abdomen enormously distended, bulging abruptly just below the ribs, of oval shape, with long axis running obliquely downwards and to the left. The abdomen is dull over whole area, excepting just below sternum.

November 15th.—I opened the abdomen with a small incision in the middle line below the umbilicus. The cyst presented, and was found to be generally free from adhesions. Trocar was inserted but no fluid escaped, on withdrawing the trocar a quantity of small greyish-brown masses, the size of pearl barley, escaped mixed with thin brownish fluid. There was a large mass containing nucleus of matted hair. The cyst when emptied was drawn out of the wound. There were a few adhesions to the omentum, which were readily torn through, a long pedicle was ligatured and dropped back. The patient made an excellent recovery from the operation. Some time later she had a slight convulsion accompanied by right hemiplegia. Her condition now is much the same, having never recovered from the attack.

II.—*Case of Carcinoma of the Cervix Uteri Complicated with Pregnancy—Vaginal Hysterectomy—Recovery.*

E. P., æt. 30, married, three children. Patient's attention was drawn to a dull pain in hypogastrium at Christmas, 1898, since which time she has had continuous discharge accompanied with hæmorrhage. The discharge very offensive. She was admitted into the Cancer Hospital on February 22nd, 1899.

She is a healthy-looking woman, but complains of pain in hypogastrium. On examination of abdomen tenderness is elicited. Per vaginam the os and cervix are found to be deeply ulcerated, the vaginal walls, however, are not invaded. The uterus is quite mobile. Examination causes hæmorrhage.

February 28th.—Vaginal hysterec'omy was performed. Uterus and ovarian vessels were clamped by Doyen's forceps. Forceps left on for thirty-six hours before removal. The vagina was packed lightly with iodoform gauze, which was not removed until the fifth day.

The patient made an excellent recovery.

On opening up the uterus, which was enlarged, it was found to contain a fœtus of about two months' gestation.

III.—*Case of Fibro-Myoma of Uterus taking on Malignant Action—Panhysterectomy—Recovery.*

Miss R—, æt. 56, brought to me by Mrs. Marshall, M.D., with the following history,—No family history of cancer. Menopause—in 1895; late in the year she consulted Dr. Macan, of Dublin, on account of loss of blood per vaginam. On examination some fibroids were discovered. The bleeding however continued, and she consulted Dr. Cullingworth, who considered the fibroids were the cause of the hæmorrhage. In 1896 she saw Sir John Williams and Dr. Cullingworth in consultation, they at that time could find no reason to suspect malignancy. She spent the winter of 1896 at the Riviera, but the hæmorrhage still continued. On her return to England she again sought Sir J. Williams' advice who then suspected there mghit be some inter-uterine mischief.

On June 2nd, 1897, she was placed under ether and the uterine canal dilated, and Sir John Williams removed some growth which proved to be malignant.

It was thought that the disease had invaded the broad ligament, and that it was not a suitable case for operative interference.

She consulted me on October 28th, and with Mrs. Marshall, M.D., we placed the patient under an anæsthetic and examined her. The uterus was found to contain several fibroids, and there was a badly smelling discharge from the os. The vagina was quite free from disease, and the os and cervix also felt healthy. The right broad ligament felt somewhat thickened. On examination per rectum this thickening was evidently due to the presence of fibroids; the whole uterus appeared to be covered with bosses.

The uterus was quite movable, but there appeared to be some adhesion in Douglas's pouch.

The conditions found, in my opinion, quite warranted my advising an operation for the removal of the diseased organs, an opinion in which Mrs. Marshall agreed. Owing to the size of the uterus, I thought it wiser to remove it by the abdominal route, and on Nov. 7th, with the assistance of Mrs. Marshall, Mr. Ryall, and Mr Richardson, Dr. English giving the anæsthetic, I performed panhysterectomy in the usual manner. There were some firm adhesions in Douglas's pouch, otherwise no trouble was experienced. The patient made an even recovery, and a month ago when I saw her she was quite well.

IV.—*Case of Malignant Disease of the Fundus of the Uterus—Vaginal Hysterectomy—Recovery.*

Mrs R., æt. 43, three children, youngest ten years, since which time she has suffered a good deal from "bearing down" pains, in consequence of which Dr. Campbell Pope, her medical man, took her to Sir John Williams in May, 1890. It was not until May, 1897, that these pains increasing she again saw Sir J. Williams. In September, 1897, excessive menstruation commenced lasting for six weeks at a time, stopping only for three or four days then commencing again. This state of things continued until April, 1899. On April 12, Sir J. Williams dilated the uterine canal, and curetted the uterine cavity. The *debris* on being examined were pronounced to be malignant.

On June 20th Dr. Campbell Pope asked me to see the patient with him, he administered an anæsthetic, and I made a thorough examination, the uterus was very large and a sanguineous discharge was escaping from the os. The broad ligaments were free, and there was no ulceration of the os or vaginal walls. The uterus was fairly movable. On introducing a sound it passed readily for 3½ inches and caused bleeding.

I advised vaginal hysterectomy, which was agreed to, and I with, the assistance of Dr. Campbell Pope, and Mr. Ryall, performed the operation on June 27th.

There was some difficulty owing to strong adhesions in Douglas's pouch and the size of the uterus in delivering it, this was overcome, however, by splitting the anterior wall of the uterus up and pulling it down. The broad ligaments were ligatured. There was, however, some hæmorrhage from a small vessel somewhat high up. As there was some difficulty in ligaturing this I clamped it with a pair of pressure forceps. The patient made a slow recovery and was troubled with some little urinary leakage, which was due probably to the ureter being nipped by the forceps, this it is hoped will disappear as the wound cicatrises.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, JULY 13TH, 1899.

Dr. MACNAUGHTON-JONES, President, in the chair.

MR. BOWREMAN JESSETT showed: 1. A case of carcinoma of the cervix uteri complicated with pregnancy. 2. A case of malignant disease of the fundus of the uterus. 3. A case of fibro-myoma of the uterus

taking on malignant action. 4. A large dermoid ovarian cyst removed from a woman, æt. 72. Notes of which will be found under "Clinical Records."

Dr. Heywood Smith said that it was very interesting to trace the transition in these cases between fibroid tumours and malignant disease He asked whether a fibroid uterus was more likely to take on malignant action than one that was not fibroid.

Dr. Snow thought that malignant disease of the body of the uterus could be treated with success much later than when the disease affected the cervix; because in the former case the growth was encysted, whilst in the latter the lymphatics were involved far earlier. There were two ways in which myoma and malignant disease might be related. (*a*) The association might be merely accidental. (*b*) Malignancy might follow myoma, owing to the predisposition brought about by congestion. This was not a true passing of myoma into malignant disease, but the course of events was as follows: First, owing to the hyperplasia of the uterine muscle this passed into an embryonic condition, and this condition in turn merged into sarcoma. It was only in this way that the one growth could pass into the other.

The President said that the course of opinion tended in the direction that a myoma could sometimes become malignant, *i.e.*, sarcomatous. He had shown a case some time ago at the Society, and had seen another case since, in which myoma and carcinoma co-existed; but in both cases it was difficult to say whether the connection was accidental, or whether the carcinoma was an invasion of the myoma. In cases of large uterus where they were uncertain whether they had to do with hyperplasia or with malignancy, they should be prepared to warn the patient that the uterus might have to be removed. These were just the cases in which a diagnosis could sometimes be made early.

Mr. Jessett, in reply, said that his main object was to lay stress on the importance of early diagnosis. He had no doubt that for carcinoma of the fundus vaginal hysterectomy was a most successful operation. He had now many cases in which this had been done for some time, and the patients had remained quite well. Cases in which the disease affected the cervix and spread down to the external os were the most unfavourable, for then the glands were involved much earlier. He believed that the prognosis was much better in old patients, say, after 50, than it was in young women. The same remark applied to malignant disease of the breast.

Dr. George Keith showed, for Mr. Skene Keith, the ovaries from a case in which they were removed for a bleeding fibroid, and a diseased appendix from the same case. The patient, æt. 27, had had pain in both sides and in the back since she was eighteen, for which she had had a great deal of local treatment. Four years ago she had an acute attack of appendicitis. Examination showed both ovaries prolapsed, with a retroversion of the uterus At the operation a fortnight ago the ovaries were found prolapsed and adherent; and the appendix was very long and adherent to the abdominal wall. The interest in the case was the condition of the appendix combined with the diseased ovaries.

Mr. Targett had made an examination and reported that the chief features of the specimens were:—1. Closed ostium and moderate dilatation of the tube. 2. The presence of blood distending the tube. 3. Thickened prominent rugæ of mucous membrane of the tube, which were seen embedded in the clot. 4. Microscopical examination showed acute tuberculous infiltration of this mucous membrane, which was evidently a primary lesion as there was no tubercle on the serous surface.

The President showed a case of primary tuberculosis of the Fallopian tubes, associated with hæmatosalpinx.

Dr. Heywood Smith had had a similar case some years ago, both sides being affected. He removed both appendages, and after the operation the patient gained considerably in weight.

Dr. Powell asked whether the lungs had been examined in this case? He had lately seen a case which was thought to be one of primary tuberculosis of the larynx; but later on tuberculosis was found in the lungs. He believed that most cases were primary in the lungs.

Dr. Arthur Giles asked whether in the President's case the tubal condition was associated with hydroperitoneum? Four years ago he saw a patient, æt. 16, with a cystic pelvic swelling, which was diagnosed as localised tuberculous peritonitis. On opening the abdomen this was found to be the case, but in addition there was tuberculosis of both Fallopian tubes, which appeared to have been the primary seat of the mischief. The lungs had been examined and found healthy. He removed the tubes and drained the pelvis; and the patient recovered and improved greatly in general health.

The President, in reply, said that an interesting feature of the case was this, that the ovaries had been carefully examined, and there had been found no extension of the disease, either to the ovaries or to the uterus. The latter was small and fiddle-shaped, thus accounting for her sterility.

A paper by Mr. Charles Ward, Pietermaritzburg, was read, on "Transfixors. for Securing the Abdominal Wound." The Secretary also read, in the author's unavoidable absence, a paper by Dr. A Lapthorn Smith, Montreal, on "The prevention and Cure of Hernia after Abdominal Section." The papers will be found in another column.

In the discussion that followed,

Dr. Purcell remarked that stitches remained buried and unchanged for a long time. Thus he had done a perineorrhaphy with buried stitches which had remained for twelve months, and which he had then removed, as they were giving pain. They were unaltered.

Mr. Bowreman Jessett thought it would be interesting to know what 167 ventrofixations were done for in a few years. It seemed a very large number. In England he thought that two weeks was considered a long enough time to leave stitches in after abdominal section. He had used silk for ventrofixation, but had always regretted it, for it so often gave rise to abscess. For the removal of sutures he had not found anything so handy as a crochet hook.

Mr. Furneaux Jordan observed that probably no two surgeons sewed up the abdominal wall in the same way. The great preventive of hernia was primary union, and the secret of primary union was asepsis. The length of time stitches were left in was not of great importance. As regards suture material, he would not like to leave silkworm gut buried, since the hard ends were apt to hurt; boiled silk answered very well as long as it was aseptic. In most cases he used through-and-through sutures of silkworm gut.

Dr. Heywood Smith said that since the method of suturing in three layers had been adopted there was very little fear of hernia. Further, the wound healed better if the incision were made through the recti instead of through the linea alba. For the middle layer he thought that interrupted sutures were better than the continuous.

The President did not think that on this side of the water they had an "appalling number" of hernias following abdominal section. He had had only one case of hernia, and that was due to the patient herself, who was insane; she did what she could to open the wound. He took exception to the statement that this kind of hernia was easily cured. He had no doubt that drainage was responsible for many of the cases of hernia that used to occur. His own practice was to use three layers of interrupted sutures. He would not like to bury silkworm gut nor silver wire as advocated by Howard Kelly. The principal thing was to get primary union of the fascia and muscle. He concluded by expressing the indebtedness of the Society to Dr. Lapthorn Smith for this interesting paper which he had sent them from Montreal.

THE LATE MR. LAWSON TAIT.

The President dwelt on the great loss the Society had sustained by the death of Mr. Lawson Tait, one of their honorary Fellows. Their loss was shared by Great Britain and Ireland, as well as by gynæcology all over the world, for Mr. Tait was one of the most prominent representatives of this branch of surgery of his time, an original thinker, and a bold and successful surgeon. At a recent meeting of the Council a vote of condolence with Mrs. Tait on their common loss had been unani-

mously passed, and he felt sure that the Council had but expressed the sentiment of every Fellow of the Society.

The remarks of the President were cordially and respectfully endorsed by the meeting, which then separated.

Special Article.

TUBERCULOSIS OF THE BONES, JOINTS, AND GLANDS, AND ITS TREATMENT BY THE OPEN-AIR METHOD AT THE SEASIDE (INSTITUT VERNEUIL. LA BAULE—LOIRE INFERIEURE).

IN discussing the treatment of tuberculosis it is necessary at the outset to distinguish clearly between pulmonary tuberculosis, the only form of the disease with which the public in general are as yet familiar, and the various localised manifestations of tuberculous infection which are so frequently met with in bones, joints, and lymphatic glands. Although all forms of the disease are, roughly speaking, answerable to the same method of constitutional treatment it is necessary in practice to make a distinction, because the risk of infection which is inseparable from the pulmonary form does not obtain in the more strictly localised lesions met with in the bones, in joints, and especially in the lymphatic glands. It follows that the treatment of the latter requires to be carried out in separate establishments, specially organised to deal with this particular class of cases.

In the course of a recent voyage in France it was our good fortune to have been afforded an opportunity of visiting a remarkable institution in Southern Brittany where the treatment of delicate children of both sexes has for many years past been carried out on a large scale by what was described as the open air marine treatment with results which appear of sufficient interest to merit publicity in this country where public opinion is fully alive to the necessity of measures having for object the cure of the afflicted and the prevention of infection.

Some thirteen years ago a local philanthropist purchased a large plot of land surrounded by water and isolated from the mainland at high tide, situated near Le Croisie (Loire Inférieure) for the purpose of installing a sanatorium for the reception and treatment of the young of both sexes suffering from tuberculous disease other than phthisis. The buildings, all on the ground floor, are built on the principle of securing an ample supply of fresh sea air, and are provided with every modern sanitary appliances. Surrounded on all sides by extensive tracts of sandy soil and bathed by invigorating breezes from the ocean, the inmates pass their lives virtually in the open air. Caressed by the balmy and uncontaminated air, enveloped by direct sunlight, and suitably nourished, the miserable and degenerate products of town life, incapacitated for childhood's pleasures by the ravages of tuberculous disease, find in the Pen-Bron Marine Hospital a *milieu* admirably calculated to stimulate their inherent vitality, and to enable them to react against the further spread of the disease.

The credit for the success which has attended the administration of the Pen-Bron Hospital is mainly due to Dr. Jan-Karguistel, the medical superintendent, who has from its foundation displayed a scientific and affectionate interest in its management. Thanks to his activity the hospital was formally recognised by the State as of public utility in 1893, and it receives subventions from a large number of communes and municipalities, who in turn send their sick to the hospital for treatment. The conditions of admission are very strict from a medical point of view, the benefit of the institution being restricted to those whose condition is such as to justify the hope of eventual cure, or at any rate of material improvement, by the Marine treatment. Although the object of the founders was exclusively the treatment of the victims of localised tuberculosis, the benefit of the treatment is in exceptional circumstances accorded to debile and convalescent children on the express condition that they do not present lesions capable of proving injurious to their fellows.

The Pen-Bron Hospital at present accommodates between three or four hundred children of both sexes. There is no limit of age as regards the girls, but males are not admitted above the age of 15. In the course of our inspection we were shown examples of pretty well every variety of local tuberculous lesions—tuberculosis of various bones and joints, tuberculous ulcers, involving the bones of the skull, the antrum, the mastoid, the nose, &c., but the predominant feature was tuberculosis of the lymphatic glands, especially of the neck, suppurating and non-suppurating. Most of the incoming patients arrive in an advanced stage of cachexia, and it is impossible not to be impressed with the promptness with which these little sufferers had regained strength, colour, and gaiety under the influence of these surroundings. The treatment comprises not only an existence under peculiarly favourable hygienic and dietetic conditions, but care is taken to exercise the minds as well as the bodies of the inmates. Under the sympathetic but firm rule of the sisters, who have devoted themselves to the task, every hour of the day has its allotted occupation, educational, religious and recreative.

There could be no more touching spectacle than that of the children basking in the shade of the trees, their eyes beaming with the sensation of recovered vitality, smiling, with faces expressive of affection and gratitude, to the sisters and to the doctor who knew each one of his flock by his or her name The pallor and the hectic flush in all save the most recent arrivals had given place to the tawny glow of health, and their placid happy physiognomies testified to the *joie de vivre*.

The average duration of treatment is from twelve to eighteen months. There is an operating theatre fitted up in a way which would do credit to a London hospital, for the surgical treatment of cases requiring operative measures. The wards are spacious, with large windows on both sides, with ample space between the beds, and scrupulously clean throughout. In the space at our disposal it is impossible to do justice to the admirable organisation of the institution. We cannot do more than sketch the main outline of a scheme which enables children capable of deriving benefit from Nature's own treatment, to be restored to health at a cost not exceeding 1fr. 60 (rather less than 1s. 6d.) a day. The benefits of the Pen-Bron Hospital, as we have explained, are restricted to the children of the poorer classes, the cost of maintenance being defrayed by the local authorities by whom they are sent. The unquestionable and excellent results of the treatment during the last thirteen years have attracted public attention, and a movement has been set on foot to extend these benefits to the children of persons of a higher social standing who would be willing to pay for similar privileges on a scale commensurate with the greater comfort and conveniences. This movement has recently led to the construction of a building at La Baule, a few miles distant from the Pen-Bron Hospital, situated on the shore of a bay and surrounded by extensive pine woods forming part of the grounds. This is known as the Institut Verneuil.

The Institut Verneuil is to all intents and purposes a Pen-Bron institution on a more luxurious scale. Built of granite on a rising plot of ground facing the ocean, it is at once an architectural monument and an ideal sanatorium. The main block is reserved for the reception of young patients, but isolated villas are scattered through the extensive pine-clad grounds for the reception of adults. To the visitor in search of rest and recreation, as well as to the invalid requiring a thorough course of treatment, the Institut Verneuil, which is under the patronage of the most eminent French medical authorities, commends itself as a summer and winter residence by its complete organisation and unique natural advantages. A special department is provided for children of both sexes, with this unique advantage, that those of delicate health are enabled to pursue their education in company with others of their own age, while deriving lasting benefit from skilled treatment and a favourable climate. The establishment, indeed, affords

the freedom and comforts of home under circumstances which, we believe, cannot be rivalled elsewhere.

The locality is celebrated for its salubrious and restorative climate owing to its geological conformation, its exceptional situation and the influence of the Gulf stream which baths its shores, it possesses in all seasons that uniformity of temperature so essential to the recuperation of the debile and convalescent. Eucalyptus, pomegranate, and similar trees grow freely in the open air, a fact which sufficiently testifies to the mildness of the winter.

The Institute, built in 1896, is of four stories, to which access is obtained by an electric lift and by two wide staircases. It comprises a main building and four detached houses, in addition to a farm, laundry, and electric station. It is within a short distance of the railway station. The various halls and rooms are well ventilated and lighted by electricity, and they all overlook the sea or the surrounding evergreen pine forests. The sanitary arrangements are on the latest and the most approved principles, insuring pure air, inside as well as outside. The system of drainage is all that can be desired, and special machinery has been erected for flushing sewers with electrolised sea water (Hermitte's system), a remarkably efficient disinfectant and antiseptic. Drinking water of absolute purity is obtained from a deep subterranean sheet of water underlying the sandy soil, and no expense has been spared to make the arrangements as perfect and as complete as possible.

The treatment of patients varies, of course, according to the nature of the affection from which they are suffering. There is an admirable hydropathic department conducted by an experienced specialist of the celebrated Swiss school, under the control of a carefully selected staff of medical officers, according to the most approved Continental methods. It comprises hot and seawater baths, seaweed baths, electric brine baths, and hot air baths, together with vapour, douche, rain, shower and medicated baths. The brine is produced in the neighbourhood, where sea salt is produced on a large scale by evaporation, the mother liquor (a saturated solution) being thus available for therapeutical purposes. The services of experienced masseurs are available, and there is a medical gymnasium fully equipped with all modern appliances. The home farm is within reach of the main building. It insures a constant supply of fresh milk, butter, eggs, vegetables, and fruit, and houses the horses and donkeys belonging to the establishment. The laundry is on a magnificent scale, and it comprises a large disinfecting apparatus.

The marine open-air treatment is necessarily dependent for its success to a large extent on the resources at the disposal of the visitor for amusement and distraction. In this respect the Institut Verneuil is singularly favoured. There is a beach of fine sand extending several miles on either hand, sloping gradually into the sea, thus affording safe bathing at all hours of the day. At low tide the firm sand affords ample opportunity for tennis, cycling, &c. There are plenty of boats, and the outlying rocky islands provide objects for enjoyable excursions, fishing, shooting, &c. The roads in the neighbourhood are good for cycling, and there are numerous places of interest within easy reach.

It was impossible not to be impressed with the advantages which the Institut Verneuil offers for the regeneration of the debile and the recuperation of the convalescent. Nature has lavished her richest gifts, and art has supplemented them by providing all the comforts and appliances which favour recovery from disease. Last, but not least, La Baule is readily accessible from London, the journey not taking more than fourteen hours. The terms are very moderate, taking the luxury of the installation into consideration, ranging as they do from £3 to £4 a week for adults, and £10 to £12 monthly for children, exclusive of fees for medical attendance, baths, &c., which can be contracted for at a small additional cost. The only restriction imposed is that patients shall not be suffering from affections likely to incommode or prove injurious to the others.

The managing director is Monsieur A. Pavie, 4, Rue du Général Foy, Paris, from whom all particulars can be obtained.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, July 30th, 1899.

Hysterectomy.

At the meeting of the Société de Chirurgie, M. Ricord spoke on abdominal hysterectomy for uterine cancer and said that he had performed that operation ten times with only one death. The gravity of the operation was, consequently, in his opinion, not so great as was believed. None of his patients could have been operated on through the vagina, as the disease had in each case destroyed the greater portion of that organ. The speaker acknowledged that abdominal hysterectomy was a tedious operation, especially where the ligaments were infiltrated, but it had the advantage over the vaginal method that it permitted ablation of the infected glands.

M. Segond said that he performed ninety-five times ablation of the uterus by the vaginal method with a total mortality of 14 per cent.; most of the unsuccessful cases were those in which the vagina and the broad ligaments were invaded by the disease. As to the ultimate result of the operations, out of forty cases of relapse of which he had knowledge himself, the disease returned in thirty cases within the first year, seven in the second, one in the third, and one at the end of the seventh year. Among the cases that might be considered cured, one has already survived ten years, another nine years, two four years, and two two years. He only practised six times abdominal hysterectomy for uterine cancer. Surgeons, considering this method is superior to vaginal hysterectomy in the treatment of uterine cancer, believed that it was less grave than the latter, according to them, it was the only rational operation, permitting the removal of all the ganglions, and they hoped that by-and-bye the prognosis would be much more favourable than that given by vaginal hysterectomy. As to the gravity of the intervention, it was certain that, thanks to the perfecting of the method of operating, abdominal hysterectomy was as benign as vaginal hysterectomy, but it was none the less true that in cases where the extension of the lesions necessitated ligature of the iliac artery the operation could not be considered less grave than the vaginal method. Those who advocated the abdominal method gave for one of their principal reasons the facility with which the infected tissues could be removed, but that pretention was impossible to realise, for if some few glands were removed could the operator affirm that he left no tissue susceptible to be attacked by the disease? However, he admitted that for a cancer of the body of the uterus or for those forms complicated with softening of the neck, so that it did not afford a hold for the instruments, the abdominal method was the best. When the lesions were not limited to the uterus he never interfered, preferring palliative treatment, which eased the patient and prolonged her existence, frequently for a considerable period.

Blennorrhagia in a Boy Three Years Old.

Nothing is more frequent than vulvo-vaginitis of specific origin in little girls in certain classes of society, as a consequence of the promiscuity in which the parents and children live and in which the gonorrheal virus

is communicated by the sheets, towels, or other instruments. On the other hand, urethral blennorrhagia is very rare in boys of tender age. Dr. Rouher reports a curious example of the kind.

He was called to a boy, aged three years, who, according to the mother, had not urinated for the previous three days. The penis was swelled, and pus flowed from the urethra. Another child of six years, who suffered each time that he tried to micturate for the last month, was also presented to the doctor. Here also by pressing on the penis a few drops of muco-pus were brought to the surface. On seeking the origin of the infection, M. Rouher learned that the two children slept in the bed with their eldest sister, who had herself suffered from acute gonorrhœa.

A CASE of infanticide was recently tried here, where the medical man who was called in showed up in rather a sorry light. The girl, a servant, being ill, he was asked to examine her. He came to the conclusion that she was five months' pregnant, and advised her removal to hospital. At the Hôpital Cochin it was found that she had recently been confined, and on search being made the dead body of an infant at term was found in a box in the bedroom. The doctor, in giving evidence, was fain to admit that he had only made a cursory examination, an admission which drew upon him some very pungent remarks from the bench.

A FEW days since a M. Vidal was sentenced to a fine of 1,000 francs and one month's imprisonment for the illegal practice of medicine. The curious feature in the case was that the accused, a commercial traveller, had succeeded in getting admitted to one of the services at Lariboisière hospital as a dresser, which post he had filled for three years.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, July 29th, 1899.

DIABETIC BLOOD.

AMONG recent discoveries one was announced for the detection of diabetes, by examining the blood with methylene blue, when a distinct red colour was evolved if sugar were present. If such a novelty could have been sustained it would have been of some practical value, but unhappily for the genius who startled the clinical world with such a simple means of diagnosis, the sugar is not the agent that strikes the red colour, but the acid of the blood which may occur in many other diseases besides diabetes. Schneider finds that a drop of urine added to normal blood will give the red colour that Bremer holds to be diagnostic of sugar.

The sugar in Bremer's new discovery is a mere accident, as any increased acidity of the blood will give the same reaction. This is Schneider's version of its diagnostic worth in medicine.

Müller, on the other hand, gives us a large number of experiments to confirm the accuracy of Bremer's deductions. Müller's earlier experiments were carried out in the morbid condition as well as the healthy, and found satisfactory. He goes further, and adds sugar to the healthy blood and thus obtains as positive a result as in the morbid condition. With this conflicting evidence before us we must pause before accepting the test as diagnostic or reliable.

SPINDLE-SHAPED DILATATION OF THE ŒSOPHAGUS.

Schwörer relates a remarkable case of dilatation of the œsophagus, caused by spasm of the cardial end of the tube. The diagnosis was made during life, but was not confirmed till the post-mortem was performed. It was in consequence of a spasmodic attack when a bougie was used more violently or forcibly than usual that a rupture into the peritoneum took place, resulting in death.

ASEPTIC OPERATION WOUNDS.

Döderlein discovered some time ago that the fluids of the peritoneum after an operation were not free from germs which were attributed to the hands of the surgeon after a protracted operation in the abdominal cavity. These germs were shown to come from the deeper layers of the surgeon's hand which lay embedded below the epidermis, but became exposed after the epidermis was shed. This discovery led to the use of surgical gloves by some operators which Döderlein affirms is equally inefficacious, as no wound can be kept absolutely germ free.

He is not so reckless, however, as some who having discovered the impossible give a licence to operate in any manner. He charges the surgeon with grave responsibilities, and admonishes him to be more careful than ever by covering the hands with some impermeable medicated substance in order that the risk may be reduced to a minimum.

RUPTURED OVARIAN CYST.

Käppen records an ovarian cyst which he had diagnosed, but before operation was decided upon it suddenly burst. On operating, the peritoneum was found filled with a colloid material in which were seen large semi-solid masses of the same material. The whole was washed out and the wound closed and perfect recovery followed although the patient was collapsed at the time of the operation.

He relates another of a similar nature where chronic bronchitis existed, in which he used ether as an anæsthetic with an equally happy result.

THE SOURCE OF PAIN IN COLIC FROM BILIARY CALCULI.

It has frequently been asked, is it the calculus in the gall-bladder that causes the intolerable pain, or is the inflammation induced by the pressure of the foreign body? Different answers have been given by able physiologists. Bertelsmann places biliary colic on the same platform with colic of the bowel, and disagrees with Riedel that in all biliary colic there must be perialienitis present. Bertelsmann contends that the local inflammation which causes the bladder to contract is the cause of the pain or at any rate the factor which makes it intolerable. If this be so the indications are antiphlogistic, but there are many cases with no inflammation whatever in which there is intolerable pain!

The Operating Theatres.

GT. NORTHERN CENTRAL HOSPITAL.

OPERATION FOR CARIES AND NECROSIS OF THE LOWER END OF THE FEMUR IMPLICATING THE POPLITEAL ARTERY AND VEIN.—Mr. PEYTON BEALE operated on a boy, æt. 12, for caries and necrosis of the lower end of the left femur. The history of the case was of interest; the boy was originally admitted suffering from pyæmic abscesses over and around the right and left knee-joints, the right hip-joint, and in the left arm near the elbow-

joint. As so often happens, these abscesses did not then open into any of the joints. They were freely opened and stuffed, and those about the right hip and knee and left arm did well, one or two subsequent operations being needed to remove pieces of dead bone. In the case of the left knee however, the conditions became more serious. In spite of free incisions the joint became infected and had to be freely laid open and drained for some weeks. It eventually healed up leaving only two sinuses which led down to dead bone just above the intercondyloid notch of the femur. The present operation was performed in the hope that this dead bone might be removed completely. Before commencing the operation Mr. Beale stated that he had learned, by previous experience, to regard cases of this kind as very serious, for it commonly happened that the popliteal artery and vein were surrounded by pus, their walls were thus rendered very rotten, and both were liable to rupture at any moment. This fact rendered cases of the kind occurring in private practice much more serious than those in a well-equipped hospital where prompt and efficient aid was always speedily forthcoming. It was well, therefore, in operating on these cases to be fully prepared to ligature the popliteal artery or vein, or both, at a moment's notice. Mr. Beale then proceeded to enlarge the existing sinuses, first by the knife and then by Hilton's method, until the upper half of the popliteal space was laid fairly open, the popliteal vein and artery being both exposed to view. It was found, as expected, that the caries was very extensive, reaching into both femoral condyles; moreover, several flakes of dead bone which had peeled off the shaft of the femur were seen and carefully removed. During the removal of one of these pieces the popliteal vein suddenly burst. It appeared as if part of its walls, which were quite rotten, had suddenly given way. Both ends were at once clamped and securely ligatured. The dead bone having been removed, and the carious bone scraped out as thoroughly as possible, the wound was freely irrigated and stuffed with iodoform gauze. The popliteal artery was seen to be in a very unhealthy condition, but it was not ligatured then in the hope that its lumen would become more and more obliterated, and so collateral circulation would be established—if it had not already been fully established. The wound was dressed and the patient ordered to be removed to bed and watched carefully.

Mr. Beale stated that it was one of the golden rules of surgery to amputate at once should the main artery of the limb be wounded. He said that he had had under his care previously two cases exactly similar to the one on which he had just operated, but in those cases about three inches of the popliteal artery and vein were excised at the same time. In neither case had any gangrene supervened, and in one of them the carious and necrosed bone had been completely removed and the wound had healed up soundly. The other was still under observation, having still one small sinus in the ham. The point, he said, in these cases was that the collateral circulation became established during the time that the artery was exposed to the discharge from the carious bone and when the artery did give way, the hæmorrhage was very gradual at first and enabled the surgeon to tie the vessel above and below the rupture. Should secondary hæmorrhage occur, it was most essential to find the end of the vessel and apply a ligature about one inch above it. That having been done, one could then consider whether it would be wise to ligature the femoral at once or not under these circumstances. Mr. Beale said he should ligature in Scarpa's triangle, taking the greatest care not to infect the wound from that in the popliteal space, but he would not amputate the limb unless other complications supervened. In these days amputation in such cases should be looked upon only as the very last resort.

It is interesting to follow the subsequent progress of the case. The wound was dressed on the second day and restuffed. On the fourth day the dressing was seen to be blood stained, and the house surgeon dressed the wound. He then saw that there was a small hole in the popliteal artery, from which blood was oozing, not spurting. The hæmorrhage was controlled by pressure and Mr. Beale was sent for. On his arrival he at once ligatured the artery above and below and excised about one inch of it, giving orders that if, in three or four days time, more hæmorrhage took place, a fresh ligature was to be applied upon the bleeding end. This expected hæmorrhage did occur and the house surgeon proceeded to look for the bleeding point; this, however, he was unable to find, so he ligatured the femoral at the apex of Scarpa's triangle. This operation controlled the hæmorrhage and the leg did not suffer in any way, thereby proving that the collateral circulation around the knee-joint had been fully established.

ST. THOMAS'S HOSPITAL.

Hydronephrosis from Congenital Deficency of Ureter.—Mr. Battle operated on a girl, æt. 25, who was suffering from a tumour on the left side of the abdomen. The tumour had been noticed of varying size from time to time, and caused her a good deal of pain chiefly when large. She had not, however, noticed that there had been any increase in the amount of urine passed when the tumour had diminished in size. The swelling occupied the left side of the abdomen in the kidney region; it was dull on percussion, but the resonance of the colon could not be made out over it, fluctuation could be obtained; it was not tender. There was no rise of temperature; the urine was normal and her general condition healthy. The tumour was removed by the usual lumbar incision, being shelled out from the bed in which it was lying, a much elongated kidney being first met with; afterwards a cystic swelling, which had been partly emptied by a trocar and cannula introduced through part of the tumour, which was found to be chiefly kidney substance. The cyst-like part was found to consist almost entirely of the dilated renal pelvis and contained clear urine. The ureter left the cyst about three inches from its lower margin. It was much diminished in size, being represented by a small tube which only admitted a bullet probe; there was nothing obstructing it No difficulty was experienced in ligaturing the vessels and ureter separately, but it was found difficult to reach them in the first instance on account of the large development of the cyst towards the aorta. The wound was closed in the usual way with deep and superficial stitches, and a drainage tube inserted. Mr. Battle said the absence of anything like renal colic made it likely that the condition was due to defect in the ureter, possibly as a result of kinking, but the condition found at

the operation made it probable the defect was of congenital origin.

It is satisfactory to state that the patient made an uninterrupted recovery.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 2, 1899.

THE HOSPITAL QUESTION.

THE hospital question has been exciting a good deal of interest in London for some time. Our hospitals, great and small, were in low water. Their incomes had fallen off or their expenses had increased, and they were beginning to find themselves in difficulties. How to get money was the question, Charity with some does not always go hand in hand with Faith and Hope; and perhaps for this reason some take the view that "the greatest of these is Charity." Important changes have taken place during the past half century, so far as the sick poor are concerned, in the relations between dispensers and recipients of Charity. The Fever Hospitals, Metropolitan Asylums, and Infirmaries, are not regarded as charitable institutions, any more than our Army and Navy. They are all supported by the State for its own benefit, and no sentiment of charity regulates the charges made on the people for their cost. Whether hospitals are needed now so much as they were, when little or no provision was made for the sick poor, we need not discuss. It certainly looks as if the sentiment of real charity in regard to hospitals was not active now, when we see appeals made through bazaars, balls, concerts, and fancy fairs for funds to help them. Is this a symptom of coming dissolution, preceded by expiring energy? It looks as if hospitals will have to be classed with such social combinations as clubs, insurance companies, building societies, and many of the same character. Hospitals may be organised so as to provide not for the wants of poverty, but for those of sickness, that is for some of the accidents of life. If this is so, well and good. We shall then appeal to a sentiment altogether different from that of Christian charity. Our hospitals depended at one time largely on the influence of our clergy, through whom the most potent appeals could be made to the public. Through the great body of practitioners a great deal was done for our hospitals, more really than by any class, when legacies were being considered, or gratitude was having influence on those who wished to show sympathy for suffering, and could do so in no way better than through a hospital. We are rather doubtful now of the feelings of the clergy, and are not certain of those of the great body of practitioners towards hospitals. The institution of the Hospital Sunday has rather taken away the interest which certain of our clergy had always felt in certain hospitals, for in most parishes there existed a close relation between the sick poor and the ministers of religion. As regards the great body of practitioners, there is not the least doubt but that hospitals have injured them much in many ways, as those well able to pay their doctors have found they could do without them. Now the hospital authorities have resorted to another power to help them, and have appealed to Royalty for its patronage. The Prince of Wales has naturally done his best to assist, and for a time the result may be satisfactory. But only for a time, and sooner or later the collapse will come, if hospitals are to find support from charity. If we are asked what are the chief purposes for which hospitals are intended and on which their right of appeal to the public as charities should be based, we think that one of the chief is the advance and improvement of the Science and Art of Medicine, by which the whole people is benefited. One of the most important duties of hospitals is to educate those who are going to devote themselves to the practice of the profession. If the public does not require such servants, then hospitals as schools are not wanted, and the question of education does not come under consideration. It ought to be clearly recognised that the services of physicians and surgeons to hospitals must in some way be repaid. In old days, that is, about a century ago, when the Windmill Street School existed and the Hunters were the great teachers in London, education was a private matter. Things are changed since then, and now a special hospital may be worth a great deal more from a pecuniary point of view than even the chief of the general hospitals. Hospitals, particularly the specials, are advertising mediums, through which practice can best be obtained. There are some who take pleasure in teaching and who prefer it greatly to private practice, but if they can not afford to teach for little or nothing they must retire from hospital life. Whether the institutions supported by the State should be used as

schools of medicine, as they ought to be, particularly as the great class of infectious diseases are now removed from hospitals to which schools are attached, is a question which ought to be considered. Seeing there is not much hope of any great assistance being given to hospitals by the recent efforts made to obtain funds, we may leave the matter for the present *sub judice*, very much as the Transvaal affairs are being treated in the world of politics.

COMBINATION.

Lancashire is well known as an active centre of "strikes"—as they are called—that is to say, of organisations trained to stand shoulder to shoulder and obtain a fair share of the wealth they are engaged in creating. That northern county, however, is now the scene of a combination of a novel character, the issue of which is fraught with importance to the future welfare of the medical profession. Strange as it may seem, the sturdy population of that busy district are slow to recognise in others the right to secure a fair remuneration for their services. There, as elsewhere all over the United Kingdom, medical men have been induced to act as the officers of lay societies upon terms that have become by degrees hopelessly attenuated and paltry; that have been conducted on lines of personal advertising and canvassing repugnant to professional traditions; and that have brought substantial profits to the coffers of these Societies. In other words, the trade societies have been astute enough to make money out of the members of a disorganised and disunited profession. The moral of the whole matter is clear as daylight. The weak strategical point is the want of organisation, and the remedy is common concerted action and proper generalship. That was the burden of the cry of the medical reformer fifty years ago, and that is the refrain he is still chaunting in the wilderness. But there are signs of hope that have for years past been steadily climbing up from the horizon. During the past fifteen or twenty years many associations of medical men have sprung into existence, with objects many and varied, but always with the central nucleus of some common interest to defend or foster. It is to such combinations that we must look for that self-help which alone can lead to salvation. Turning to the facts of the present deadlock, we find from the details, so far as reported, that the Lancashire Colliery Surgeons' Association, which is stated to have a membership of over one hundred, has become dissatisfied with the terms offered by a local friendly society. The origin of the dispute lay with the Wigan and District Miners' Permanent Relief Society, which has 20,000 members, and which refused to pay its medical officers what they considered adequate amounts for attendance in accident and other cases. The Wigan Society, not being able to come to terms, has engaged outside surgeons, who unfortunately are always forthcoming on such occasions. At that point in most instances the matter would have ended. The newcomers, having gained a footing in the district by means that can hardly be described as creditable, would have gradually acquired practice at the expense of the gentlemen into whose shoes they have stepped, and by degrees the whole affair would have died out of memory, while friendly societies would have been the stronger by another victory scored over the medical profession. Fortunately, however, the colliery surgeons of Lancashire have had the prudence to unite and form a strong association, so that the cause of Wigan is not only that of a single district but also that of a large and important county. To replace the surgeons of a single society is one thing, but to find surgeons for a hundred societies is another and totally different matter. It is the old story of the colliers themselves, divided we fall, united we stand. The result of the present dispute should arouse the attention of the whole medical profession of Great Britain. Why should not a fund be raised to support the Lancashire surgeons in their spirited and resolute action? If they are to be left to fight their own battle without moral and material support from their professional brethern, then the outlook will be indeed hopeless. The association of the Lancashire surgeons is worthy of imitation in every county in England, and were there some universal system of such confederated bodies, the urgent need for reform in the medical profession would be to a great extent met. But how about the black sheep who have accepted the vacant posts at Wigan. It would be of interest to learn their names and antecedents. Would our friends the Medical Defence Union —"our hope for times to come"—undertake the task?

TUBERCULOSIS AND ITS PREVENTION BY DISINFECTION.

One of the results of the crusade against tuberculosis, now in progress, will be to impress the public with the fact that the disease is markedly contagious, and thus it is not difficult to foresee that as time progresses the conviction to this effect will become firmly established in the public mind. This then, having once taken place, one cannot avoid reflecting upon the possible results which are likely to accrue to the unfortunate persons who have been pronounced to be tuberculous. In all probability they will come to be regarded as tainted beings, sources of leprous, so to speak, contamination, to be avoided at all hazards, and unfitted to mingle with the healthy portion of the community. If this state of affairs should come to pass it cannot be denied that those responsible for the present crusade against the disease will be answerable for it. At the same time who can doubt that the more tuberculosis is regarded as an infective malady the better are the results of its prevention likely to be. Carried, therefore, to its extreme, the warfare against tuberculosis will possibly, in the near future, enter upon a stage of expediency as opposed to sentiment. Under such circumstances the afflicted will have to suffer for the healthy; so much so, that, perhaps, complete isolation will come to be the rule among

those infected with tubercle. It is difficult, of course, to contemplate such an eventuation of a modern system of prevention of disease as this without feeling some pity for the hapless persons concerned. Nevertheless, further contemplation will show that the effects of this system will be likely to prove assertive far and beyond the persons immediately involved. Even the healthy members of tuberculous families will, perhaps, in the future be held to be ineligible for matrimony among families which are not tuberculous, and so it might come to pass that tuberculous families would have to limit their matrimonial undertakings to families of the same taint as themselves. This, of course, would be a most undesirable development of the tuberculous crusade, if it were to occur, and it would be calculated to defeat in a large measure the main object for which the movement has been undertaken. However, it is not only in this country that the trend of opinion, both professional and lay, is in the direction of making much of the infectivity of tuberculosis. For example, a paper was recently read before the American Climatological Association, in which it was pointed out that the larger and better class hotels at the different health resorts in the States are refusing to receive tuberculous patients. The result of this has been that the latter are now compelled to seek refuge in private houses, the proprietors of which are, so far, heedless as to the necessity of disinfection in such cases. For this heedlessness it is proposed to enforce disinfection under municipal authority, and thus, in view of such compulsion, the end may be that, rather than expose themselves to the trouble of this interference, the owners of private houses will deem it best to refuse a harbour of refuge to the hapless tuberculous person. We believe that in New York and Philadelphia the municipal disinfection system is already in vogue; and, therefore, it is quite likely that the plan will be adopted by other large cities. Taking then, all these facts into consideration, trouble appears to be in store for those who unfortunately happen to be infected with tuberculosis; let the public once firmly grasp that they are being taught to regard such persons as sources of dangerous contamination, and then sanatoria for their reception will become a matter of necessity throughout the country, and not, as now, merely a new method of profitable investment for capital.

Notes on Current Topics.

Plague in Europe.

UPON the appearance of the plague in Egypt we ventured to assert that its spread to European ports was simply a matter of time. From exclusive information which has come to hand it would seem not altogether improbable that the disease has broken out at Oporto. The facts of the case are that during the past few weeks there have been a number of suspicious deaths in the place mentioned, a prominent feature of the sickness being swellings of the groin and axilla. Should this epidemic prove to be really plague the outlook is gloomy, for the wretched sanitary state of Oporto is notorious. Preventive medicine in that country is in a most elementary condition, and the ignorance and superstition of the population render special precautionary measures well nigh hopeless. If the disease which has invaded the important sea-port in question be not plague it is possible, in these days of practical bacteriology, for the authorities to settle the question within a few hours. We would suggest that not less in their own interests than in those of the rest of Europe the Portuguese Government should cause this most necessary investigation to be made forthwith. Under the stress of a threatened invasion by pestilences of the plague or cholera type the value of a prudent sanitary organisation is conspicuous and becomes an enduring comfort to the community that has set the house in order.

Boxing of Ears and Ear Disease.

THE fact that the boxing of ears is apt to set up serious middle ear disease has long been accepted as a canon in medicine. Indeed, no schoolmaster who is in touch with the times would resort at this time of day to the barbarous discipline in question. That a simple box on the ears may be a remote cause of death is readily capable of proof. The blow either ruptures the drum of the ear or sets up inflammation of some part of the auditory passages, septic processes intervene, and middle ear suppuration is established. The next step is the formation of a clot in the veins within the skull, in which they are anatomically in close connection with the internal auditory structures. As already hinted, this knowledge has long been a commonplace possession both of lay and of medical folk in our own country. It has only lately, however, received a practical recognition in Austria, where the absurd and childish practice of boxing the ears of soldiers has hitherto been in vogue. Instructions have recently been issued by the general in command of one of the army corps prohibiting both commissioned and non-commissioned officers in future from resorting to that degrading form of punishment. The reason given for issuing the order was the alarming increase of ear diseases in the Army. Of a truth, apart from sentiment, and viewing things in the cold dry light of experience, it were better to lash a soldier to the triangle and give him forty strokes with a cat-o'-nine tails than to box his ears. The one hurts and leaves a scar, the other permanently cripples, and perchance, kills.

Dangerous Advice.

THE prevailing cause of chronic inebriety is unquestionably the absurd habit of offering and accepting drinks, not because either party is thirsty, but in deference to a mistaken notion of good fellowship. By-and-bye the habit of taking drinks at odd times is formed, and so the drinking habit is gradually established. For this reason one cannot but deplore

advice, given ostensibly in the interests of temperance, when it takes the form of urging the drinker "to stop as soon as he has had enough." Yet this is apparently all the moral suasion which the Bishop of Ely cares to exert over his flock, judging from the report of a recent speech of his, which went the round of the Press. As well might one advise the reckless cyclist to stop on the down grade when he is going too fast. That is precisely what he often cannot do if he tries, and in respect of alcohol, moreover, the desire to stop is usually absent. Alcohol is an insidious poison, and the appetite grows by what it feeds on. It is comparatively easy to stop at the threshold, but every glass of liquor lessens the individual's power of self-control, and after a certain stage his one desire is to go a step further. The principle which ministers of religion and advocates of temperance should seek to inculcate is the desirability of struggling against the invading habit of indiscriminate drinking which is the root of the evil. It matters little what one takes with meals, the harm follows on the between-meal nips, and unless this fundamental weakness be resisted it is idle to talk of stopping at a particular stage on the road to ruin.

The London Hospital Sunday Fund Award.

The large total (£50,716) reached by the Hospital Sunday Fund this year is inclusive of a donation of £10,000 from Mr. George Herring. But the Fund has other sources of income than that derived from the churches. It receives the interest from £45,000 Consols left by the Guesdon Trust, and the reversion belongs to it of £50,000 on the death of a lady. Altogether, with the addition of the collection this year, the Fund has now been the means of awarding a sum of £1,000,000 to the London hospital charities. Coming now to the awards, the first noticeable feature is that the unfortunate Queen's Jubilee Hospital is credited with "nil"– not the first time, by the way, in which this institution has been so dealt with. It would seem from this that the Sunday Fund authorities have not condoned the attack made upon the hospital by *Truth*. Either this is the case or the authorities of the hospital have failed to satisfy the requirements of the Fund as to the details of their management of the charity. In any case, to be publicly branded as unworthy of participation in the awards cannot fail to be damaging to the interests of the latter, and we should imagine that the Queen's Jubilee Hospital rather loses than gains by the efforts of its committee to obtain some recognition of its work from the authorities of the Sunday Fund. The next matter of interest is the award to St. Thomas's Hospital. This only amounts to £104 3s. 4d. Surprise must naturally be felt at the paltriness of this sum. But at the meeting of the Fund last week it was explained that the hospital was so largely endowed that its needs were small. We wonder if this expression of opinion has found favour with and been endorsed by the authorities of the charity concerned. For the rest it would be interesting to learn the reasons for awarding £729 3s. 4d. to the Poplar Hospital, when the West London and Great Northern Central Hospitals are credited with £625 only. No one doubts for a moment the excellent work performed by the Poplar Hospital, but how can the large award to it be explained in comparison with that credited to the West London Hospital, an institution which is now recognised as being one of the most important centres of post-graduate tuition in London, and contains 152 beds.

The Punishment of "Peculiar People."

Among the cases tried at the Central Criminal Court last week was that of a man and his wife, members of the "Peculiar People," on a charge of manslaughter in respect to one of their children. The child, aged five years, fell ill, and in the course of a few days died, and the parents, in accordance with the custom of the sect, never called in medical aid. They were acquitted by the jury of manslaughter, but on the following day they were arraigned on a charge of cruelty and neglect. In the course of the case the defendants admitted that if one of their children were to sustain a fracture of the leg they would apply for treatment to a medical man On the other hand, they advanced the curious argument that there was abundant reason for their refusal to seek medical aid, inasmuch as a neighbour had had three sick children attended by a doctor, and a fatal result had followed in each instance. It is, of course, impossible to argue with such persons, and doubtless recognising their inability to see the error of their ways, previous criminal court juries have avoided bringing in a verdict of guilty against "Peculiar People." However, since the law upon this point was settled by the Court for Crown Cases Reserved, matters have been different, and punishment is now being regularly meted out in these cases. In the present case the husband was sent to prison for six weeks, and the wife for one month. Parents are bound to provide medical aid for their children, and the law rightly takes no account of any conscientious scruples which they—as their guardians—may happen to hold against carrying out this necessary duty. As the judge remarked, it was impossible to believe that there was anything in Christianity which implied that children should be allowed to suffer from disease when they could be relieved by medical aid.

London and its Water Supply.

Already, with the summer scarcely half gone, some concern is being expressed in regard to the possibility of a water famine in London this year. It has been pointed out that if the present dry weather continues a very serious state of affairs will ensue. Official returns show that during the month just ended the rainfall was quite inadequate to have any effect upon the sources of water supply, and it is even now admitted that unless rain in sufficient quantity to spoil the harvest and the enjoyment of

the holiday season were to fall, the situation would be scarcely changed for the better, owing to the intense dryness of the soil It would seem that every year this question of the possible failure of London's water supply is becoming more and more one of urgency. The Thames cannot be relied on to meet the necessary requirements in this respect. The river remains the same in size while the metropolis grows, and the demand increases. Fortunately, other and purer sources are available in the "New River" and the "Kent" supplies, or London would, indeed, be in a sorry plight. It is even now a question whether the County Council will not eventually be compelled to consider seriously the proposed scheme of drawing a supply from Wales.

The Academic Costume Again.

A CORRESPONDENT in a contemporary has urged as a reason for endowing the Members of the Royal College of Surgeons, England, with an academic costume that they would be able to make use of it at the annual meeting of the British Medical Association, and he expresses, at the same time, the hope that in 1900 every member of the Association will be requested to wear a gown. But he goes further still. He thinks that a gown should be worn in the consulting room, and that medical men would command more respect and extract larger fees from patients if they were to prescribe thus academically clad. What a descent is this from high ideals to the low level of commercialism! We do not dispute that "fine feathers make fine birds," but we have yet to learn that patients are likely to be attracted by the costume, however gaudy, which their practitioner may choose to adopt. The public usually follow the custom of employing practitioners whom they find to be capable and trustworthy, and their respect and regard for their medical men are dependent upon those two qualities. It is, therefore, not in the least possible that they would be impressed by seeing their doctor in his consulting room robed in a gaudy hood; on the contrary, they would be much more likely to regard the matter from a humorous aspect, and associate the display with the development of an element of eccentricity in their medical adviser suggestive to them of the necessity of being watchful respecting his future proceedings However, it is scarcely needful to condemn these suggestions. It is self-evident that they must be described as foolish. Let the Members of the Royal College of Surgeons ask the Council to procure for them a return of the number of Fellows of the College who have availed themselves of the privilege to procure a Fellow's gown, and then ask themselves whether agitation in favour of a Member's gown is worth the candle. We should not be surprised, if such a return were made, to find that not more than 2 per cent. of the Fellows had provided themselves with the gown designed for their special benefit, and quite possibly what would be true of the Fellows would be the case with the Members. As a matter of fact. busy practitioners, whether Fellows or Members, have something more to think about than to trouble themselves concerning the question of an academic costume.

A "Haunted" Hospital.

WE gather from the *Liverpool Post*, that one of the large hospitals in the town—the name is not given—has the reputation of being "haunted." The apparition, which has frequently, so it is stated, appeared to the nurses of the institution, is that of a porter who, some years ago committed suicide by cutting his throat in in a small room off one of the landings, and was carried along the landing from the room to one o. the large wards in which he died. "Now and again," continues our contemporary, "a nurse will see, either standing in some part of this corridor, as if awaiting orders, or walking along it a porter in the official uniform of the hospital. He appears in every respect an ordinary official, but on addressing him or in approaching him nearly he suddenly disappears. The matron evidently treats the matter as one of serious moment, for any mention of the 'ghost' is strictly forbidden among the nurses for fear of alarming the probationers." A haunted hospital is certainly a novelty in hospital life. But we should like to know, admitting the authenticity of the statements, what it is that has made the spirit of the porter uneasy? Possibly he has a grievance against a nurse who failed to treat his suicidal wound antiseptically. Or perhaps he has been making this special effort to reproach one of the medical staff who did everything that was possible to save his life. Anyhow, something should be done to "lay" the ghost, and no doubt this would be an easy matter as soon as the cause of the grievance was ascertained. We would suggest in the meanwhile, as a remedy, a fire hose containing a one in twenty solution of carbolic acid; as, however, the porter does not allow himself to be approached, it would be necessary to circumvent his wariness by special arrangements adapted for the purpose Spraying a ghost with a one in twenty carbolic acid solution would be quite in keeping with the principle of sterilising instruments and other things regarded as indispensable in hospitals in the present day.

Food and Drug Adulteration.

SIR CHARLES CAMERON, M.P., deserves the thanks of everyone but the adulterators for his scathing denunciation of the Government Bill—as doctored up by the President of the English Local Government Board—for the protection of the trader. We have already spoken of this measure as being a wolf in sheepskin, an attempt, under pretence of protecting the public, to prop up trade interests. The real contest is between the vendors of margarine under the name of butter and the butter merchants, and between other traders in other commodities whose money interests are opposed, and the public is scarcely thought of in the dispute. The Government evidently think that the wholesale adulterators are a more useful voting force

than the tame and careless consumer, for its latest move has been to strike out of the Bill a clause which would have made the wholesaler legally liable if he issued an invoice of his adulterated stuff—falsely describing it under the designation of a pure article. The small shopkeeper, who is prosecuted for an adulteration of which, probably. he is perfectly innocent, is thus made a baffer upon which the sanitary authority may expend its energy intended for the real culprit—the wholesaler.

The Summer's Death Toll.

Delightful as summer weather may be it, nevertheless, always exacts a death toll. especially among the infant population, and its death-dealing qualities bear an adverse ratio to the height of the temperature of the air. Thus the prevalence of the æstival wave of heat during the past few weeks has been associated with a gradual rise in the mortality throughout the country, mainly among the infant population. For example, last week, according to the Registrar-General's Returns, out of 4,028 deaths of all ages and from all causes, no fewer than 1,423, or 35 per cent, were infants under a year old. For the most part the increased death-rate is attributable to diarrhœa and dysentery, the origin of which is probably zymotic. Not even children who are nourished by their mothers' milk escape the diarrhœal attacks, although the mortality is much greater among those that are hand fed. It is certain, however, that if the present heat increases the infant death rate is bound to assume excessive proportions, inasmuch as the experience of previous years has taught that despite every care as to prevention and treatment fatal summer diarrhœa always accompanies a wave of heat.

The Effects of Vaccination in Germany.

The anti-vaccinationists are a never-satisfied body—they always want to prove too much. They are claiming now that the Conservative party lost the Oldham election entirely as the result of the efforts of the anti-vaccinationists in the town. But it is scarcely needful to seriously discuss such a statement as this. We, therefore, deem it more to the purpose to direct the attention of the Anti-vaccination Society to the figures relating to the subject of vaccination in Germany. The statistics are remarkable. The population in Germany in 1871 was 40,000,000, and of these no fewer than 143,000 died from small-pox. After that year vaccination laws were introduced, making vaccination compulsory, and the result has been that the average number of persons who now die from small-pox in the Fatherland is 116. What more eloquent testimony than this could be wished for in order to show the value of vaccination? To dispose of such statistics as these is beyond the power even of the anti-vaccinationists, and their discontent under the circumstances is not surprising. But the general use of calf lymph is playing sad havoc with the anti-vaccinationist propaganda, and there are now reasons for supposing that the "tremendous experiment," such as the Vaccination Act of last year was regarded, will in the end prove a very useful measure.

Arsenic in Thyroidism.

A French observer calls attention to a means of controlling the untoward symptoms which not unfrequently follow the administration of thyroid extract for obesity and goitre, and in certain diseases of the skin. He found that the exhibition of from two to twelve drops daily of Fowler's solution sufficed in most instances to obviate the palpitation, dyspnœa, &c., induced by a course of thyroid extract. The symptoms ceased when the arsenical treatment was instituted and reappeared when it was desisted from. As far as he could judge the co-administration of arsenic and thyroid extract, in no wise interfered with the therapeutical effects of the latter. We are familiar with the controlling effects of the arsenical treatment in affections, such as Graves' disease, which are supposed to be due to hyperactivity of the thyroid gland, and it is therefore, not surprising to learn that a simllar controlling effect is produced on artificially induced thyroidism and the suggestion is one which deserves attention in view of the very large scale on which thyroid extract is now employed.

Vicarious Menstruation by the Ear.

Dr. Lermoyez recently related before the Paris Hospitals Medical Society a curious case of vicarious menstruation. The subject was a girl who some years before began to lose blood periodically from the right ear. Every month, after some headache and general lassitude, an escape of clear non-coagulable blood took place from the auditory meatus, although on examination no local lesion or solution of surface continuity could be discovered. It was noted that the tympanum was intact. Three years after the onset of this irregular menstruation the function became established *per vias naturales*, and since that time the aural discharge had only recurred at rare intervals. Dr. Lermoyez regards the abnormality as a neuro-symptomatic manifestation of latent hysteria, inasmuch as examination revealed the existence of slight hypoæsthesia of the tympanum and of the auditory canal, as well as a certain degree of auditory anæsthesia.

The Kissing Bug.

The inhabitants of several cities in the United States are suffering from a sort of epidemic due to the bite of an insect to which the euphonious name of "kissing bug" has been given, by reason of its preference for the lips. There is nothing amusing about this animal apart from its name, for its kiss is followed very promptly by marked swelling, pain, and tenderness of the lips and adjacent parts of the face, sometimes culminating in unequivocal evidence of active cellulitis. The incriminated animal is described as about an inch in length, of a dark brownish-red colour, and is provided with six legs and long antennæ. Let us hope that our American Cousins will keep this offensive specimen of the

genus bug for home consumption as we have no use for it over here.

Ventilation and Change of Air.

SOME ingenious person has suggested that if people were careful to secure more perfect ventilation of their homes throughout the year they would be able to dispense with the costly obligation of taking a periodical holiday. There is certainly something to be said in favour of this idea since none would care to question the superiority of a constant supply of fresh air over casual indulgence therein. Our correspondent, however, overlooks the fact that holidays subserve other purposes than to secure an unlimited supply of pure air. They provide an opportunity for change of occupation, which is a form of rest, for relief from the intolerable monotony of the existence led by so many human beings in factories, offices, shops, and counting houses. Moreover, there is virtue in the mere change of air as this entails change of environment and habits. The hygienic value of a holiday largely depends upon the way in which it is spent, and this, of course, must vary according to the age, health, vigour, and tastes of the holiday-maker. The young and vigorous do not need physical rest, but change of habits; consequently a long journey by road, rail, or sea is preferred, while the middle-aged clerk, with no spare muscular energy, manifests a preference for a vegetative existence, free from the preoccupations and worries of his normal existence. The ever-increasing popularity of the cycle leads many people, physically unsuited for the strain, to undertake *tours de force* on wheels which, when reduced from theory to practice, prove the reverse of exhilarating. Fortunately, many of these persons are wise enough, at the end of the first day or two, to recognise the inanity of such excursions, and to abandon the trip, which has been the object of such elaborate preparations, in favour of a less exhausting method of whiling away the summer days. Every autumn, however, brings to one's notice a certain number of instances of heart strain unquestionably the result of ill-judged physical exertion during the holidays, and it behoves the middle-aged man more especially to bear this risk in mind when making his plans. Many of these cases, it is true, recover after more or less distress, but in a tangible proportion the cardiac function remains permanently impaired.

Presentation to Dr. R. Phillips Gelston.

A FEW days since the officers and attendants of the Clare Lunatic Asylum presented Dr. Gelston, late resident medical superintendent, on the eve of his departure from Ennis, with a beautiful illuminated address and a magnificent album-blotter, designed and executed in the most elaborate manner. The address was of the most eulogistic character, as were also the subsequent speeches of the representatives of the asylum officers and of the church. The affection entertained by the inmates of the asylum towards Dr. Gelston was testified by a presentation to him at the same time from a female patient, consisting of two linen pockethandkerchiefs, on which her imaginary initials (those of a really titled English lady) were beautifully worked with the needle, and which she inscribed "A slight token in kind remembrance."

Fees for Certifying Dangerous Lunatics.

As we note that the new Guardians of the Boyle and other Unions have assumed the authority to "fix" the fee payable by them for the examination of dangerous lunatics at a much less sum than the £2 allowed by the Act of Parliament, we think it well to remind our readers that the Guardians' sole function is to pay what the magistrates order (under £2). They may advise or remonstrate, but they have no more legal authority in the matter than the blue-bottle which buzzes about the window pane. We would refer our readers to Clause 14 of the Dangerous Lunatics Act 38 and 39 Vict., Cap. 67, in proof of our contention.

Edinburgh University Graduation Ceremonial.

LAST Saturday the final wind-up of the University of Edinburgh's medical work for the year took place, a large number of degrees of M.B., Ch.B. being conferred, and a considerable number of men raised to the higher M.D. degree. Six of the theses for the latter received the coveted Gold Medal. One of the recipients of this honour being a lady practitioner. William J. Barclay, B.A., M.B., Ch.B., gained the "Ettler Scholarship," and a namesake of "Oom Paul," and, we believe, a nephew of his, the "Syme Surgical Fellowship."

A New Steriliser.

A NEW preparation composed of chlorate of potash and sulphuric acid has been introduced by Professor Bergè, of Brussels University. He claims for it that when brought into contact with water the chloric acid of the mixture becomes decomposed into oxygen and what he calls "Poleozone," which he says is the most energetic oxidising agent and bactericide known. Fishes and plants, he alleges, live well in water impregnated therewith, but that it at once destroys all microbic life.

PERSONAL.

MR. A. F. STANLEY, M.A., has been appointed Professor of Physiology in University College, Bristol.

MR. NORMAN HAY FORBES, F.R.C.S.Ed., has been appointed a Justice of the Peace for the borough of Tunbridge Wells.

MR. ROBERT O'CALLAGHAN, F.R.C.S.I., has been appointed surgeon and gynæcologist to the French Hospital, London.

DR. SUTHERLAND, Assistant Professor of Pathology in Glasgow University, was appointed on Saturday last to the Chair of Pathology in St. Andrew's University.

THE EMPRESS FREDERICK of Germany (Princess

Royal of England) has promised to lay the foundation stone next spring of the new building of the Nottingham Children's Hospital.

A beneficent contributor, whose personality is only publicly known under the initial "M," has sent a further donation of £5,000 to the treasurer of Guy's Hospital for the re-endowment fund.

Dr A. G. Davey, Senior Physician to the Royal Isle of Wight Infirmary, had the honour of being presented to the Queen on Saturday last on the occasion of the opening of the Children's Wing which has been built in commemoration of Her Majesty's long reign.

Her Majesty the Queen has bestowed the Decoration of the Royal Red Cross on Miss Leonora Maxwell-Muller, late Superintendent in the Indian Army Nursing Service, in recognition of her special devotion and competency in the discharge of her duties in the Army Hospital Corps.

THE BRITISH MEDICAL ASSOCIATION AT PORTSMOUTH.

Members of the Association may be congratulated on this year's choice of Portsmouth as a meeting-place. The interests associated with the town are many and varied, and there will be abundant opportunities for visitors to acquire new experiences, not only in intellectual but also in social and physical directions. As a seaport town and a centre of a busy shipbuilding industry the place has long been familiar, but it is best known, perhaps, in connection with the Government dockyards. It is practically continuous with the fashionable district of Southsea. Gosport is contiguous, and Southampton, the Isle of Wight, and the New Forest within easy reach. Visitors will have opportunities of visiting Netley and of inspecting some of the men-o'war stationed in the locality. Turning to the scientific aspects of the meeting, we find even more than the usual allowance of papers, of which it may be presumed a large number will be taken as read. Judging from past experience, there is some room for improvement in that direction, for not all the papers handed in to the honorary secretaries of sections have subsequently seen the light of day. So far as we have heard, however, the editor of the *British Medical Journal* is in no way responsible for this local process of editing by excision. At the same time it would be well if inquiries were made from the head office as to the ultimate fate of articles that have been handed to local secretaries. As a general rule, nothing but praise can be accorded to the organisation of the enormous amount of detail business that is involved in the conduct of so vast a concourse as that of the Annual Meeting. This year, for the first time, the railway companies have made a considerable concession to members of the association. Members who have ignified their intention of being present at Portsmouth ave received an official permit, on presenting which they will be enabled to secure a return ticket at a fare and a quarter. It is announced that the concession has been made this year as an experiment, so that it is to be hoped members will avail themselves of the opportunity thus offered to such an extent as to encourage the railway companies to repeat, if not to extend, these facilities in future.

Many matters of special interest to general practitioners are to be brought forward at the general meeting, which it is to be hoped will be attended by more than the usual somewhat scanty average of members. Such important questions as the licensing of midwives and of opticians by registered practitioners are down for discussion. Another point of special interest is the inquiry by the Coventry medical men why the recommendation of the Council of the Association made last year with regard to local friendly societies has not been enforced.

The entertainments are very numerous and varied, and include garden parties by Inspector-General Macdonald, C.B., and medical officers of R.N., and by Colonel Commandant Poore and officers of Royal Marine Artillery. Mr. Benjamin Barrow, of Ryde, the senior Vice-President of the Association, will also give a reception.

The annual dinner of the Association will be held in the handsome Town Hall on Thursday, and on the same evening a reception will be given by the Ladies' Committee; the Mayoress and Mrs. Lloyd will receiv the guests.

The final general meeting will be held on Friday in the Albert Hall. The same day garden parties will be given by Mr. Montague Foster at Shiblington, and by Director-General Nash and officers of the R.A.M.C. at Netley. The Mayor gives a garden party on Wednesday at Melton, and a ball on Friday. Saturday will be devoted to the excursions, and Surgeon-General Cuffe, C.B., and the officers of the R.A.M.C. entertaining have invited a party of 200 to make a trip on the steamer *Dandie Dinmont* to Cowes and round the Isle of Wight.

On the evening of the same day the last ceremony of the meeting will be a grand Military Tattoo by massed bands of the garrison, a torchlight procession, and grand display of fireworks.

The forty-first annual meeting of the New Sydenham Society is announced for to-day (Wednesday), August 2, at five o'clock p.m., in Committee Room No. 1, Town Hall, Portsmouth. Business: Annual report, balance-sheet for 1898, election of officers for 1899-1900. The attendance of all members of the society is requested.

Altogether the prospects of the present meeting are brilliant. With a large attendance, perfect summer weather, and the social and professional advantages afforded by the neighbourhood, the meeting should be a red-letter one in the history of the association.

Medico-Legal Intelligence.

TALLERMAN v. THE DOWSING CO.

Treatment by Radiant Heat.

An application for an injunction was heard on July 19th and 20th by Mr Justice Stirling in the Chancery Division of the High Court of Justice. As the case involves various points of interest to the medical profession, a short outline of the main features is appended. Counsel for Tallerman asked the Court to decide on the facts that the defendant Dowsing Co. had fraudulently used for their own purposes the case-notes and the testimonials of the plaintiff, and had fraudulently made use of the plaintiff's reputation, and that an injunction be granted to restrain such appropriation. A number of affidavits were put in on both sides, and the hearing of the case, which involved the arguing of a number of legal principles and other technicalities, occupied two days. The plaintiff's case

was briefly, that in 1893 he patented an apparatus for the application of dry air, a system of treatment that had been very successful. He had never advertised his methods to the public, but introduced them to hospitals, and trusted to cases, speeches, articles, and so on, published by medical men in the medical journals. Mr. Tallerman's Secretary, Mr. Pritchard, left him, and became secretary to the defendant company in March, 1899.

Two medical men, Dr. Sibley and Dr. Hedley, were also concerned in the case. With egard to Dr. Hedley, the plaintiff's position was thus defined in his evidence. Dowsing was instructed and aided in the manufacture of his apparatus and its application by Dr. W. S. Hedley, who had in the year 1894 been instructed by Mr. Tallerman in his treatment by hot air, and he became the plaintiff company's agent and representative in Brighton on the terms that the plaintiff company divided with him the fees received from patients for advice and treatment on his system. While occupying that position the said W. S. Hedley in the year 1895 constructed an apparatus which the plaintiffs alleged infringed the aforesaid patent, and he was called upon to surrender the apparatus. This he did, and further agreed not to be connected with the working of a similar one in future.

As regards Dr. Sibley, in August, 1896, that gentleman published in the *Lancet* an article on the Tallerman treatment, giving his experience at the North-West London Hospital, with which he was connected. The *Lancet* article had been edited and published in a pamphlet by the Dowsing Company as if it applied to the Dowsing treatment. Dr. Sibley's article was read in that way by the editor of the *Daily Mail*, who stated in a paragraph in his newspaper that the Dowsing bath had been favourably commented upon by Dr. Sibley in an article in the *Lancet*, and by Dr Hedley, physician in charge of electro-therapeutics at the London Hospital. The *Daily Mail* article appeared in one of the pamphlets issued by the Dowsing Company. On May 6th, 1899, the *Lancet* said in an editorial note:—"We have seen the pamphlet and we cannot recommend its dissemination upon their business methods. It contains a mutilated article, the original of which was written by Dr. W. Knowsley Sibley in support of the Tallerman treatment. The title of the article is suppressed in the pamphlet. Dr. Sibley's words now wear the appearance of a commendation in the *Lancet* of some other treatment. Such tactics will not win the approval of the medical profession or the public."

Dr. Sibley also made a speech at the Balneological and Climatological Society during a discussion about March 1st, 1899, on the treatment of disease by heat. The report of Dr. Sibley's speech was not inserted in the next number of the *Journal of Balneology and Climatology*, but nevertheless appeared in the Dowsing pamphlet, but has since been printed in the journal. The published report contained the speech edited, but omitted all reference to the Tallerman method, just as in the *Lancet* article.

The position taken by counsel with regard to defendant was mainly that of legal objection to the form of the action in attributing fraudulent intention. It was several times suggested that if the dispute had been approached in a friendly spirit an arrangement might have been made. It was also stated that they were willing to say Mr. Pritchard should not be employed after September next. No affidavits were produced either from the last-named or from Dr. Sibley and Dr. Hedley. The defendant Dowsing, however, made the following statements in his affidavit:—"18. The article by Dr. Sibley in the *Lancet* of August 29th, 1896, contained a number of well-stated propositions applicable to any of the existing systems for the application of dry heat for therapeutic purposes. Believing that the copyright of the article belonged to Dr. Sibley, I asked if he saw any objection to my extracting from it these propositions for insertion in my company's pamphlet of extracts from the medical press. He assented to my doing so. My only object in thus acting was to utilise Dr. Sibley's general views of the principles common to the treatments of the kind. Dr. Sibley was at that time acquainted with my apparatus. It is true that the remarks of Dr. Sibley to the Balneological Society referred to in plaintiff's affidavit do not appear in the April number of that Society's journal, though I understand they are intended to appear in the current number. I obtained from Dr. Sibley an advance copy of the number for insertion in my company's pamphlet and believe them to be a true report of what he said at the adjourned meeting of the said society on March 23rd, 1899. I inserted them exactly as received, and Dr. Sibley corrected my proof-print before publication. If there was any omission of a reference to the plaintiff's or any particular system in the original report it was made by Dr. Sibley himself. The proceedings at the adjourned meeting were too late for insertion in the April issue of the journal, which had gone to press. I am not aware that I have furnished these extracts in such a form as to prejudice or damage the plaintiffs."

With regard to the editing of articles, it was explained that Dr. Sibley objected to names. Plaintiff's counsel interposed by pointing out a difference between the balneological speech as quoted in the journal and in the Dowsing pamphlet.

The learned judge remarked that the alteration was in Dr. Sibley's handwriting, a fact at which he expressed surprise, and later:—"I cannot imagine that a professional physician like Dr. Sibley would deliberately falsify, for that is what it comes to, his own speech in order to give one an advantage over the other." After a prolonged hearing the learned judge reserved judgment, and added:—"I should be very unwilling to come to a conclusion that enough was proved in this case to justify the action in the form in which it is brought, but I have no hesitation in saying that, whatever the legal result may be, I think the defendant has made a mistake, and that the statements of fact which have been put into this pamphlet, and the article have been so modified as to produce a wrong impression on the mind of the reader; and, having regard to the statements in the affidavit of Mr. Dowsing himself that he desires to make his money by his own merit, I can hardly suppose that he will not take steps, whatever the law may be, to at once correct that erroneous impression."

Judgment accordingly reserved.

Laboratory Notes.

MARTELL'S "THREE STAR BRANDY."

WE have carefully examined a sample of this well-known spirit by the usual tests, and the results obtained by analysis fully warrant our recommending it for medical and dietetic purposes. The analysis gave the following figures:—

Alcohol (as proof spirit)	...	86·5 per cent.
Extractives	...	68 ,, ,,
Ash	...	Nil.
Acidity	...	·036 ,, ,,
Ethers (as alcohol)	...	·028 ,, ,,

As appears from the above, it contains a relatively high percentage of alcohol, being well over the minimum alcoholic strength required by the New Food and Drugs Amendment Act (75 per cent. of proof spirit). The amount of ethers present is such as is usually found in genuine old brandies distilled from wine, and its flavour and aroma compare very favourably with those of similar high-class brandies. It is free from any undue amount of acidity, as well as from the various products met with in ill-matured spirits.

We analysed this product some ten or more years ago, and finding that it still maintains its exceptionally high character, we are consequently in a position to speak highly of it as a genuine old brandy made from wine, well matured, and free from all compounds which might detract from its value as a medicinal agent.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

A DESERVING CASE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Being in the position to know the facts and circumstances concerning the regretted and unexpected death of Dr. W. B. Lauria on July 8th, I write to you on behalf of his wife and family in the hope that this appeal may not only reach the friends of Dr. Lauria, but also the charitable members of the profession. Dr. Lauria, through the effects of a severe accident, had been for nearly two years prevented from practising his profession. Directly his health permitted, he secured an appointment at Lagos, but shortly after taking up his work there he succumbed to the deadly nature of the climate. Dr. Lauria leaves a widow and three children quite unprovided for. All subscriptions to the Dr. Lauria Fund should be sent to Dr. Beers, 6, Wandsworth Bridge Road, London, S.W., or to Dr. Haitnell, 1, Ryecroft Street, Fulham, S.W.

I am, Sir, yours truly,

VICTOR HORSLEY.

25, Cavendish Square, London, W.
July 27th, 1899.

Obituary.

PROFESSOR JOSEF MAYER, OF CRACOW.

WITH the death of Professor Mayer, whose name is so well and favourably known in this country, Cracow has lost one of its most prominent members. He was born in Cracow 1808, where he studied and took his degree in 1831. In 1833 he was appointed Professor of Medicine in the Jagiellon University of Cracow. In 1848 he was appointed Rector, and inaugurated many reforms. In 1877 he retired from professorial work and devoted himself wholly to literature and scientific investigation, on which he was a varied and prolific writer. He was the founder of the first medical paper in Poland—viz., *Przeglad Lekarski*, still the leading journal in that country. During his lifetime Franz Josef had conferred on him many honours and titles of dignity. He had entered on the ninety-second year of his age at the time of death.

Medical News.

Careless Death Certification.

AN inquest was held a few days since at Hammersmith on the body of a child who had been attended by an unqualified person of the name of Achille Monpalao, who claimed to possess an Italian diploma. The child had previously been seen by Mr. Swindale, a local practitioner, who ultimately certified the death when Monpalao declined to give one. We would advise Mr. Swindale to be more careful in future in certifying the deaths of persons attended by unqualified persons, especially as in this instance he was rebuked by the coroner for his laxity in the matter. Just to show how necessary is a reform of the laws in this respect we may add that on inquiry it turned out that the death had not been registered at all, and the child was buried without the production of a registrar's certificate. It is to be hoped this incident will receive attention at the hands of the proper authorities.

The Royal University of Ireland.

AT the meeting of the Senate on Friday last, Sir Thomas Moffett in the chair. Mr. Dease, Dr. Allman, Dr. McKeown, Dr. Macalister, Most Rev. Dr. Healy. Bishop of Clonfert, Rev. Dr. Delany, Sir William Thomson, His Honour Judge Shaw, Sir Christopher Nixon, Dr. Sinclair, Right Rev. Monsignor Molloy, Rev. Dr. Hamilton, Dr. Leebody, Rev. Dr. Brown, Dr. Cox, and Right Hon. Mr. Justice O'Brien. Sir James C. Meredith and Dr. M'Grath, secretaries. A letter was read from Miss Redington thanking the Senate for their resolution of sympathy passed at last meeting. Her Majesty's Royal Warrant was received appointing Lieutenant-Colonel John G. F. Ross, of Bladensburg, C.B., to the vacant seat on the Senate. The Right Hon. Lord Morris, LL.D., was unanimously elected vice-chancellor. The reports upon the results of the summer examinations were considered, and passes, honours, exhibitions, &c., were awarded in connection therewith. It was resolved that history be inserted in the list of subjects of examination at Second University. The following resolution was adopted:—"That the Senate accepts with great regret Dr. John Campbell's resignation of his fellowship, and desires at the same time to express its high appreciation of his devoted services to the University during the long period of seventeen years for which he has held that office."

Measles at Liverpool.

DURING the last six weeks no less than two thousand cases of measles have occurred at Liverpool, and the epidemic has been followed by a disquieting increase in the mortality returns. The Medical Officer of Health reported that a drop had taken place on the closure of the board schools. Forty-one elementary schools have had to be closed on account of the epidemic.

Respecting Leicester Guardians.

THE judges of the Queen's Bench Division have granted a *mandamus* to the Leicester guardians to appoint a vaccination officer in accordance with the Statute, but seven days' grace has been accorded in view of an appeal. On their return home a large and enthusiastic crowd, duly garnished with brass and other wind instruments, met them and serenaded them to the Floral Hall, where a meeting was held, at which much perfervid oratory was disposed of. This is a victory for the Local Government Board, and we shall await the next stage of the proceedings with interest.

The Clerical Botanist.

THE trial of the LL.D. and ex-clergyman, on a charge of manslaughter, came off on Saturday last at the Central Criminal Court. The prisoner, who practises as a medical herbalist, had attended a child suffering from diphtheria which he had not recognised. with the result that the child died and another child contracted the disease. The medical evidence tended to show that the treatment was altogether unsuitable, and even injurious, and after a patient trial the jury returned a verdict of guilty, coupled with a recommendation to mercy, based apparently on the implicit confidence which the prisoner evinced in his ignorant practices. In the upshot he was let off with two months' imprisonment.

PASS LISTS.

Society of Apothecaries of London.

During the examinations in July, 1899, the following candidates passed in:—

Surgery.—R. P. N. B. Bluett, H. R. Cross, A. B. Dunne (Sections I. and II.), A. D. Evans, F. R. Featherstone (Sections I. and II.), C. Fisher (Sections I. and II.), J. E. Griffith, E. S. Johnson, F. S. Leech (Section I.), G. S. Moore, O. H. Rogerson (Section I.), A. F. Weston (Section I.), C. C. Worts, T. H. B Yorath.

Medicine.—F. G. Aldrich (Section I.), R. P. N. B. Bluett, T. S. Elliot (Section I.), H. Fawcett, E. L. Gowlland (Sections I. and II.), H. M. Hardy, O. E. Lemin (Section I.), R. A. Lyster, V. S. Partridge (Section II.), J. W. Robertson, F. C. Torbitt, L. E. Whitaker (Section I.), W. H. Willcox, E. D. Wortley (Section I.), T. Young (Section I.)

Forensic Medicine.—R. P. N. B. Bluett, T. S. Elliot, E. L. Gowlland, H. M. Hardy, O. E. Lemin, R. A. Lyster, W. P. R. Newth, E. S. Pushong, L. K. Tickner, F. C. Torbitt, W. H. Willcox.

Midwifery.—M. A. Alabone, R. P. N. B. Bluett, A. M. Davis, C. A. W. Egan, H. C. Holden, H. R. Miller, A. C. Oliver, E. S. Pushong, G. M. Smith, L. K. Tickner, S. J. Welch, L. E. Whitaker, W. H. Willcox.

The diploma of L.S.A. was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:—

R. P. N. B. Bluett, H. R. Cross, A. D. Evans, E. L. Gowlland, J. E. Griffith, E. S. Johnson, G. S. Moore, V. S. Partridge, J. W. Robertson, L. K. Tickner, W. H. Willcox, and T. H. B. Yorath.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

"LENNOX" IN THE "ECHO."

As an example of the freedom with which certain evening "rags" publish mendacious statements, a correspondent calls our attention to the utterances of the notorious "Lennox" in a recent issue of the *Echo*. He asserts that the large amounts subscribed to hospital funds by the public avail the public but little, because, forsooth, "the honorary staff draws the money and the patients are treated like cattle." How the "honorary" staff can draw the money this disreputable correspondent of a not less disreputable journal does not stoop to explain. He vouchsafes the information that he has been served with a writ in an action for slander, and if his utterances in regard to private individuals are characterised by the wanton mendacity of his remarks on professional men in general, the issue of the action ought to be tolerably certain.

INEX.—You will find all the information you require in our Educational Number, which will appear very shortly.

A WARNING TO SPRAYERS.

THE latest adulteration vagary is the colouring of ordinary copperas with Prussian blue and selling it for wheat and potato spraying (for which it is totally ineffectual) as sulphate of copper. This fraud has been recently brought to notice by Dr. Vaelcker, Public Analyst for the Bath district, who believes that it has been, already, very prevalent.

"SECRETARY" asks:—"Where are advertisements for secretaries of hospitals, &c., most likely to be seen? They do not appear in the medical journals, and very rarely in ordinary dailies." The position is usually non-medical, and, therefore when advertised at all the announcement is generally to be found in the daily press. But, very often, the appointments are made without advertisement.

TAITIANA.

A correspondent writes:—"Can you inform me where I can find Mr. Lawson Tait's 'General Summary of Conclusions from 4,000 Consecutive Cases of Abdominal Section" 1894? It is entered in the "Medical Directory" under Mr. Tait's name, but with no reference to any journal. A former colleague of the deceased informs me that he has no idea where it appeared, but he fancies that it was published in parts in the MEDICAL PRESS AND CIRCULAR.

*** The majority of Mr. Lawson Tait's communications of late years have appeared in this journal, but we cannot trace the Summary alluded to in 1894. A brief summary of "The Life of Lawson Tait" has recently been issued (price 6d.), by Messrs. Baillière Tindall, and Cox, which contains a good many interesting notes. ED.

MR. WYNTER will receive a private note as soon as the necessary inquiries are complete.

SOAPSTONE FLOUR.

THE Secretary of the State Board of Agriculture (Maine, U.S.), has issued, by circular, a warning to the public that flour is being now adulterated, to a considerable extent, with "mineraline," which is nothing more nor less than ground soapstone. We have often heard of bone dust as a constituent of bread, but this seems to be a distinct improvement in adulteration, at least in point of sentiment!

Vacancies.

Birkenhead Union.—Assistant Medical Officer for the Infirmary Workhouse and Schools. Salary £80 per annum, with board, washing, and apartments. Applications to the Clerk of the Guardians, 45, Hamilton Square, Birkenhead.

Cheltenham General Hospital.—Assistant House Surgeon for two years, unmarried. Salary £100 per annum, with board and lodging.

County Asylum, Gloucester.—Junior Assistant Medical Officer, unmarried. Salary commencing at £120 per annum, with board (no stimulants) and washing.

County Down Infirmary.—Registrar, Assistant-Surgeon, and Apothecary. Salary £63, with board, lodging, washing, &c. Applications to Dr. Tate. (See advrt.).

Denbighshire Infirmary, Denbigh.—House Surgeon. Salary £80 per annum, with board, residence, and washing.

Dundee Royal Lunatic Asylum.—Medical Assistant. Salary £100 per annum, with rooms, board, and washing.

Ennis District Lunatic Asylum.—Resident Medical Superintendent. Salary £350 with extras valued at £110 per annum. Applications to the Chairman. (See advrt.).

Enniskillen Union.—Medical Officer *pro temp.* Remuneration £3 3s. per week. Applications to the Guardians. (See advrt.).

Halifax Royal Infirmary.—House Surgeon, unmarried. Salary £80 per annum, advancing £10 a year, with an extra allowance of £9 2s. 6d per annum. Residence, board, and washing provided.

Hospital for Consumption and Diseases of the Chest, Brompton.—Assistant Resident Medical Officer. Salary £100 per annum, with board and residence.

London County Asylum, Cane Hill, Purley, R.S.O.—Junior Assistant Medical Officer. Salary £150 per annum, with board, furnished apartments, and washing. Applications to the Clerk to the Asylums Committee, 6, Waterloo Place, S.W.

Lunatic Hospital, Nottingham.—Assistant Medical Officer, unmarried. Salary £150 a year, with furnished apartments, board, attendance, and washing.

Oldham Infirmary.—Senior House Surgeon. Salary £85 per annum with board, washing, and residence. Also Locum Tenens. Three guineas.

Rochdale Infirmary and Dispensary.—House Surgeon, unmarried. Salary £90 per annum, with board and residence.

Royal Hants County Hospital, Winchester.—House Surgeon. Salary £65 per annum, rising to £75, with board and residence.

Roxburgh District Asylum, Melrose.—Assistant Medical Officer. Salary £100 per annum, with furnished quarters, board, washing, and attendance.

Seamen's Hospital Society (*Dreadnought*), Greenwich.—Senior House Surgeon for the Branch Hospital in the Royal Victoria and Albert Docks, E. Salary £75, per annum, with board and residence and an additional £25 per annum if certain clinical work is performed satisfactorily.

West Bromwich District Hospital.—Resident Assistant House Surgeon. Salary £50 per annum, with board, lodging, washing, and attendance.

Western General Dispensary, Marylebone Road, London, N.W.—Second House Surgeon, unmarried. Salary £60 a year, with board, and residence and 10s. a month for washing.

Appointments.

ARMSTRONG, HUBERT, M.B., Ch.B. Vict., Honorary Assistant Physician to Infirmary for Children, Liverpool.

BAKER, OSWALD, L.R.C.S., L.R.C.P.Edin., Physician to Out-Patients of the Seamen's Hospital Society, Greenwich.

BOYD, F. D., M.D., F.R.C.P.Edin., Assistant Physician to Edinburgh Royal Infirmary.

DUNCAN, ANDREW, M.D., F.R.C.S., Physician to In-patients of the Seamen's Hospital Society, Greenwich.

HALL, C. BEAUCHAMP, F.R.C.S.Eng., District Surgeon to the City of London Lying-in-Hospital, City Road.

LYLE, H. S., M.R.C.S., Senior Medical Officer to the Liverpool Cancer and Skin Diseases Hospital.

MCCREA, PHILIP WM., A.B., M.D., B.Ch., B.A.O.Dubl., Deputy Public Vaccinator for the Ashley District Union.

MCGAVIN, LAWRIE HUGH, M.R.C.S., L.R.C.P., Surgical Registrar and Tutor to Guy's Hospital, London.

MAHONY, M. J., M.B., B.Ch.Irel., Senior Medical Officer to the Liverpool Cancer and Skin Diseases Hospital.

PRIDMORE, JOHN WALTER, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer to the St. Saviour's Infirmary, Dulwich, London.

RENTESCH, S. H, L.R.C.P.Lond., M.R.C.S., Divisional Surgeon to the Cornwall Constabulary.

RICE, DAVID, M.R.C.S.Eng., L.R.C.P.Lond., Assistant Medical Officer to the County Asylum, Cheddleton, Staffordshire.

SHENNAN, T., M.D., F.R.C.S.Edin., Pathologist to the Royal Hospital for Sick Children, Edinburgh, and to the Leith Hospital.

STILL, G. F, M.A., M.D., M.R.C.S., Assistant Physician for Diseases of Children at King's College Hospital, London.

WAY, MONTAGUE H., M.R.C.S., L.R.C.P.Lond., Assistant House Surgeon to the Royal Portsmouth Hospital.

Births.

GARMAN.—On July 24th, at Oakeswell Hall, Wednesbury, the wife of Walter Garman, Esq., M.D., of a daughter.

MONRO.—On July 27th, at 17, Queen's Gardens, Muswell Hill, N., the wife of J. D. R. Monro, M.B., of a daughter.

Marriages.

BAILLIE—GOULD.—July 27th, at Park Church, Grosvernor Road, Highbury, James Baxter, son of the late Alexander Baillie, Kinnaird, Forfarshire, to Annie, eldest daughter of William Gould, M.D., of Highbury.

BARENDT—CROWE.—July 27th, at St. Augustine's Church, Liverpool, by the Rev. W. J. Adams, Vicar, assisted by the Rev. J. Henderson, Rector of St. Pancras, Chichester, Frank Hugh Barendt, M.D.Lond., F.R.C.S.Eng., of 65, Rodney Street, Liverpool, third son of the late D. E. Barendt, of Liverpool, to Mary Burchall (May), eldest daughter of Mrs. Crowe, 47, Bedford Street, North Liverpool.

Deaths.

MOTT.—On July 27th, at St. Leonards-on-Sea, Marcus Wm. Mott, M.D., aged 69, son of the late Chas. Mott, of Church Stretton.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, AUGUST 9, 1899. No. 6.

Original Communications.

RECENT ADVANCES IN PRACTICAL MEDICINE. (a)

By SIR RICHARD DOUGLAS POWELL, BT., M.D., F.R.C.S.,

Physician in Ordinary to Her Majesty the Queen.

THE author dwelled upon the comparatively short time that had elapsed since the introduction of many appliances now in general use, such as the stethoscope, the clinical thermometer, &c. He then reviewed the present position of bacteriology, and its bearings on susceptibility or immunity, passing on to discuss the prevention and treatment of tuberculosis. Among the questions that have in the present year ripened considerably, and have been urged forward strenuously towards a final settlement, that of the prevention and treatment of tuberculosis has, he observed, taken a very prominent place, and it is impossible not to allude to it here, although it will be the subject of a special discussion in the Medical Section. Truly a disease which still claims one-ninth of our mortality may well command our deepest interest. That much has been done to diminish our national liability to consumption by improved sanitation on general grounds by Parkes, Simon, Bowditch, Buchanan, Milroy, MacCormac, Smith, Greenhow, is evident by the gradual reduction of the mortality in the last half century from 38 to 14 per 10,000 living, or in proportion to the population for England or Wales by one half since 1851 (Tatham). Even in comparing the quinquennium 1875-79 with that of twenty years before, Longstaff found that the mortality from phthisis at the ages between 5 and 35 had decreased by 15 to 28 per cent., and he could say in 1884 that "the decline of the deaths in recent years is chiefly to be attributed to a diminished number of deaths assigned to fever and phthisis." All this had been effected without direct reference to the special bacillus element in the disease, chiefly by amending those conditions to which he had alluded as being intermediate between the bacillus attack, of which most of these pioneers in tubercle sanitation knew nothing, and the illness of the patient.

That it is *au fond* a right grouping to place all the previously ascertained causes of consumption among the predispositions, and to regard the disease itself as produced by definite infection or contagion through the inhalation of sputum dust, or by the ingestion of tuberculous foods, had been accepted at least for the last ten years; but, he urged, we must not discontinue to attach a due importance to the other etiological factors because one of them may seem *primâ facie* to be sufficient. To set heredity at nought, to regard climatic considerations as of no importance, and to state that the disease is always acquired by direct contagion or infection is, in his opinion, to ignore much that is true, and to magnify that which should be carefully guarded from exaggeration.

(a) Abstract of address delivered at the annual meeting of the British Medical Association, August 1899.

Thirty years ago Sir W. Jenner, in an address to the Epidemiological Society, declared the transmission of tuberculosis from parent to child to be one of the best-established facts in medicine. Jenner did not mean by this the actual transmission of tubercle, nor has anyone that I know of, in modern times at least, made any such contention; but that the susceptibility to become tuberculous runs in families, and this I must confess remains with me an unshaken belief. Take, for example, on the one hand, the striking account by Dr. Reginald Thompson of 80 families of consumptive parentage yielding 385 children, of whom 194 became phthisical and 37 died in infancy, leaving only 154 exempt. Consider this in account with the unproven direct communicability of the disease to which I shall presently allude, as shown by the distribution of mortality among married people compared with their numerical liability as members of the general public, and the case for heredity as a predisposing cause of consumption is a strong one if not still "one of the best-established facts in medicine." We cannot, of course, prevent consumptive people from marrying; there are exceptional conditions under which they may rightly do so, but the advice of the family physician should be steadfast in discouraging such alliances, which are unfortunately often prolific. Life assurance offices, whose calculations are based upon experience, will probably wait for much further evidence against the heredity of phthisis before they will feel justified in accepting without surcharge the lives of those who present a consumptive family history.

We are all familiar with circumstances connected with the incidence of certain cases of tuberculosis which render it probable that they have been acquired by indirect contagion through the contaminated dust of dirty rooms, and know that under certain conditions of stagnant, dark surroundings a patient with advanced phthisis of unclean habits would cause local danger of tuberculous infection to his attendants and friends, and to future occupants of the room. But except under such and similar almost experimental conditions the evidence of the contagiousness of phthisis is extremely slender.

It, for instance, has not been proved that tuberculosis is more prevalent among married than single people, and Dr. Longstaff has shown that normal coincidence would account for more than the deaths reported. Pulmonary consumption is comparatively rare before puberty, infantile mortality being almost exclusively from bowel consumption through milk infection. Tuberculosis is nearly twice as frequent among male as among female infants. The mortality from tuberculosis has diminished more greatly, by from one-third to one-fourth, among females than males above the age of 20 in the last 30 years (Hugh Beevor), when one would think that industrial, nursing, and indoor conditions generally would have told against the female in this respect. The records of the officials and servants of one of our largest consumption hospitals taken out for 50 years, including a period precedent to the use of any special preventive measures beyond those of ordinary sanitation, show a death-rate not in excess of that of the ordinary population.

Whilst, therefore, on the one hand advising every ordinary measure of cleanliness, avoidance of dust, and proper disposal and disinfection of sputum, we may, and indeed must, avoid all exaggerated statements calculated to alarm the public as to the contagion of phthisis. In respect of sanitary precaution he instanced the simple and efficient directions of the Medical Officer of Health for Brighton as being in most reassuring and refreshing contrast to the theoretical and alarming precautions printed for some other health resorts and published on no official authority. These directions are privately sent through the medical practitioner to the person affected.

It is again difficult to recognise the striking testimony of such trustworthy observers as Middleton, Bowditch, and Buchanan as to the influence of a wet subsoil on the prevalence of consumption with the present view of the acquirement of the disease only by human and bovine infection. We must recall, too, to mind the enormous prevalence of bovine tuberculosis, not be it observed only among stall-fed, crowded, and insanitary cattle communities, but among animals under good open-air conditions. Do we not find in this prevalence of tubercle among pasture-fed cattle, and in the fact of the prevalence of the disease in localities with wet subsoils and deficient sunlight, some probability that the tuberculous organism, like those of actinomycosis, tetanus and anthrax may have an independent and preparasitic existence, and that like malaria tuberculosis will probably be found to have a double origin from purely microphytic as well as from parasitic infection.

It is remarkable that two at least of the most deadly of disease microbes, tetanus and anthrax, should be normal inhabitants of the soil, and yet how comparatively scarce these diseases are, and, as regards one at least, how communicable. It would seem that, as is the case also probably with malaria, whilst the ultimate source of the disease is vegetation in the soil, yet a greater virulence and activity is attained, and for a short time maintained by cultivation in the human body, or in that of certain other warm-blooded animals. With regard to tuberculosis he pointed out that whilst we may hope on the one hand by further careful sanitation, by destroying and diminishing the careless distribution of bacillary dust, and by withdrawing from human consumption tuberculous foods, still to effect a considerable inroad upon the remaining 14 per 10,000 mortality from consumption; we cannot afford, on the other hand, to withdraw or relax precautions dictated by observations, sound in themselves, although in some regards capable of amended explanation, or we may have to make some deductions from the two-thirds diminution in mortality already achieved. There is probably a mephytic laboratory beyond our special control, yielding organisms ever ready to attack the unwary and those whose vitality is depressed. General sanitation and cleanliness is our first line of defence against them all. Wherever the conditions of insanitation, dampness, deficient sunlight, and the prevalence of favouring diseases are present there aggressive activity may be again looked for.

A SKETCH OF THE CENTURY'S PROGRESS IN MEDICINE AND SURGERY. (a)

By J. WARD COUSINS, M.D., F.R.C.S.,
Senior Surgeon to the Royal Portsmouth Hospital.

AFTER reviewing the state of medical science at the beginning of the century, the orator referred to the history of vaccination, and deprecated the ill-advised action of the Legislature in deliberately minimising the protection which Jenner's discovery was the means of affording.

Passing on to the subject of pathology, he observed that the early part of the century will ever be recognised as the birthtime of modern pathology—the period when the huge chasm between dead morbid anatomy and living pathology began to be bridged over. The teachings of John Hunter had long exploded the old humoral theories of disease. The leading minds in those days no longer considered that disease depended upon an excess of bile, or blood, or phlegm, and the other fluids of the body, and that it could be cured by getting rid of these faulty elements. The principles formulated by Hunter were maintained by succeeding writers in the same field for many years. His pathology was a long way in advance of his predecessors, and he was the first to recognise that all the processes of the organism belonged to biological science.

To-day, he observed, we are able to appreciate the fact that the evolution of our new pathology has progressed side by side with the evolution of biology, and that, in its broadest sense, pathology is an outgrowth of biology. The work of the last fifty years may be rightly defined as the great unravelling of the deep relations between the healthy phenomena of life and the variations which are outside the normal cycle of these vital phenomena. Through many years biology and pathology have been mutual helps in their onward and remarkable evolution, and we may rest assured that in the coming century their healthy reaction on each other will still go on. Pathology will still advance, and the new discoveries of biology will serve as starting points of new pathological truths; at the same time the ordeal of biological criticism will be accepted as the test of every new pathological development.

The orator then discussed the relations between the disorders of mankind and those of the lower animals. Recent investigations in bacteriology, he said, have proved a great stimulus to the study of the relations between the diseases of mankind and those of the lower animals, and this relationship will form an important part of future researches. It is only a few years ago that the real nature of that dreadful scourge of the human race, tuberculosis, was discovered, and its intimate association with the same disorder in domestic animals clearly brought to light. Laennec was the first observer who described tuberculous nodules, and traced their development from miliary tubercles. In 1865 the inoculation of animals with caseous material was found to produce tiny masses in their bodies which were in all respects similar to the disease in man. Some physicians were bold enough to assert that the phenomena suggested the probability of contagion, but the notion only excited the ridicule of the profession at that period. Tuberculous disease was generally regarded as an hereditary disorder transmissible in various degrees of intensity. At the same time external influences were looked upon as powerful factors which could kindle the smouldering flame into activity. From the very dawn of modern pathology tuberculous disease received profound investigation, and the researches only corroborated the time-honoured theory. The microscope failed to detect in the diseased parts any specific elements, and in vain cells and granules, and cells of giant form were searched for some characteristic quality. Tubercle was examined by the best observers in the civilised world; thousands of clever eyes had gazed at it with intense devotion, and with a remarkable unanimity they pronounced the opinion it was so indefinite in structure that it could be recognised as much by negative as positive qualities.

(a) Abstract of Inaugural Address delivered at the meeting of the British Medical Association at Portsmouth on August 2nd.

In 1882 the whole pathology underwent a great revolution by the demonstration of the life-history of the tubercle bacillus. The disease, occurring in any tissue or organ, is now universally regarded as a specific disorder, the bacillus the absolute proof of its invasion, and the cause of the morbid changes. The long accepted causes are now dislodged from their position, and are rightly grouped as morbid tendencies. The inheritance of chronic inflammations, and the susceptibility to external influences, are now regarded as conditions which help the microbe to establish itself within the body. Still these factors are not less potent because the specific characters of tuberculosis have been revealed.

This pathological transformation has around it still many unsettled problems. It is, however, a fact of history that Koch, by his own researches, brought to light from the microscopic elements of tubercle a living atom which no human eye had seen before. I believe one may anticipate that this great discovery will be of priceless benefit to mankind.

Bacteriological investigation has already unfolded many of the problems connected with diphtheria. The researches began in Germany in 1882, the chief experimenters were Drs. Behring and Kitasato, and they were soon followed by Dr. Roux, of the Pasteur Institute in Paris. We now know that many animals are liable to its attacks. It is communicable to the horse, rabbit, guinea-pig, and fowl, and some species seem to suffer from a chronic form of the disease. Horses when attacked develop similar symptoms to those which follow inoculation of diphtherial toxin.

The orator insisted on the great impulse bacteriology has given to the study of the intimate connection between the diseases of mankind and the diseases of animals.

What, he asked, may we expect from this young science in the future? We are only touching the fringe of its possible revelations. Much that has been done will have to be done over again, and much that has been written will have to be rewritten. How many questions have yet to be solved? Will the further evolution of bacteriology solve the great problem concerning immunity? The striking differences in the susceptibility to disease in individuals are still unfathomed. Some seem to possess a natural insusceptibility to infectious disorders while others are susceptible on the smallest exposure. He did not believe that any individual can inherit or acquire a resisting power for all forms of disease; some races appear to acquire immunity, and native population in some parts of the world exhibit very little susceptibility to yellow fever and malaria. Race immunity is generally explained by natural selection and protection by inheritance, but we learn from experience the resisting power to infectious diseases is very variable and that there is no such thing in the world as absolute immunity.

There can be no doubt, he observed, that the pathogenic organisms are a huge factor throughout our world in the causation of disease and that we must never cease to combat the conditions in which specific organisms can grow. Still we must not forget there is always another factor which we may call feeble resisting power or impaired vitality. The susceptibility to disease bears a direct relation to the vigour of the body, and the health of every individual is the real measure of the power to resist infection. Personal immunity indeed can almost be acquired by the daily practice of temperance, cleanliness, and periodic repose.

The next subject to engage the attention of the orator was the discovery of anæsthesia and its influence on surgical practice, concluding with the remark that surgical anæsthesia can never be wholly stripped of risk, and that to-day the risk is greatly reduced by our modern safeguards and improved methods of administration. It is certain, he added, that we have not reached finality in the matter of surgical anæsthesia, but he believed that by experience and the skilful adjustment of the dose we are entitled to regard the inhalation of our present agents as practically safe.

In regard to the future he asserted that the medical profession was never so earnest in its efforts to prevent disease as it is to-day, and it is really a fortunate thing for the world that its ranks are not getting thinner. On the other hand, the people of this country, especially the educated classes, are more anxious than ever to obtain professional assistance in the early stages of their disorders, because they are beginning to appreciate the fact that this is the best time for cure. In the near future he believed far less medicine would be taken than formerly, not, perhaps, on account of any reduction in the quantity prescribed by the faculty, but rather that people generally are growing wiser, and will trust less to mysterious and puffed-up remedies. He hoped the day would come when every vaunted specific protected by a Government stamp will carry a label revealing the exact nature of its composition.

The President next entered upon the consideration of recent advances in medicine and surgery, and concluded his address by a forecast of the *role* of preventive medicine in the future.

During the last fifty years, he observed, there has been a steady increase in the value of human life, and we can confidently hope that the health of the people of Great Britain will continue to improve. In the coming century a stronger and broader warfare will be carried on against preventible disease; sanitary authorities will grow in wisdom and will more graciously accept their responsibilities; the public health service will be better organised; the medical officers of health will be better paid, and wholly devoted to their duties; hospital accommodation for contagious disorders will be considerably increased; and the houses of the working classes transformed and reconstructed on modern lines. He believed there was reason to anticipate that the death-rate of the country may still be greatly reduced, and that 10 to 12 per 1,000 may be the figures of the coming century.

The great hindrance to the progress of preventive medicine which we have to overcome is the overcrowded and insanitary condition of the dwellings of the working classes. This is the field, he said, on which the great battle with infectious disorders will have to be fought out. Our warfare will not be directly with microbic life, but rather with the conditions in which specific organisms are grown. We want to see more progress in getting rid of the crowded and dirty courts in every city. We want to behold fewer of these revolting pictures of impurity and wretchedness herding together in the narrow avenues where the light of heaven strives in vain to pierce the patched and broken windows, and where the meridian beams struggle in vain to penetrate through the gloom and corruption of these denlike homes. These denlike homes are the arch-enemies of sanitary progress in all our great centres. Philanthropy has long pleaded for the removal of these great social evils; the voice of the medical profession has long sounded the alarm; but we are still waiting for the educated and wealthy classes of the community to catch the same inspiration, and to join in demanding more sweeping measures by which these nurseries of disease may be exterminated.

But the battle against disease and death will only end in disappointment unless we have something more than the force of legislation and the unceasing watchfulness of a complete sanitary system. The great mass of the people must become willing and active helpers: the fathers and mothers of our land

must learn how to maintain the healthfulness of their homes, and the blinding forces of selfishness and ignorance must be replaced by the best and purest aspirations.

If we had the power of transforming the dwelling houses throughout the land, and of establishing everywhere a perfect system of drainage, and of securing for all an abundant supply of pure water, we should accomplish but little without the help of the people themselves. The basis of national health is the personal cultivation of health. We want the fathers of England to be the enlightened sanitary officers of their own households. We desire to see a wider knowledge of the laws of health, and he hoped the day was not far distant when they will be zealously taught in every school in the kingdom.

A COUNTRY HERBALIST'S CURE FOR THE "KING'S EVIL." (a)

By JOHN KNOTT, M.A., M.D., and Dip. Stat. Med. (Univ. Dub.); M R.C.P.I., M.R.I.A.; &c., &c.

(*Continued from page* 110.)

THE views of the commentators and editors of the famous "Regimen" drawn up by the medical faculty of the University of Salerno for the profitable physical instruction of Robert of Normandy, throws a good many side-lights on the pathological views held during the Dark Ages on scrofulous and allied disorders. I proceed to quote as a specimen the two lines which specially allude to strumous disease, from an edition which bears the following title:—"Schola Salernitana, sive De conservandâ Valetudine Præcepta Metrica. Autore Joanne de Mediolano hactenus ignoto. Cum luculentâ and succinctâ Arnoldi Villanovani in Singula Capita Exegesi. Ex Recensione Zachariæ Sylvii Medici Roterdamensis. Cum ejusdem Præfatione. The first line, indeed, completes the notice of scrofulous disease; the second carries on the pharmacology.

"Scrofa, tumor, glandes, ficus cataplasmate cedunt,
Iunge papaver ei, confracta foris tenet ossa."

These lines have been thus Anglicized—

A plaister made of Figges by some men's telling,
Is good against all Kirnels, boyles, and swelling,
. . . . . .

With Poppy joyn'd, it drawes out bones are broken,

—in the anonymous English Version published in London (1607), with the title: "The Englishman's Doctor, or The Schoole of Salerne. Or, Physicall Observations for the perfect Preserving of the Body of Man in continuall Health."

The fact that over 160 editions of this remarkable production appeared in the centuries preceding the modern literary deluge is proof positive of the immense influence which its verses must have exercised. They were addressed to Robert, Duke of Normandy, eldest son of William the Conqueror, and prepared in the Medical Faculty of the University of Salerno, the "Mater et Caput" of all the Universities and Medical Schools of Christendom.

The universal celebrity of the "Regimen" of the famous School of Salerno caused its translation into English, in the still embryonic state of that language. The resulting rare and curious black-letter gem bears the following title:—"Regimen Sanitatis Salerni. This booke teachyng all people to gouerne them in health is translated out of the Latine tongue into Englishe, by Thomas Paynell, which booke is amended, augmented, and diligently imprinted, 1575. Imprynted at London, by Wyllyam How, for Abraham Weale." And the orthography, etymology, and syntax of pre-Shakespearian English are all thoroughly illustrated in the commentary on the first line of the above quotation, which I here reproduce:—"Here the auctour saith, that plaisters made of figges are holsome againste thre diseases, yt is to saie swines yueli, kirnels, and swellinges. By swynes euil is understand inflasion under the chynne about ye throte. And it is called scrofula a scrofa, that is to say, a sowe or a swyne, either because this disease chaunceth manie tymes too swyne through their gulositie; or els because ye shappe of this diseases is lykened to a swyne, as Avicen sayth. By kyrnels are understand impostumes, whiche commonly chaunce under ye arme pittes, and in the groynes. And by swellyng may be understande inflasions in any parte of the body. Wherefore to hele these impostumes, & specially to rype them, fygges should be sodde in water, and wt the water shuld be mixed a little curtsy of vineger, ye whiche helpeth ye vertue of figges to entre. And whan it is sodde, the fygges must be beaten in a morter: and than myngled with a courtsy of water that they were sod in, & so make a playster. A playster is proprely medicine made of some herbe or flower, and the juyce therof: . . .

Another, more rare, more copious, and in many ways quite as interesting a black-letter volume devoted to "matters medical" had appeared even before (1558) that from which the last quotation has been made. It consists of four parts, of which the first has the following title:—"The Secrets of maister Alexis of Piemont, by him collected out of diuers excellent authors, and newly translated out of French into English. With a generall Table of all the matters conteyned in the sayde Booke. By William Warde." A good many of the "secrets" are found to consist of various modes of "cure" for the King's Evil, showing very forcibly how much the treatment of this peculiarly untractable form of disease had puzzled the wits and overtaxed the scientific attainments of both amateur and professional healers, down through all the centuries.

The first "secret" which I have selected happens to be one which I have not found in print elsewhere; and its existence in the collection of "maister Alexis" is a curious illustration of the widespread diffusion of similar popular ideas among the uninitiated of all the countries and all the ages. The item in question is a method of making an absolutely accurate differential diagnosis—a most important contribution to the knowledge of the period, when the diagnosis was generally as hazy as the treatment was doubtful.

"Howe to Knowe the Kings euill.

"Take a grounde worme alyue, and laye hym upon be swelling or sore, and couer him with a leafe: if it the the kings euill, the Worme wyll chaunge and tourne into earth, if it be not, he wyll remayne whole and sounde."

In my boyish days in the West of Ireland, I heard this method of diagnosis enunciated by an agricultural labourer, who was a relative and near neighbour of a person who practised a "cure." The only difference is that the Hibernian worm merely died at once: there was nothing said of hasty decomposition.

I now proceed to give a series of remedies culled from the pages of this very rare and very interesting volume of "Secrets":—

"A verie good easie remedie against the disease called the Kinges euill.

"Take the herbe called Farfara, Foale foote in Englishe, well stamped with his rootes, and then beeyng mingled with the flowre of the seede of Line or Flaxe, and the grease of a Barow, make thereof a plaster, and laie it upon the sore changyng it twice a daie, and all the sores of the disease shall be resolued into sweate. After thei be healed, washe often the place with white Wine, by the space of ten or fiftene daies.

"An other remedie against the same disease.

"Take the stones of an Horse, and put them in a Fire-pan emong the embers and coles, leauying them there, untill thei maie be beaten into pouder, then giue the Pacient drink of the saied pouder in white Wine, the quantitie of twoo penie weight, continuyng this the space of xxi daies, by this meanes you shall make hym caste out at his mouthe, all the ordure, and filth of the euill, and shall heale hym throughly.

"A verie good remedie against the Kynges euill. —"Take Ceruse or white Leade well stamped, fower

(a) An abstract of this paper was read in the Medical Section of the Royal Academy of Medicine in Ireland on Nov. 18th, 1898.

unces, oile Oliue eight unces, let this boill together five or sixe howers, styrring it continually, and when it is waxen, or become verie blacke, it is sodden enough: then spreade it uppon a linnen clothe, and laie it unto the place of the sore: if the sores bee broken, thei will bee healed incontinente: if not, they will resolue and loose, and shortly heale throughly.

"To heale the same disease, by a substance taken at the mouthe.

"Dresse a Henne as it were to eate, so that she bee boiled in a great Potte, or Caudron, with a greate deale of water without Salte, lettyng it boile untill all the bones bee separated from the fleshe, then take the saied bones, and drie them in an Ouen, or at the fire, so that thei bee not burned, or waxe blacke; after this, beate them well to pouder, and take of the seede of *Sesamum*, beaten well likewise into pouder, and mingle it with the pouder of the Hennes bones, as muche of the one as of the other. And so take a sponefull of the twoo pouders, and mingle it with Honie, causyng the Paciente to eate of it at Night, when he goeth to bedde, and in the Mornyng when he riseth. This ought to bee dooen from the beginnyng of the quarter decreasyng of the Moone, unto the ende: It is a verie excellent Secrete. It also happpened to me of some menne, in whom the saied disease was so olde, and farre gone, that the saied remeadie could not help them, whom I caused to take with the saied pouder specified, as followe, whiche oughte to bee made after this maner. Take a certaine little Serpente called a Slowe worme, boile hym in oile Oliue, untill he be broken and consumed, then rubbe the euill with the saied oile, and laie pieces of Towe upon it, leauying it so three or fower daies: and after that, make a newe annointyng, and laie Towe to it againe, as before. By this saied remeadie I healed them perfectly, thankes be unto God.

"To heale the Kings euil, a disease called in Latine Seruma.

"Take a great Tode aliue, and when the Moone draweth towarde the coniunction of the sunne, cut of the legges from him, and put him about the necke of the patient, and it will doe him muche good. Take also the hoofe of an Asse and burne it, and lay it upon the sore, for it is very good and profitable for such sicknesse.

"To heale the disease called the Kings euill.

"Take Barley floure, Liquide Pitch, Waxe, and oyle of equall quantitie, mixe all together, and seeth it well, and put into it a little pisse of a yong childe, and stirring it well about, laye it upon the sore in maner and forme of a playster, and it wyll heale it.

"To remedie the Kinges euill.

"Wash the sore and wartes with the decoction of the rinds of Caphers: then take a Serpent, and hauing cut away his head and tayle, put the other part into an Earthen pot that hath holes in the bottome, and beyng well luted both aboue and beneath, put unto it another pot as a receiver, whiche you shall cause to stande upon a pot filled with water, which shall boyle so long untill the Serpent bee dissolued into oyle, unto the whiche adding the pouder of the rootes of Capers, annoynt the griefe eight daies therewith and it shall be healed.

"Against the Kings euill in children.

"Take of the iuice of Sothern wood, and of marsh Mallowes, and of the Mucillage of the kernels of unripe grapes, of ech like like quantitie: lay them beyng all mixed together upon the sore. But if it be hard, dissolue in the said iuices, of Gum Armoniack or of Bdellium, and use it as a plaister uppon the euill, and you shall see a happie successe.

"Against the Kings iuill.

"Take of liquide Pitche, of waxe, of urine of children, and of meale of Barly, of eche as muche as you please: mixe them togither, and putting thereunto a little oyle Oliue, laye thereof many tymes upon the griefe.

"To remedie the Kinges euill.

"Take Vitriol and put it upō the coles, and let it boyle and cast spume so long, that it become red: then braie it, and put it to dissolue in Aqua vitæ, and beyng taken out, let it drie, and thus doe three tymes: in thende put it into a fine peece of linnen cloth and let it hang in a moist place, with a potinger or some other recipient under it, for it will cast oile like unto oile of Tartar. Take as muche of the saied oile, as of Aqua vitæ, and bathyng therin a sponge, bind it upon the sore, and in short space it will breake it.

"To heale the Kinges euill and other harde impostumes.

"Take of Mustarde seede, of Nettle seede, of Sulphur, of the spume or fome of the sea, of Aristologia, of Bdellium, of Ammoniack, and of olde oyle, of eche like quantitie, braye all thinges that are to be brayed, and dissolue the Gummes in vinegar and make a plaister.

"To dissolue the Kings euill, and every hard impostumation.

"Take of Salt Peter one pounde, of Litarge of Siluer, as muche more, of the filthe of oyle vesselles foure pounde, of Galbanum foure pound and a halfe, braye the Salt, and the Litarge, and putting thereto the filthe, bray it againe, and set it to boyle in an earthen vessell, laboring it often with a spatter, and when it doth not cleaue to the fingers, take it from the fyre, and bray the Galbanum with a Pestell of wood, and meddle and dissolue them together, and being wrought upon Marble, keepe it to use when neede shall require, it will be verie marueilous."

So much for "maister Alexis of Piemont."

It is well known to all those who are acquainted with the conditions of life in the Middle Ages, that a large proportion of the practice of the healing art was then exercised by the ecclesiastical orders. In the years of monastic retirement which long preceded his elevation to the see of St. Peter, Petrus Hispanus benevolently occupied his leisure hours in the compilation of his "Thesaurus Pauperum," a "Poor Man's Treasury" of the most celebrated known remedies, an English version of which appeared (without date) about 1550.

A comparison of the remedies collected by "maister Alexis of Piemont," and by Petrus Hyspanus, with those mentioned by Bonet, and the writer of the article in James's Dictionary, cannot fail to impress the careful observer with the hopeless thraldom to which the human intellect was subjected in presence of the incubus of "Authority" down to comparatively recent times. The authorities of Hippocrates and Galen, of Aristotle and Pliny, possessed nearly the same power to charm in the middle of the last century, that they had possessed 1,500 years before.

The same helpless and hopeless groping in the dark for relief still unattainable is illustrated in the writings of all those who have dealt with this scourge of humanity, down almost to our own times. We have seen how large a part of existing medical practice the Church appropriated in the Middle Ages; and we know that as knowledge became more widespread its more enlightened votaries did not neglect to educate themselves in the healing art. Francis Bacon tells us that he had been "puddering in physick" all his life. His successor on the throne of English philosophy, Robert Boyle, compiled a "Collection of Choice and Safe Remedies," many of which were intended for the King's Evil.

In common with so many of the learned men of what may, I think, be fairly called the pre-scientific centuries, the courtly and accomplished warrior and adventurer, Sir Walter Raleigh, devoted many of his leisure hours to cultivation of the theory and practice of the healing art. His "Cordial" long possessed a very high reputation in the healing of scrofulous and other inveterate diseases which had resisted the orthodox means employed by the licensed members of the faculty. In the very interesting little volume, "The Court and Character of King James, written and taken by Sir A. W., being an eye, and eare witnesse," we are told that: "Queen Anne, that brave Princesse, was in a desperate, and beleaved, incurable Disease, whereof the Phisitians were at the furthest end of their studies to find the cause, at a Non plus for the Cure, Sir Walter Rawleigh being by his long studies an admirable Chymist, undertooke, and performed the Cure, for which he would receive no other

reward, but that her Majesty would procure that certaine Lords might bee sent to examine Cobham, whether he had accused Sir Walter Rawleigh of Treason at any time under his hand; the King at the Queen's request (and in Justice could doe no lesse) sends six Lords . . . to demand of Cobham, whether he had not under his hand accused Sir Walter Rawleigh at Winchester, upon that Treason hee was Arraigned for; Cobham did protest never, nor could he; but said he, that Villaine Wade did often sollicite me, and not prevailing, got me by a trick to write my name upon a piece of white Paper; which I thinking nothing did, so that if any Charge came under my hand, it was forged by that Villaine Wade, by writing something above my hand without my consent or knowledge. These six returning to the King, made Salisbury their Spokes-man who said: Sir, my Lord Cobham hath made good all that ever he wrote or said, and this was an equivocating trick, for it was true, he made good whatever he writ, but never wrote anything to accuse Rawleigh; by which you see the basenesse of these Lords, the credulity of the King, and the ruine of Sir Walter Rawleigh. I appeal now to the judgement of all the world, whether these six Lords were not the immediate Murtherers of Sir W. Rawleigh and no question, shal be called to a sad account for it." If it be true, as Court gossip stated, that the malignant revenge of Salisbury was dictated by a "kind of wild justice" for the too serious practical joke which Rawleigh had played upon him in former years, and which in the end cost each his life, we have in this case one of the most striking examples that history affords of the inextricable connection between private passions and public life, between individual morality and historical pathology. Of the nature of the disease of which Salisbury was the victim, his numerous enemies, at least, professed to have no doubt, as some of the epitaphs with which they pursued their vengeance after his death clearly show. The following has been preserved by Osborne:—

"Here lies thrown, for the worms to eat,
Little Bossive *Robin*, that was so great,
Not *Robin Goodfellow*, nor *Robin-Hood*,
But *Robin* the Encloser of *Hatfield* Wood:
Who seem'd as sent from ugly Fate,
To spoil the Prince and rob the State.
Owning a Mind of dismal ends,
As Traps for Foes, and Tricks for Friends.
But now in *Hatfield* lies the Fox
Who stank while he liv'd, and died of the —.

Others among his detractors announced that he died of the "Herodian disease," while his apologists aver that he perished as a victim "of a complication of disorders operating on a scorbutic habit of body."

The constituents of Rawleighs cordial have been preserved for us in a remarkable eulogistic commentary, written by a French scientist of the period. For the benefit of the curious it is here reproduced:—

"*Recipe* Rasuræ Corni Cervi libram unam; Carnis viperarum cum Cordibus & Hepatibus uncias sex; Florum Boraginis, Buglossæ, Roris Marini, Calendulæ, Vetonicæ Coronariæ rubræ, Roris Solis, Rosarum rubrarum, & Sambuci, singulorum libram semissem; Herbarum Scordii, Cardui benedicti, Melissæ, Dictamni Cretici, Menthæ, Majoranæ, Betonicæ, singularum manipulos duodecim; Granorum Kermes recenter in rob redactorum, Cubebarum, Cardamomi majoris, Baccarum Juniperi, Maceris, Nucis myristicæ, Caryophyllorum, Croci, singulorum uncias duas; Cinnamomi acutissimi, corticis ligni Sassafras, flavedinis malorum Citriorum & Aurantiorum, singulorum uncias tres; Lignorum Aloës & Sassafras uniuscujusque uncias sex; Radicum Angelicæ, Valerianæ, Carlinæ, Fraxinellæ seu Dictamni albi, Serpentariæ Virginianæ, Zedoariæ, Tormentillæ, Bistortæ Aristolochiæ longæ, rotundæ & cavæ, Gentianæ & Imperatoriæ, singularum unciam unam & semissem. Omnia incisa & grosso modo contusa in vasi idoneo posita cum Spiritu Vini rectificato extrahantur secundùm Artem. Tincturæ filtratæ in extractum mediantee, in Mariæ balneo, distillatione evaporentur, Magma expressum comburatur; Cineres reverberati per aquam elixivientur, unde Sal purum lege Artis paretur, quod Extracto misceatur. His ità peractis, huic Extracto adde, ut Artis est, Pulverem sequentem ceteràque ingredientia. *Recipe* Lapidum Bezoardicorum orientalium and occidentalium verorum uniuscujusque unciam simissem, Magisterii solubilis Pelarum orientalium uncias duas, Magisterii solubilis Corallorum rubrorum uncias tres; Boli orientalis, Terræ Sigillatæ ve æ, Unicornu mineralis, Cornu Cervi Philosophicé præparati, & Cornu Cervi calcinati, singulorum unciam unam; Ambræ griseæ electissimæ in Essentiam redactæ unciam unam; Moschi orientalis optimi essentificati drachmam unam & semissem; Croci Solis cum tinctura Antimonii Basilii Valentini parati drachmas duas: Sacchari candisati albi subtilissimè pulverisati libras duaf Ex his omnibus mixtis & ex Arte unitis fiat confectio verè Regia, quæ ad usum reservetur in pyxidibus apprimè clausis."

Whatever opinion we may form in the present day of the therapeutic value of this elaborate formula, it can hardly be denied that there is something to admire in the studious attention which the gay and gallant Sir Walter must have bestowed upon its preparation.

The famous "Brevarie of Health" of Andrew Boorde—the "Merry Andrew of Physicians," *Andreas Perforatus* of his own periods of comic dignity—contains but one short chapter on the subject, and his method of dealing with the condition reminds me forcibly of the time-serving policy of John of Gaddesden, to be afterwards referred to.

"The 236 Chapter doth show of the Kings euill.—"Morbus regius be ye Latin words. In English it is named the kings euill, which is an euill sicknesse or impediment.

"THE CAUSE OF THIS IMPEDIMENT.

"This impediment doth come of the corruption of humours, reflecting more to a perticuler place than to universall places, & it is much like to a fistle, for and if it bee made whole in one place it will break out in an other place.

"A REMEDY.

"For this matter let euery man make friends to the king's maiestie, for it doth pertein to a king to help this infirmitie, by the grace ye which is giuen to a king anoynted. But for as much as some men doth iudge diuers tymes a fistle or a French pocke to bee the kings euill, in such matters it beehoueth not a king to meddle withall, except it be thorow & of his bountifull goodnesse to give his pitifull and gracious councell. For kings and kings sonnes and other noble men hath beene eximious Phisicions, as it appeereth more largely in the Introduction of Knowledge, a book of my making."

As our author enjoyed what some of us would probably consider the uneasy dignity of physician to his Majesty King Henry VIII., we can appreciate the discretion which dictated the remedial diplomacy recommended in this chapter. It may not be uninteresting to mention in this connection that the "Brevarie" from which the above quotation has been taken is said to be the first manual composed in English by one of the Faculty.

(To be concluded in our next.)

The Nursing Problem.

NURSES OF THE LATEST FASHION. A.D. 1899.

PROFESSIONAL EXPERIENCES IN SHORT STORIES.

By FREDERICK JAMES GANT, F.R.C.S.,
Consulting Surgeon to the Royal Free Hospital.

II.—THE HUSBAND-HUNTRESS AND TRAPPER-NURSE.

IN contrasted alliance with the inhuman species of woman, Satan in Petticoats, who is the exponent of the latest possibilities of nurse or nurse-attendant—I now introduce the reader to one who is morally very unfit for a heaven-born calling, and socially a very dangerous

type of feminine nature, gaining admission into families —as a nurse, for the exercise of her art. That such is the way of the world with either sex, does not ennoble and beautify the character of one who plays her part under cover of a dress and vocation which specially offer opportunities for her purpose.

See yonder sick and suffering wife; her husband in daily intercourse with Nurse Lovibond; she readily and rightly wins the heartfelt grat'tude of him who sees in her ever-watchful attention and devoted care, on behalf of the sufferer, all the qualities of that womanhood which has blessed his own life, she who might replace a mother to his young children. Or, the only son of his mother—a widow, is attracted by the fidelity and womanly grace of one who nursed her in her lingering last illness—a vision of the woman who would share his fleeting joys of sunshine, support him in tempest-tossed hours of adversity, dispel the clouds of sorrow — in the loss perhaps of love's pledges, in sickness, God's Nurse - messenger; and forsaking all other, keep only unto him, until she receded from his longing eyes and holden hand to re-appear in his first consciousness beyond the veil. In either of these cases, say you, what a divine union with father, or son. Surely some such women, by their natural endowments and life-training, are the truest of Eve's daughters, and have proved themselves the best wives. I am certain that no such woman, in the vocation of a nurse, would be a disguised husband-huntress and trapper.

In a villa on the wild and weird coast of Tenby, in North Wales, a palsy-stricken lady rested during the last few years of her troubled way, with nothing true about her but the first beams of heavenly light in her soul, and a daughter of comfort and consolation. Husband, not a deserter, but absent by private "deed of separation;" an only son, a drunken sot, &c., occasionally visited his invalid mother.

To be accurate with regard to their relationships, I may mention that the son was his father's, Mr. Goatman's stepson, by his wife's former marriage. Mrs. Goatman, who was divorced from her (previous) husband in exceptionally painful circumstances, readily consented to her son's exchange of surname, which would thus to all the world conceal a wretched, a hideous past.

Her (present) husband, Mr. Goatman, as a stock-jobber, usurious money-lender, and bubble-company promoter, had amassed a large fortune, increased by building investments, &c. He well knew how to keep that which he had thus gathered, without indulging his generosity for the benefit of others, apart from self-gratification as his motive.

If the love of money be the root of all evil, in the soul, this passion would seem to be soul-destroying by first enthroning self, as the idol of worship, with all the mind, with all the heart, and with all the strength of the moral nature; extinguishing the love of self-sacrifice for others, as the true source and sustenance of the higher life, whereby, whomsoever will lose his life shall find it; and he who would keep his life, shall lose it. Thus had the greed for money killed the soul of its victim in the person of Mr. Goatman, the embodiment of selfishness.

In an illness prolonged and tedious, passing into a pathetic imbecility, nurse-attendants on his poor wife came and went in succession. But the last such attendant, Nurse Lovibond, eclipsed all the previous, sisters in her ministrations; for as they paid attention only to the wants of the restless invalid, our Nurse Nonpareil found time to extend her favours to one other, the witless boy-stepson, who despite his personal demerits, possessed an overpowering attraction to her, money.

A young lady, tall, tender-eyed, and otherwise personally well-favoured, and equipped with more than the average of woman's sail, and bottom-ballast of steadiness, would surely capture the ever-floundering craft of a young man who could never pull an oar, or steer his course in life, when pursued by a clever and experienced adventuress on the same ocean.

In the person of our present adventuress, it must be admitted that her methods were refined and delicate; all the more engaging to a young man who could the better appreciate a tone of character he did not himself possess. It is thus that the lowest and most depraved moral nature often experiences the refining influences of companionship and conversation, which the reading of healthy books would fail to impart. Character begets and moulds character by association. The drama teaches, not only by studying the pages which portray human life in its highest forms of virtue, or would correct vice in its unloveliness and repulsiveness; all the *dramatis personæ* must act and speak for themselves, as in life, to really and fully convey the lessons which the dramatist would teach. Even Shakespeare's most living creations of character are dead-liveless forms, as seen only in the plays he *wrote;* until vivified by the true actor's art, they speak and move on the stage. Thus it is, that Hamlet, Othello, Macbeth, Lear, with the accompanying types of feminine character, fulfil the teaching purposes of the Drama, when rightly interpreted and impersonated. To return from this digression.

Mr. Alfred Goatman (fils) and Nurse Lovibond are sitting closely coupled together on a rock, under the cliff, at Tenby, and as the lady draws thoughtless figures on the sand with the point of a sunshade, she pours her domestic history of pitiful privations and troubles into the ear of a sympathetic listener. A few sea-gulls perched on recesses in the adjoining cliff, or flapping their wings around the happy pair are the only other depositories of her moving tale; and of his response whose heart was open to distresses, which in idle affluent circumstances he had never known.

Mr. Alfred, however, is a man with a past. His marriage with a barmaid, undiscovered for a while by stepfather and the mother of her darling boy, was nevertheless, in due time blessed by the birth of a girl-baby, then a boy was born; both of whose characters, as they grew, have thus far done much to redeem an unhappy legal union.

We have now reached the stage at which fair Nurse Lovibond has hooked and landed Mr. Alfred; but it was not long before accident apprised her of his much married past.

The announcement that Mr, Alfred was a married man having been made by letter by the lady-nurse who had caught him of the music-hall species, he was interviewed by the fair trapper. He coolly admitted the impeachment—simply remarking—"don't I *look* like a married man"; a rather mortifying challenge of the trapper's skill; who at once let him escape to enjoy his married liberty and felicity.

Nurse Lovibond resumed her duties of attendance on the old invalid lady with more singleness of purpose, now that she was no longer pre-occupied with the all-absorbing designs of captivating and capturing Mr. Alfred. She *performed* her duty more efficiently and faithfully when freed from the distraction of her former pursuit to find a man suitable at least for her purpose in marriage; who, whatever his personal qualification and social position might be, would be provided with a certain "settlement" on her in this uncertain life.

As the end of the case drew near for the poor wife's release from long suffering, and the blighted faith of years, let us hope and believe that some restoration of conjugal affection and respect for manhood were felt by the departing spirit; that some words of reconciliation passed between her and her husband, and that some lost appreciation of a truly good woman, wife and mother, awakened Mr, Goatman's dead soul, and somewhat redeemed his grievous errors in the past.

Our lady-nurse in the loss of her patient, loses also her situation, But she bears—it seems—a good character for faithful attendance and kind attention, and of having such knowledge as an "untrained" nurse may have casually acquired. Cast upon the world to find her own way, and in her own way, she was not long in making, as she thought, a good venture. She would rent of Mr. Goatman the pretty and well-furnished residence in which his wife had died. and convert it into a small sanatorium for invalid ladies and gentlemen. The air of Tenby is, perhaps, more generally salubrious than the climate of the Riviera. Mr. Goatman, with his large fortune, gladly let, at a nominal rental, a villa which recalled to him no happy memories.

In her new enterprise, the lady-nurse tenant, associated with her own disqualifications, the "trained" qualifications of a younger sister - a "certificated" nurse. Not unlike in personal attractions, the two young ladies were bound to each other by a strong sisterly affection; but, differing in the inner woman, Nurse E. Lovibond shared not her sister's craft and design; under cover of *her* nursing vocation, she would have scorned to captivate and capture any man in marriage. The elder sister—of whom we have yet to know more—had started her sanatorium with a double prescience; the possibility of its failure as a business speculation, and an ulterior view in that event.

At the end of a year the landlord, not seemingly a hard-hearted man, as he had shown himself at his wife's grave, was unwilling to allow the fourth quarter to pass over without any payment—for business with him meant business, and he then gently reminded his fair tenant of her forgetfulness. She frankly confessed the failure of her enterprise, invalids coming and going, or leaving the place empty, as in other such resorts; but Nurse Lovibond would willingly work out her rent in some other way. Old Mr. Goatman had occasionally visited the sanatorium during the year, and had seen and admired the younger sister no less in view of her personal outfit, than that he saw in her also a woman to his taste as a business man—steady, and with singleness of purpose; as compared with the flippant, coquettish, love-making elder sister.

Mr. Goatman felt a sincere sympathy for the younger sister in the distressful failure of her efforts to make the sanatorium a success; and to cut short any description of his prosaic proposal to relieve her anxiety as to what her future might be—he plainly proposed to offer her a home as his wife! The landlord-widower would thus cancel her *sister's* debt due to him as rent. In these circumstances the younger sister reluctantly accepted the offer of a new way to pay a heavy debt, which assuredly the rich landlord would not otherwise have cancelled, than by having his "pound of (her) fair flesh."

Meanwhile, the elder sister had not forgotten her resource in the event of the sanatorium proving to be a financial failure. In an interview with the landlord, she proposed to him her method of paying the rent, without incurring any further liability. She had heard that Mr. Goatman was in quest of a housekeeper; and she at once offered her service in that capacity. Her failure had not been owing to any ignorance of housekeeping; the sanatorium had not answered as a health resort. She had full confidence in her ability to conduct the internal arrangements of Mr. Goatman's large establishment at Tenby. What might be Nurse Lovibond's *ulterior* view in making this proposal, the reader of this story will shrewdly and surely guess.

In the final interview of Nurse Lovibond with Mr. Goatman, he would have accepted her proposal to work out her rent—when she again pressed upon him her service—as his housekeeper. But, said he, "there is just this difficulty; I am about to marry your sister, and it would hardly do for me to have you in my service, with your sister as my wife." Alas, the poor husband-trapper was foiled a second time, after her first adventure with Mr. Alfred G., the stepson; caught again in her own trap.

Of course, she never again tried to establish a sanatorium. She returned to private practice. I have heard that she married a young doctor which would take her out of practice; I cannot credit the report; for although I believe some doctors have found wives in nurses and good wives; it would be incredible that any man having any knowledge of nurses, would himself select one of Nurse Lovibond's species, or have been caught by her in marriage.

What may have been all the aptitudes which Nurse Lovibond possessed cannot be fully and fairly estimated, in addition to her personal gifts, which doubtless surpassed her qualifications, as an "uncertificated" nurse. She moved among the wealthier classes of society—or as she expressed it—in good families. But, unfortunately, the public of that world more especially, cannot distinguish between the true and the false species of nurse; while the personal gifts which society might value most—in charms of appearance, manner, and conversation, are often such as would least qualify a woman to honourably, not to say religiously, fulfil her duties. Of strictly technical qualifications, the public can hardly be expected to know anything—nor of the Nurse Lovibond species.

Clinical Records.

WESTMINSTER HOSPITAL.

Two Cases of Fatal General Phagedæna.

Under the care of Mr. WALTER G. SPENCER, M.B.Lond., F.R.C.S.,

Surgeon to the Hospital.

CASE I. was that of an unmarried man, æt. 61, who had not drunk excessively, and in whom evidence of syphilis was limited to a superficial ulceration of one eyelid. The disease had been inoculated a week before and gangrene had extended to the external genitals, perineum and lower part of the abdomen, as well as perforating the anterior wall of the rectum. The gangrenous parts were removed and strong antiseptics used with the result that healthy granulations covered the whole surface, and recovery seemed almost possible, when slight signs of broncho-pneumonia appeared, and the patient died on the tenth day, 2½ weeks from the date of infection. No other disease was noted.

CASE II. was that of a woman, æt. 35, who had had years before pelvic inflammation of venereal origin, but for the previous year had felt quite well. A fortnight before admission signs of severe pelvic inflammation reappeared, with a foul blood-stained vaginal discharge During a month in hospital the vaginal discharge became less, and she was then operated for double pyosalpinx bylaparotomy. Owing to dense pelvic induration and adhesions, the whole of the distended tubes could not be removed. Extremely foul pus escaped. The pelvis was plugged with gauze. For the first week the patient did well, only a little foul discharge escaping. Then menstruation, which had been absent beforehand, came on, the pelvic inflammation lighted up, and the abdominal wound, which had previously been healing, was infected from within, and each gaping surface was found to be covered with phagedæna. By vigorous treatment this was arrested on the surface, but progressed in the pelvis until the small intestines were perforated, and fæces were freely discharged for the last two days. The patient died on the fifteenth day after the operation. The phagedænic process had extended to the uterus, but not to the vagina. The coils of intestine in contact with the pelvis and abdominal wound had been invaded. The rest of the peritoneal cavity was free, and no other disease was found post-mortem.

Mr. Spencer finally referred to the progress which had been made in connecting phagedæna with the presence of a peculiar bacillus.

Annual Meeting of British Medical Association,

HELD AT

PORTSMOUTH, AUGUST, 1899.

THE ANNUAL EXHIBITION.

THE annual exhibition was held in the Drill Hall at Portsmouth. It was well up to the average so far as exhibitors and exhibits were concerned, but the attendance of members was decidedly small. This falling-off was probably due to the heat of the weather and the host of attractions that claimed attention elsewhere. But whatever the reason, the contrast between the numbers that were to be seen at Portsmouth and at the corresponding show in Edinburgh last year was, to say the least of it, conspicuous. Appended will be found brief

notices of the more important exhibits, all of which have already become familiar to readers of the Medical Press and Circular through the medium of our advertisement columns.

THE ENTERTAINMENT.

Whatever view may be taken as to the general organisation, and the sectional work, at the Portsmouth meeting, there can be no doubt whatever as to the success of the recreational side of the affair. The excursions were numerous, most interesting, and, on the whole, exceedingly well organised. The most brilliant reception was the ball given by the Mayor (Alderman Scott Foster) and Mayoress, on Friday night, at the Town Hall. That magnificent building was brilliantly decorated and illuminated, both inside and out. The effect of the broad facade of steps in front of the building and the high relief lent by the electric lighting to its lofty pillars was one of the most striking and artistic that could have been conceived. Dancing was kept up to a late hour, and the guests, including a number of townsfolk, were entertained at supper in a large marquee erected behind the hall. The hospitality of the Mayor of Portsmouth certainly eclipsed that shown at the average of association meetings, not only in the scale of generosity but in attention to the minutest details of organisation. Those of the members who stayed over Saturday had the opportunity of witnessing a "Tattoo" by the massed bands of the garrison. The effect of the torchlight marchings, and of the bicycle evolutions, relieved by a brilliant display of fireworks in the illuminated grounds, formed what may be described, without exaggeration, as a gorgeous military spectacle. Space does not permit any detailed description of the rest of the entertainments.

THE PATHOLOGICAL MUSEUM.

The two chief features of the scientific museum may be summed up in the phrases, gunshot wounds and Röntgen photographs. A large and varied collection of bones injured by bullets was sent from the Royal Naval Hospital at Haslar and the Army Hospital at Netley. In it were shown almost every conceivable injury of bone, immediate and remote, dependent on missiles, to say nothing of injuries to soft tissues. These two hospitals contributed between them no less than 169 specimens of first excellence. The London Hospital Medical College was represented by a neat collection of up-to-date anatomical and pathological specimens. The Leeds Medical School sent an interesting case of specimens, especially of some renal tumours. Mr. L. V. Cargill exhibited some excellent specimens of pathological eyes, mounted in glycerine jelly. Mr. Jonathan Hutchinson, jun., had a number of interesting surgical specimens, and of radiograms, amongst which may be specially noted the photograph of separation of lower epiphyses of femur, and a sub-coracoid dislocation of the shoulder before and after reduction. Mr. Mackenzie Davidson showed stereoscopic views of much beauty and interest. One of the upper thoracic skeletons reproduced the cancellous tissue of the numerous and other bones in striking perspective relief. He showed eight cases of calculus. Professor Stevenson, of Netley, had a good stereoscopic view of a buckle buried in the tissues by the impact of a bullet. Mr. Hugh Walsham had a series of good photographs of pathological conditions of the lungs and heart, and an excellent one of a renal stone, both *in situ*, and after removal. Mr. H. A. Roone showed some interesting X ray records, including various badly united fractures, and a subturation of the knee by the kick of a horse. Dr. David Walsh showed a chest with sharply defined miliary tubercles, scattered through the lungs—a record of a tumour apparently connected with the kidney in a tall stout woman, possibly of an hydatid origin; absent clavicles, fractured ribs, and a hæmophylic knee. There was a most valuable and interesting collection of ancient medical books from Netley, which also sent numerous radiograms of gunshot injuries. Dr. Claremont showed some good pathological specimens, and Dr. J. Eyres exhibited some water-colour sketches of tuberculosis of the conjunctiva.

THE MUSEUM.

The Sanitas stall was filled with its usual display, including the Ringzett sulphur fumigating candles, Local Government Board corrosive sublimate pellets and an imposing array of Sanitas preparations. Sanitas wool of excellent quality was exhibited, and from personal experience we are able to testify to the excellences of this particular preparation. Sanitas soap is another article that will repay a trial. A special preparation is the peroxide of hydrogen. Ringzett's patent, a stable article which it is claimed, does not deteriorate after opening the bottle, and is not decomposed by light. The bronchitis kettle for the use of Sanitas vapour is so familiar an article now in the sick-room that there is no need to enter into a detailed description of its excellences. A similar remark applies to other well-known productions of this enterprising firm.

The Formalin Company has this year introduced a powder containing the active antiseptic in a potent and convenient form. The alformant lamps in the different A and B shapes were shown, and the later form, which is on the principle of a water bath. Grutol is a gelatinous preparation of formalin intended for the treatment of wounds. At body heat the antiseptic is slowly liberated and acts on the tissues. A fine spray is also provided, the working part being a metal atomiser of showy but simple construction. A scented preparation of most agreeable nature is provided for general purposes about rooms. Formalin is also put up in bottles for household use.

Messrs. Parke, Davis & Co. showed all their usual preparations, such as liquor sedans, euthymol, syrup of hæmatic hypophosphites, and vakadiastase. Among the newer things was a fine line of chocolate-coated tablets, including nearly two hundred varieties of drugs and combinations of drugs. These practically replace in a pleasant and palatable form the old-fashioned pills and powders, and are quite in accordance with the modern tendency to elegant pharmacy.

Our attention was particularly arrested by senna cordial, an elegant elixir of that standard aperient. Its chief characteristic was a pleasant taste of figs. The throat mentholated tablet is a good voice and throat lozenge, specially suitable for singers and speakers. It contains menthol, cocaine, benzoic acid and other drugs, and has the advantage of being perfectly safe. We should mention the excellent work done by this firm in the direction of the physiological standardisation of those drugs not capable of chemical assay, such as ergot, strophanthus, digitalis, and cannabis indica. These preparations deserve the confidence of the medical profession. Another point is their serum preparations, which are supplied in the familiar hermetically-sealed bulbs that have been from the first adopted by this firm. They include the antistreptococcic, antitetanic, antidiphtheritic serums, with Coley's fluid, mallein and tuberculin, and are carefully tested and standardised.

Messrs. Bayer and Co. had an exceedingly artistic stall. The covering, a delicate shade of olive green embroidered with various devices, and fringed with a most tasteful edging of raised and stamped scroll-work of faint maroon colour, twined with green velvet leaves. On the stall itself were conspicuously placed several oval shields, the borders of which were fashioned into raised pattern, with an effective bay-leaf and berry ornament made of several kinds of differently coloured metals. The upper part of the stall was draped in a delicate plush of an artistic tint, which it would be difficult to name, but which with its iridescent shades formed a perfect contrast from the pale olive green of the main motive. The principal exhibits are too well known to need detailed mention, for such drugs as phenacetin, sulphonal, trional, and lycetol are household words in the therapeutic world. Among the newer productions are asperin, a substitute for salicylic acid, which claims to avoid the disadvantage of the latter, and heroin, the newest and most effectual derivative of morphine, with its soluble salt, hydrochloride of heroin, the latter

intended especially for hypodermic use. Heroin does not constipate, and is less toxic generally than morphine. Protargol, as everyone knows, is a combination of silver with a proteid substance. It contains about 8½ per cent. of silver, and unlike other silver compounds, it is unirritating, and, at the same time, very penetrating.

Tannigen and Tannophen for use in enteritis; two intestinal antiseptics that have lately attracted a good deal of attention. Tannigen is a triacetyl of tannin and tannophen, a combination of tannin with urotropin. Trional and lycetol are both prepared as oxycarbonate waters by Messrs. COOPER, of Gloucester Road, London. This is an excellent method of administration under the pleasant guise of an aerated water.

The BRITISH SOMATOSE COMPANY, LTD., of 165, Queen Victoria Street, who now possess the sole selling rights of somatose, make an exhibit of their three well-known preparations, somatose, iron somatose, and milk somatose.

The HUNYADI JANOS water had a handsome stall in a commanding position just opposite the entrance. The pyramids of differently sized bottles decorated with the familiar red labels, had a remarkably good effect. The sales of this excellent water, we are glad to learn, have advanced of recent years to high-water mark, and testify to the high appreciation of the medical profession and of the public. There is no need to descant upon the virtues of this, perhaps the most popular of all natural aperient waters. Its merits are established on a sufficiently firm basis to secure their lasting fame.

NEWBERY AND SONS had a varied assortment of drugs. Their exhibit, as usual, was especially strong in sugar-coated pills of many different formulæ. A special feature was the preparations of sumbul, a heart tonic used in hysteria and other conditions. This was put up in pill form, and also as a liquid in tono-sumbul. Bromo-soda, an effervescing nerve tonic and calmative, was conspicuous, and also a number of other elegant pharmaceutical products of Messrs. WARNER AND CO., Philadelphia, for which firm Newbery and Sons are the agents. A special note should be made of the effervescing lithia tablets for use in gouty conditions. A portable and sterilisable hypodermic syringe with metal plunger appeared to be excellent in type and construction, besides being of moderate cost.

MELLIN'S food and other preparations were strongly in evidence on a most artistic-looking stall. The food for invalids and infants is so well known that it need not be more than mentioned. It may be added, however, for the benefit of those who admire the older product that Mellin's food biscuits are prepared largely from that material. They are specially recommended for use in childhood. The cod-liver emulsion claims special attention from the fact that it is the only 50 per cent. emulsion on the market, and is rendered agreeable to the palate by a cinnamon flavour, and is to be recommended in all cases of phthisis and other disease of malnutrition. Blended with Mellin's food it is said to make a good malted emulsion. A number of attractive little souvenirs were distributed to visitors.

The APOLLINARIS CO., LTD., had a show of the various waters which form their specialties. Apenta, as everyone knows, is a natural aperient water that has come into vogue within recent years. Its chemical composition is such that it stimulates the gastro-intestinal tract without causing irritation. Another important point is that it contains lithium. The Johannis lithia and Johannis potash, are two new waters, the nature of which is sufficiently indicated by the names. They are both composed of additions of lithia and of potash to the Johannis natural sparkling water. With a little ingenuity in the direction of flavouring agents, it is possible, with the aid of these admirable waters, to administer remedies in a pleasant and indeed an almost imperceptible manner. Apollinaris needs only to be mentioned as the Queen of Table Waters.

BRAND & CO., Mayfair, showed their well-known products on a neatly arranged stall. Prominence was naturally given to their meat juice, which is ready for immediate use and cheaper than most preparations of the kind. The analysis is satisfactory, and it is guaranteed to be made from the finest English beef. A new preparation of this firm is the "Nutriment Powder," made from raw meat deprived of its natural moisture. It can be taken in a sandwich or in water or wine, in both of which it is partly soluble. The chief advantage of this new product is that the nutrient qualities of the meat are retained in an almost tasteless and odourless form. There is also a special "fever" food for use specially in the tropics. It contains essence of beef, cream, and egg. Altogether, the exhibit was quite worthy of the representation of the firm.

MESSRS. NESTLE had a handsome show of their special products. The well-known children's food, and the Viking brand of unsweetened milk; as everyone knows the latter contains milk and cream without sugar. It keeps well, and is palatable. Samples of milk and soda water were freely dispensed at this stall, and the firm also endeavoured further to assuage the tropical heat that prevailed in the exhibition hall by distributing Japanese fans to visitors, who availed themselves widely of these timely gifts.

Mr. B. KUHN exhibited an imposing array of special preparations, of which the popular and efficient antiseptic, Chinosol, was the most conspicuous. This drug, as all surgeons know, is non-poisonous, non-corrosive, and a powerful deodorant and germicide. It is put up in tablets, dressings, dusting powder, and other forms convenient for surgical purposes; and is, furthermore, adapted for veterinary practice, for hygienic and toilet purposes, and for general sanitation. Other prepartions of this firm include argentol, vannalbin-knoll, diuretin-knoll, colchi sal capsules, betul ol, and papain finkler, the special properties of which need not be entered into here. A large number of the articles on show cannot be mentioned here, but in conclusion note may be made of the ethyl-chloride glass bulbs.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, August 5th, 1899.

MYOCARDITIS.

AT the Medical Congress held at Lille last week, M. Huchend read a paper on the different forms of myocarditis. He said that one should be on guard against the present tendency of diagnosing myocarditis where it did not in reality exist. Simple troubles in the innervation of the heart, disturbance of the cardiac rhythm of reflex order, modifications in the arterial tension, auriculo-ventricular thrombosis could lead the inexperienced to suppose the existence of myocarditis in the course of such infectious maladies as typhoid fever or influenza. But if abuse was frequently made of the term of acute myocarditis the study of the chronic form was generally overlooked and gave rise to errors of considerable importance.

Taken in the true sense of the word, myocarditis means inflammation or myositis of the cardiac muscle. When a microbe or a toxin penetrate into the substance of a tissue, their action, if sufficiently energetic, operated the destruction of the anatomical elements by cellular necrobosis. The dead cell became a thorn in the side of the parenchyme: it was then that inflammation intervened to remove from the organism the foreign body. In acute myocarditis the inflammation constituted, consequently, but a secondary or transiting phenomenon the same might be said of chronic myocarditis. Thus all the lesions which served to classify chronic myocarditis (interstial modifications, sclerous condition, fatty degeneration, segmentation of

the cardiac fibre) had frequently but the name of inflammation. Forgetting the extreme rarity of muscular inflammation, abuse was made of the word myocarditis to include every degeneresence of the fibre of the cardiac muscle. All cases of chronic myocarditis comprised in different proportions, lesions of the insteretitial tissue, parenchymatous alterations, and vascular lesions, but different pathological conditions of the myocardia, presented particular characteristics which required a special description.

Sclerosis in patches or arteriosclerosis of the heart was characterised by degenerative lesions occupying the territory of a stenosed artery, and ending in dystrophic sclerosis, the ultimate term of a trouble of nutrition due to ischemia. Those patches might be very small and disseminated, consequently stricture of the coronary arteries should be sought for. If those patches interested a large extent of the walls of the heart, a large vessel had been obliterated. In such case, the heart, voluminous, assumes a globular form. General dilatation of the ventricule, or partial dilatation (aneurism of the heart) might result. At the seat of the sclerosis there was always to be found atrophy of the wall, frequently resulting in rupture of the heart.

In diffuse sclerosis, chronic instertitial myocarditis, rings of sclerosis surround directly the artery, and progresses in destroying the cardiac fibres; the arteries were not the seat of obliterating endoarthritis, but rather that of irritation of the peri artery, terminating in thickness of the vessel. The microscopic appearance of the heart was also different, the organ frequently enormous, and kept its conical form without dilatation of the cavities or atrophy of the wall

Senile sclerosis was the terminal point of cardiac lesions exclusively provoked by the progressive disintegration of the elements of the organ by reason of the advanced age of the individual. The cardiac fibre underwent senile atrophy, whilst the fibrilla of the conjunctive tissue took its place to fill the empty spaces.

Three principal clinical forms of cardiosclerosis might be admitted—painful or cardiac stenosis, arythmic and tachycardia, myovalvulaire. The arhythmic form was characterised either by intermittent attacks of arhythmia or by a sort of cardiac folly which could persist six, ten, or even fifteen years as the only symptom. It was generally unaffected by digitalis. In the myovalvular, type a scuffle of insufficiency of the orifice could be heard due to sclero atheroma of the valve.

A phenomenon appearing generally at the *début* of arterial cardiopathy was the toxi-alimentary dyspnœa That dyspnœa proved the existence of renal insufficiency even in the absence of albumine, and yielded to milk and vegetable diet. Death in arterio-sclerosis of the heart could be sudden, by syncope or by angina pectoris. It could be rapid either from rupture of the aneurysm of one of the coronary arteries in the pericardium or from rupture of the heart itself, or it might result from acute œdema of the lungs, uremic trouble, hemorrhage, or cerebral softening. On the contrary, the fatal termination might arrive slowly by asystolia, cardiac thrombosis, or from arterial cachexia, characterised by general emaciation and pallor of the face.

As to the treatment of cardiac sclerosis, the fundamental principle was to ease the organ by attenuating the peripheric resistances. Diuretic drinks, notably milk and certain mineral waters, should be prescribed, while tea, coffee, liquors, pure wine, should be suppressed. Aliments containing a great deal of ptomaines, meat, preserves, fish, cheese, &c., should be forbidden. Abuse should not be made of drugs; theobromine was an excellent diuretic, while saline purgatives might be given with advantage. As a vaso-dilator nitro-glycerine rendered good services given in solution (1 per cent.) during twenty days a month in increasing doses of from 4 to 20 drops daily. During the remaining ten days of the month iodide of sodium might be prescribed.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, August 4th, 1899.

At the Medical Congress Hr. Krönig, Berlin, reported on

Lumbar Puncture,

which in some cases had led to very interesting diagnostic conclusions. With a very delicate apparatus he had investigated as to pressure in fourteen healthy men, and had ascertained that in the horizontal lateral posture the pressure was 125 mm., in the upright 410 and that the physiological range in the horizontal side position was between 100 and 150 mm., that in the sitting posture between 300 and 450, that in the horizontal side position the fluid exuded drop by drop; but that in the sitting posture it flowed in a stream. He was able to confirm Quincke's statement, that in the healthy individual the microscopical elements consisted of a few lymph corpuscles, with individual red blood corpuscles The question as to whether there was a serous meningitis or whether such supposed cases were really simple hyperæmia with œdema was still debatable. Among other cases he had examined two of typhoid with cerebral symptoms from which a simultaneous serous meningitis might have been suspected. He found high pressure, but extraordinarily few cell elements, and those of a normal character. An autopsy was made in one case, and nothing but pronounced hyperæmia and œdema were found, and microscopical examination showed no trace of inflammatory serous infiltration. In two cases of chlorosis the speaker found pronounced capillary œdema, a few lymphocytes, and here and there an endothel. In a case of diabetic coma nothing was found beyond hyperæmia and œdema. In acute serous meningitis the same was found as in acute serous pleuritis, viz., only lymphocytes.

Polynuclear elements were scarcely ever found; occasionally there were apparently polynuclear elements produced by fragmentation of lymphatic nuclei. He had come across the chronic form of serous meningitis in various ways. His histological investigations were only positive when there were distinct oscillations in the tube of the manometer, as the oscillation showed that the communications between the brain and the cord were perfect, and the condition of the fluid withdrawn was an illustration of the condition of both cavities. If nothing was found in the spinal fluid, then nothing would be found in the cerebro-spinal fluid. If there were no oscillations it showed that connective tissue was present, preventing the pulsation of the basal arteries being passed on downwards, and in

such a case the fluid in the brain might be different from that in the spinal cavity.

In 4 cases there was proof of softened cerebral substance in the spinal fluid.

The oscillations in the tube in the case of healthy individuals were 2 to 5 mm. With a weak radial pulse only weak oscillation were to be expected. If excessive oscillations were met with with a weak radial pulse this would be due to strong pulsation of the basal arteries. In such a case his diagnosis would be either pulsating tumour or aneurysm. The pulsation oscillation with great significance in the case of cerebral tumour.

At the Society fer Innere Medizin, Hr. Litten showed preparations of

CYSTIC KIDNEY AND CYSTIC LIVER.

They were taken from a woman æt. 55, who 10 years ago had had an accident, the nature of which was not clear, and who at intervals since then had suffered from hæmaturia. For this she was admitted into hospital four days previously. There was extreme weakness. In the right hypochrondrium was a soft fluctuating tumour apparently connected with the kidney. In general the abdominal organs were normal, the urine was 1,200 ccm. in the twenty-four hours, clear, contained a little albumen, and had a specific gravity of 1 005 to 1·006 thus the symptoms resembled those of contracted kidney. There was moderate hypertrophy of the left ventricle. The following day there was headache, dulness of intellect, and then coma-uræmia. The probable diagnosis was hydro-nephrosis with contracted kidney, the cause of the uræmia closure of the ureter by kinking. Death took place in forty-eight hours. The autopsy revealed a peculiar condition: the liver was strewn with cysts of various sizes, and also the kidney, which was very much enlarged. There were also cysts in the ovaries, and hypertrophy of the left ventricle. The diagnosis of cystic kidney could not be certain. It was difficult because acquired cystic kidney was always double. Generally hydro-nephrosis was assumed. Puncture did not assist differential diagnosis, as the fluid was the same in both forms of disease; it contained a large percentage of urea. There were connective tissue bands between the cysts, as in contracted kidney. It was very peculiar that increase of urine should generally be found in such degenerated kidneys. No reason for this could be given. Recently Nauwerk had given a plausible explanation; there were actual tumours with a typical glandular growth in normal or already misformed kidneys. Children born with cystic kidneys died soon after birth. Acquired cystic kidney generally made its appearance in the fifth decennium. The patients died of chronic and subacute uræmia in consequence of renal insufficiency.

At the Free Society of Surgeons Hr. Hahn showed

TWO CASES OF RUPTURED LIVER.

The first, a young man, æt. 17, fell when cycling, lost consciousness, and on recovery he felt acute pain in the abdomen. There was great paleness and dulness over the depending part of the abdomen.

Laparotomy was performed at once; in the abdomen 2 litres of blood were found. On the convexity of the liver a rent 8 ctm. in length was felt, but at first not seen. Only on separating the suspension ligament could the liver be turned out so far that the rent could be closed with fine catgut sutures. The abdomen was then closed, and recovery was uninterrupted.

The second case was one of gunshot wound. The point of entrance was between the middle line and the right margin of the ribs. The ball lay just behind and above the crest of the ilium, it could be easily felt and was removed without difficulty. Laparotomy was then performed. Entrance and exit openings were found in the liver, mesentery, pancreas, and parietal peritoneum. Pledgets of iodoform gauze were packed into each of the openings the ends being left outside. Recovery uninterrupted. In all cases of rupture of the liver the speaker advised operation as quickly as possible, in order to master the great danger — the hæmorrhage — and this was best accomplished by suture through the whole substance of the liver.

Hr. Israel remembered a case caused by a table-knife. The knife entered in the tenth intercostal space. The tenth and eleventh ribs were resected, the pleural cavity full of blood, the diaphragm being perforated. The abdomen was then opened, and the wound in the liver sutured and recovery took place.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, August 4th, 1899.

THE OPERATING GLOVE.

WE are still reminded by Schloffer that the operating glove is an absolute necessity notwithstanding Döderlein's experiments and conclusions on the subject, and who is of opinion that a glove for operations in the abdominal cavity is useless as an aseptic agent if the surgeon use due diligence in disinfecting the hands, as no wound, whatever care may be used, can be kept quite free from germs. Schloffer has been experimenting with the leather gloves introduced for the use of surgeons by Wölfler, and now records some wonderful results. The glove, according to Schloffer's experiments, was first smeared over with a virulent culture, and then washed with a one per cent. Lysol solution, which again frees it from all danger of germ life; the glove is then put on the operator, the abdomen of a guinea pig is next opened and the hand maintained there for half an hour in a similar manner to the surgeon when removing morbid growths from the abdomen, with the result that out of sixteen animals acted on not one succumbed, while *all* the control animals conducted in the usual way died from sepsis.

The same results were obtained if a half per cent. solution of Lysol was used, or when the infected part was smeared over with vaseline.

From the foregoing, Schloffer concludes that the "Lederhandschuh" is a perfect protection against the transmission of germs into the peritoneum. He also adduces a large amount of clinical evidence to prove the benefits that have been derived from this provision in the operation of abdominal cases and deprecates Doderlein's efforts to diminish the importance of such a useful precaution. Lysol, according to his experience, is not injurious to the healing process and need not be dreaded. The leather glove is superior to the woven one.

GRANGRENE FOUDROYANT.

Hitschmann, in his lecture at the Deutschen Gesell.

schaft, related the history of six cases of gangrene foudroyant, all in young people occurring after accidents. He thinks these cases must be quite separated from malignant œdema with which they have much in common. The severity of the injury, however, plays no part in modifying the course, or recovery, of the patient.

The characteristic symptoms of the disease are local objective coldness of the affected parts with subjective insensibility, while pressure produces a crackling noise under the skin. In addition to these the general constitutional indications of infection are present in the form of icterus and mental stupidity. The usual termination is death.

The local anatomical conditions observed during life can be demonstrated in the pathological room to depend on the constitutional influence. The internal organs have cloudy swelling and parenchymatous degeneration. There is no enlargement of the spleen, thus showing that the poison confines its ravages to the lymphatic paths in its progress, as bacteria are found to develop rapidly in the lymphatic vessels after death. The greatest number of these germs are to be found in the gas vesicles that crackle under the skin The muscular tissue is broken down, and the colour quite lost, evidently from the effects of fermentation that takes place between the glycogen and albumen of the muscles.

In the six cases examined four were found to give in pure cultures a short stiff rod, which has the power of causing albuminous bodies to ferment with the evolution of butyric acid. In one of the cases this germ was found associated with another, to be frequently found in the soil and bowel, which is pathogenic in guinea pigs. Fraenkel has found an identical bacillus in a phlegmonous gasy inflammation.

In the sixth case the bacteria coli with a streptococcus were found. The bacterium coli produces fermentation in the carbohydrates alone, but do not in albumen, and is more likely to be present in the gasy phlegmonous formations met with in diabetes. But the Proteins produce another gaseous condition sometimes met with in pathological changes which were not found in any of the six cases. Whether the bacillus in the four preceding cases is an isolated and distinct species or a modification of Fraenkel's "gas-phlegmone" bacteria is yet difficult to affirm, but it is certainly one that decomposes muscular structure with the evolution of gas.

In such cases amputation of the morbid part is the only hope of saving life.

Congenital Dislocation of Hip Joint.

Hoffa, in reviewing his success in this subject, said the mechanical treatment of congenital dislocations first practised at the hip joint was followed by a more heroic one, now known in history as the "bloody" operation for its correction; but recent surgery had supplanted both these operations by a more humane and satisfactory method, known as the bloodless operation, which had been recently popularised by Lorenz, while Paci, Schede, and Mikulicz had modified the operation. All the published facts were in favour of Lorenz's method of reposition in transposing the head of the bone forwards. Hoffa has operated on 84 unilateral dislocations and 73 bilateral. Lorenz's method was practised 64—42 unilateral and 22 bilateral. Kümmel is of opinion that extension is unnecessary, as reposition can be accomplished by abduction alone. By Lorenz the leg is abducted, rotated outwards, bent and extended, as if moving the hand of a pump, by which means the capsule is stretched, the head ultimately springing into the cavity with an audible rush.

Lorenz further recommends a plaster of Paris support with the leg abducted and rotated inwards.

The treatment is useless when the child is over ten years of age. Out of 42 unilateral cases so treated only four were unsuccessful. The eldest was six.

Schede's method is extension pressure over the trochanter major. Thirteen were treated by this principle with good results.

Transposition in a large number of the cases is unavoidable from the thickened ligamentum teres filling up the acetabulum which allows the head to slip forward or upward, leaving on the whole a fairly good joint. On this account Lorenz's method of putting the joint in a plaster of Paris is good.

South Africa.

[FROM OUR OWN CORRESPONDENT.]

Cape Town, July 2nd, 1899.

The Medical Board of Rhodesia.

The profession in Rhodesia is very much up in arms against the Medical Bill of that colony. The principal objections appear to be that the Medical Board is to be entirely nominative, that it is to include a chemist and a dentist, and that the total strength may possibly not be more than three, thus putting the "auxiliaries" in a majority on purely medical questions. The Act, however, allows the board to have as many as nine members, and it is not likely that the Administrator will keep much below that number. Another objection is that Cape registration is to carry with it Rhodesian registration, but this is surely a very flimsy objection, as, except for the cases of a very few unqualified men registered retrospectively, at the passing of our Act, our requirements are stringent enough. It does not seem that our Rhodesian *confreres* have very good grounds for their agitation.

Registration for Immigrant Doctors.

The Cape Medical Council has adopted a new regulation requiring a sworn declaration from applicants for registration to the effect that they have never been punished by any licensing body for any misdemeanour. This is to obviate the possibility of a man who had been struck off the *Register* in England getting registered here.

Hypnotism Among the Natives.

The S. A. *Medical Journal* publishes an interesting paper by Mr. E. C. Long, of Maseru, Basutoland, on observations in hypnotising natives at the hospital at that place, of which he is medical officer. He reports having attempted hypnotism for the purpose of inducing anæsthesia, in seventy cases, succeeding completely in forty-five, and partially in six. When he failed, he had never made a second attempt. Sometimes the anæsthesia was complete, sometimes only partial, and in a good number even with complete anæsthesia, consciousness was retained. Generally the result was attained in from five to ten minutes, and in no case were ill-effects observed. The surgical cases included tooth extraction, opening

of abscesses, removal of carious bone, and exploration of hip-joint. Medically he used hypnotism in neuralgia, chorea, and hysteria. Considering that he was handicapped in the way of suggestion by having to use an interpreter, his results seemed fairly good, and he thinks that, to the single-handed South African practitioner, hypnotism is a very useful means of bringing about anæsthesia.

THE PREVENTION OF TUBERCULOSIS.

The Cape Town Branch of the British Medical Association discussed at its last meeting a committee's report on the prevention of tuberculosis. The matter was gone into somewhat exhaustively under a few headings, but nothing of special importance was elicited. At the next meeting the discussion will be continued, and it is probable that it will result in the establishment of an association on the plan of that in England, or possibly a branch thereof.

INFANTILE MORTALITY AND THE CRÈCHE.

Another Cape Town medical charity has been established, a crèche, very much wanted in this city. It has commenced under good auspices, and is likely to be of great benefit to the working classes. It is to be hoped that it may do something towards reducing the heavy infant mortality. During last month eighty-seven deaths were registered, and out of those fifty-six were under five years of age. Out of the total death-rate seventeen were credited to tuberculosis, a somewhat high ratio for a climate like this. Zymotic diseases account for twenty-five deaths. There is evidently room for preventive medicine in this good city.

The Operating Theatres.

THE SEAMEN'S HOSPITAL (DREADNOUGHT), GREENWICH.

PERIURETHRAL ABSCESS PROBABLY TRAUMATIC IN ORIGIN.—MR. WILLIAM TURNER operated on a man, æt. about 35, who had been admitted complaining of pain and swelling in the scrotum. The patient stated that the penis when in a state of erection had been forcibly bent, with the result that the organ was still inclined to the left side; this accident had caused him great pain, and shortly after he noticed some swelling at the base of the penis. The accident occurred four days before the date of admission, and forty-eight hours after the accident he had a severe rigor, and felt very ill. He had not noticed any real difficulty in passing urine, though the stream was not so large as before, and there was a certain amount of pain during the act. He had never had any symptoms of stricture during his life, but some years before he had suffered from an attack of gonorrhœa. On admission he had a temperature of 102 degs., the tongue was dry and very furred. On examining the parts affected, the penis was found to be enlarged, swollen, and œdematous, and was inclined towards the left side; the scrotum was œdematous and between the two testicles, passing backwards, there was a tender, indurating swelling, undoubtedly corresponding to the peri-urethral tissue; this swelling extended forwards to within an inch of the glans penis, and backwards within about 2½ inches of the margin of the anus. Fluctuation could not be detected on account of the induration of all the parts. The house surgeon had passed a full-sized instrument without difficulty into the bladder on account of the possibility of there being extravasation of urine. The diagnosis of peri-urethral abscess was made, and immediate operation was deemed necessary. An anæsthetic having been administered, and the patient placed in the lithotomy position, the parts having been shaved and purified in the usual way, an incision was made exactly in the media *raphè* of the scrotum, the testicles being held carefully apart on either side. The scrotum being thus divided, the inflammatory mass was exposed. On cutting into it about 3 ozs. of foul-smelling, putrid pus were evacuated and a large abscess cavity extending round the urethra and running up nearly to the glans penis was found; a pair of scissors were then introduced and the whole of the abscess cavity laid open forwards and backwards. The floor of this cavity round the urethra was found in a very sloughy condition, and on this account it was thought advisable to incise the bulbous portion of the urethra and pass a drainage tube into the bladder, in order to give the anterior part of the urethra a rest, it being very doubtful whether this could recover without the formation of a penile or scrotal urinary fistula. The parts were well washed with perchloride lotion and then packed with iodoform gauze, provision being made in the dressing for the soft catheter draining the bladder to be connected with an india-rubber tube passing into a vessel under the bed. Mr. Turner said that the cause of the patient's condition was doubtful, it was certainly not an ordinary lacunar abscess becoming peri-urethral occurring in acute gonorrhœa, as the patient certainly was not suffering from gonorrhœa. There was no communication with the urethra, and there was no urine in the abscess, thus excluding any idea of extravasation of urine. The most likely pathology of the condition was that a hæmatoma had formed from the injury, and that this had become infected in some way with micro-organisms, and probably the bacillus coli communis was the cause of the foul odour, it being a well-known fact that this organism is constantly found in abscesses in the region of the urethra and the rectum. There was no evidence as far as could be detected of any rupture of the corpus cavernosum on either side. Mr. Turner stated that in the treatment of cases of this kind he always advocated very free drainage and no direct treatment, such as scraping or the application of pure carbolic acid or chloride of zinc, as such treatment is liable to increase the sloughing of the surrounding parts. Had such procedure been adopted the floor of the urethra for a space of about 2½ inches would have been nearly certain to slough as the wall of the canal was already very thin and seemed almost a part of the sloughy base of the abscess.

A week after the operation the patient was going on very satisfactorily, the temperature came down to normal 24 hours after the operation and remained so. The bladder was still being drained by the perineum, the urine being normal; there were no sloughs in the wound at all, and the two sides of the cleft scrotum and of the wall of the abscess were covered with early granulations, all the sloughy condition had disappeared, and the wall of the urethra had not given way. The treatment that had been adopted was regular dressing with thorough irrigation of 1 in 2,000 perchloride lotion. On Mr. Turner's suggestion

the sides of the scrotum were brought together by the house surgeon, and a few stitches put in superficially to keep the opposing surface in apposition, whilst drainage was allowed for in an antero-posterior direction along the urethra. The next step in the treatment will be the discarding of the perineal drainage, together with regular catheterisation, so as to allow the perineal wound into the urethra to heal up and the drainage put along in the peri-urethral tissues gradually shortened, so as to permit of the complete filling up of the abscess cavity.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 9, 1899.

THE ADDRESS IN MEDICINE AT PORTSMOUTH.

The Presidential opening of the Section of Medicine at last week's Association meeting, delivered by Sir Douglas Powell, was a cautious, solid, and hopeful summary of recent advances in practice. His utterances were those of a cultured man who, ripe with past experiences, had not failed to gather to himself the facts and principles of modern progress. In this respect his utterances may be instructively compared with those of the chosen head of the contiguous Section of State Medicine. Both men touched upon serum therapeutics and upon bacteriology in relation to tuberculosis. But while the one appraised these researches at their proper value, and pointed out their possibilities and their limitations, the other indulged in a fierce onslaught upon the scope, the methods, the results, and even the ethics of bacteriologists in what he termed, with question-begging narrowness, "the insane hunt after the tubercle bacillus." Whatever grain of truth this reactionary attitude may contain yet it must be abundantly clear to all reasonable men that the chair of an important section of a great assemblage of representative medicine in Great Britain was not a fit place from which to issue rhetorical thunder of that kind. Comment upon a Presidential Address is forbidden, or, we venture to say that, at the meeting a strong protest and entire logical refutation would have been at once brought forward. If insanity be inseparable from the quest after the acknowledged source of the dread pestilence of tubercle, then in Heaven's name let a fair proportion of our best and brightest intellects sacrifice themselves for the love of mankind and go mad forthwith. It is a relief to turn to the broader views of Sir Douglas Powell, who opened his remarks upon bacteriology by saying that the science "in its application to diagnosis and treatment in practical medicine is yet in its infancy; but it is a very robust infancy, full of promise, the complete fulfilment of which none of us will live to see." He pointed out that bacteriological work must necessarily be a matter of expert investigation, as it would be impossible for the busy practitioner to find the time and the necessary appliances for the purpose. At the same time, it may be remarked that an elementary examination, with the aid of cover-glasses and a few easy cultures, is becoming of increasing importance. At the same time, there can be no doubt as to the truth of the main proposition that practitioners of medicine will in future have for the most part to deal with the results of bacteriology, both in abstract scientific research and in practical bedside work. As to serum therapeutics, the speaker recognised the immense value of the knowledge that every infection required a separately prepared serum for its treatment. Some of our failures might be explained by the fact that a manifold pathogenic pathology lay at the root of many diseased conditions. Such associated poisons might be recognised in the third, and often in the first stage of enteric fever, in the suppurative stages of scarlatina, and perhaps in gonorrhœal rheumatism. But while the neutralising the specific poison of various diseases by appropriate remedial serums would relieve the practitioner of vast anxiety, yet, on the other hand, his responsibility would be greatly increased by the absolute necessity of early diagnosis, and by the scrupulous care needed to prevent the introduction into the body of his patient of further dangers of microbial origin. As regards phthisis, while advocating the use of every ordinary measure of precaution in the way of cleanliness, avoidance of dust, and disinfection of sputa, Sir Douglas Powell, on the other hand, counselled the careful eschewing of exaggerated statements likely to alarm the public as to the contagiousness of the disease. One striking point to which he drew attention was the enormous prevalence of bovine tuberculosis not only among stall-fed cattle, but also in those kept under good open-air conditions. He argued that, like malaria, tuberculosis will probably be found to have a double origin from purely microphytic as well as from parasitic infection. He

remarked that we may hope by rigid sanitary control to reduce considerably the present death rate of 14 per 1,000 living due to consumption, a figure which already marked a reduction of 20 per 1,000 living from the same cause. In his belief there exists a mephytic laboratory beyond our special control, yielding organisms ever ready to attack the unwary and those whose vitality is depressed. General sanitation and cleanliness are our first line of defence. Wherever the conditions of insanitation, dampness, deficient sunlight, and the prevalence of favouring diseases are present there aggressive activity may be again looked for.

DISCUSSION AT GENERAL MEETING OF THE ASSOCIATION.

THIS meeting had been looked forward to with special interest by members, from the fact that a number of notices of motion had been lodged. At least half of these propositions had been ruled out of order by the late President of Council, Dr. Saundby. Under these circumstances it is much to be regretted that the somewhat arbitrary position taken up by Dr. Saundby, on behalf of the Council, had to be sustained in his absence. Dr. Ward Cousins read a letter of apology for absence from Dr. Saundby, who said that he "had to return to Birmingham to give evidence at the Assizes, or he would not have run away from" that discussion. Now, the general meeting took place on Wednesday, August 2nd, from 2 to 5 o'clock, in the afternoon, and Dr. Saundby was present at functions of the Association, both in the afternoon and evening of that day, and was also seen in Portsmouth next morning. With these facts in view it seems abundantly clear that members of the British Medical Association are entitled to demand a further explanation from one who continues to occupy a high position on the Council. Dr. Lorrimer Hart struck the keynote of the position of members in the debate by rising on a point of order to ask under what powers the President of Council (Dr. Saundby) had ruled out of order certain notices of motion duly sent in for discussion at general meeting. The originally excluded motion alluded to by Dr. Hart was raised nominally, and to put himself in order, on a reduction of the editor's salary by £10, in order to call attention to the exclusion from the journal of several matters of prime importance to the profession. That was ruled out of order, and so did not come before the meeting. In the course of the discussion, however, the whole question of the powers of members in general meeting over the expenditure of the Association upon its journal was raised, and practically a vote of censure was passed upon the Council. The specific resolution concerned was proposed by Mr. Victor Horsley, seconded by Mr. Tomlin, and carried. It ran as follows:—"*That inasmuch as the President of the Council, and subsequently the Council itself, have ruled that the members of the Association have no right to discuss in general meeting the question of the expenditure of the Association upon its journal, this meeting strongly disapproves of the action of the Council.*" In the upshot Dr. Hart moved a modification of his original excluded motion, which was accepted by the president (Dr. Ward Cousins). It ran:—"*That the attention of the Council be invited to the exclusion of the editor of the British Medical Journal of matters of interest to the Association and to the profession; especially in reference to the memorials of the General Medical Council against the certification of unqualified persons by registered practitioners; and to his silence on such matters obstructing reform.*" This resolution wus seconded by Dr. Frederick Spicer and passed. Curiously enough, the issue of the *British Medical Journal* that has since appeared (August 5th), emphasizes the position by omitting from what would have been otherwise a fair report all mention of two most vital subjects that took a conspicuous place in the discussion. Those two omissions were:—I. The mention of petition of fellows and members of the English College of Surgeons claiming the privilege of electing their representative on the General Medical Council. II. Mention of the memorial addressed to the General Medical Council against the certification of unqualified persons by registered practitioners, and signed by over a thousand medical men. It should be added that the meeting absolved the editor from personal responsibility.

A SERIOUS INDICTMENT AGAINST THE NAVY AND ARMY MEDICAL SERVICES.

IT was, perhaps, quite in accord with the natural fitness of things that Professor Ogston, of Aberdeen should have discussed in his address in surgery at the annual meeting of the British Medical Association the affairs of the Navy and Army Medical Services. In the midst of such a naval and military community he would be certain to attract not only an attentive but an appreciative audience. Our *confrères* in the Services, however, were probably not quite prepared for the outspokenness in which Professor Ogston indulged. The picture which he presented of the unpreparedness and inefficiency of the two medical departments must have been a revelation to many to whom the facts in this regard were unknown. But such an address was nevertheless well-timed and apposite. It has for long been known, for example, that the officers of what is now the Royal Army Medical Corps have felt extreme dissatisfaction with the want of sympathy displayed by the War Office towards their efforts made to increase the efficiency of the military medical service. No one knows better than the army medical officer how deficient his department is in the matter of modern medical equipments. Instead of doing everything in their power to foster the zeal for efficiency among their medical officers the War Office seem to make a point of deliberately following the opposite policy. The following quotation from Professor Ogston's address will reveal something of the state of affairs in this regard. "Under the existing system no junior officer

of the Royal Army Medical Corps has any opportunity of practising modern surgery; even if an occasion offers he is tied down by modern restrictions and impediments enforced by his seniors, and his natural desire to prepare himself for the highest work is disregarded and repressed, so that few, if any, are capable of the class of surgical work which will be expected of them by the country, and for the non-performance of which they will be unjustly blamed when the test of war is imposed upon their performances. So long as the medical services afford their surgeons no proper facilities for acquiring and maintaining a competent knowledge of their highly important and necessary matters; so long as the junior medical officers, as the junior medical officers, have neither the chance nor the encouragement to perfect themselves in their science, and especially in what would lie before them in the event of a war, it can hardly be wondered at that a service entailing on those who enter it what is from a professional point of view almost an intellectual sterility, should be a mode of life our best graduates recoil from and which few of them can be persuaded to adopt." The natural corollary from this is, that the services must either adapt themselves to the altered spirit of the times, or remain undermanned, and lacking in everything which an up-to-date department should possess It seems a curious anachronism that the poorest subjects of Her Majesty should have an opportunity in our hospitals of profiting by the benefits of modern medicine and surgery, when these are practically denied by the War Office and the Admiralty to the soldier and sailor as long as he remains in the service. That is really the position of affairs, and there is no disputing the fact. Under the present system under which the medical departments are being conducted, it would be impossible to predict the consequences in the event of this country becoming involved in a great war. We do not for a moment deny that in our expeditions in the Soudan and to the North-West Frontier the medical department was found efficient, and worthily earned the praise bestowed upon it. But the authorities have been repeatedly reminded that the past little wars in which we have been engaged cannot be regarded as affording any test of the requirements of the department. On the other hand, were we to be engaged on equal terms with a large European power, the belief among those best qualified to judge is that the horrors which occurred during the Crimean War would be repeated. But however melancholy it may be to discuss these matters in respect to the Army Medical Service, it is more so still to contemplate the picture drawn by Professor Ogston of the horrors in store for the wounded on board our battleships during a naval engagement. Its central feature is that everything on board ship that can destroy life is in the highest perfection, while everything that can save it is of the rudest description and behind the age. Professor Ogston states that on board none of Her Majesty's vessels is there any possibility of performing a laparotomy for a gunshot wound of the abdomen. There is neither accommodation, nor instruments, nor accessories for the purpose. We have not space to discuss the many excellent points put forward with the object of remedying the defects to which attention is drawn in the address. Suffice it, however, to say that Professor Ogston makes many valuable suggestions which the authorities would do well to take into their serious consideration. We believe that the address is bound to bear good fruit, inasmuch as even if the authorities remain obdurate, the grave indictment to which it amounts cannot fail to excite earnest attention among the medical and lay public.

Notes on Current Topics.

A Retrograde Sanitarian.

Food for unpleasant reflection is afforded in the remarks with which Dr. Wilson opened the Section of State Medicine at the annual meeting of the British Medical Association. We are sorry to have to admit that the sum and substance of this address was the belittling of the work of bacteriologists especially apparently because of its association with experiments upon animals. With considerable temerity, and quite inconsequentially, Dr. Wilson avows that he is prepared to contend that the indiscriminate maiming and slaughter of animal life with which bacteriological methods of research and experimentation are, in his opinion, inseparably associated, cannot be proved to have saved one single human life, or lessened in any appreciable degree the load of human suffering. Dr. Wilson, of course, is entitled to hold any opinion that he likes upon the subject, but it is a pity that in his official position as president of the section of State medicine he should have reiterated statements entirely opposed to the teaching of modern scientific research. To hold such retrograde views upon the subject of bacteriology, for example a science still in its infancy, and, we may reasonably believe, full of promise in the near future, and to express such views officially, is not only calculated to do harm to the profession, but also to disturb the confidence of the public in the validity of medical progress. What sensible person can admit, because bacteriologists have so far failed in their attempts to isolate and cultivate a specific organism of scarlatina, whooping-cough or measles, as urged by Dr. Wilson, that no such specific organisms exist. To accept a statement of this nature is to imply that finality has been reached in the methods of bacteriological *technique*, but who can imagine for a moment that this is the case? Bacteriologists are gradually feeling their way, in an entirely new field of science, and time and opportunity must be permitted them to work out the problems with which they are confronted. In the legitimate prosecution of their investigations experimentation upon animal life is indispensable, and is at the same time permitted by law, and it was, therefore, scarcely the duty of a medical man, placed by his *confreres* in a

position of trust and responsibility, as Dr. Wilson was, to avail himself of the opportunity to throw discredit upon the work of some of the ablest medical scientists of the day, whose claims to honesty and singleness of purpose moreover are fully equal to those advanced by the orator on his own behalf.

The Section of Tropical Diseases.

THANKS to the enthusiasm which has been thrown into the problem of promoting the study of tropical diseases this subject has forthwith attained to the dignity of a separate section. In the introductory remarks with which Dr. Thin inaugurated the section at Portsmouth we get a glimpse of the immense amount of patient study and observation which have been devoted to the study of malarial fever. Day is apparently just beginning to dawn in this dark region of medicine, but at the price of many deceptions and disappointments, due in part, no doubt, to the desire to discover some one fact which should explain and co-ordinate the protean manifestations of the diseases classified *en bloc* as malarial. Hitherto all classifications have been made on a purely clinical basis for the simple reason that no trustworthy pathological data have been available for a more scientific arrangement. To the general reader papers dealing with the results of recent investigations on this subject are more or less unintelligible, owing to the large number of new terms which grace the terminology of this particular department of research. We are fain to await the services of an interpreter who shall give us a plain statement of facts divested of the technical obscurities which at present close the avenues of knowledge to all save experts. The evidence in favour of the mosquito being the means of transmitting, at any rate, certain forms of malaria seems tolerably conclusive, though as malaria occurs in parts of the world where mosquitoes are unknown this insect cannot well be the only, possibly not even the principal, means of its transmission. We are glad to see that due credit is given to Italian observers for the many years of patient unrecompensed labour which they have devoted to the subject. If they did not earlier achieve results of a kind to command general assent, this fact must be attributed to the inherent difficulties of the subject It is hardly possible to exaggerate the importance of this branch of investigation, bearing as it does upon a group of diseases which virtually close large sections of the globe to the white man.

Matron and Doctor.

THE Chelsea Board of Guardians have been much occupied of late concerning a dispute which has arisen between one of the surgeons to the Infirmary and the matron. We gather that a man had been operated upon for hernia and was left with instructions that he was not to be moved without permission in view of the danger of reopening the wound. In the face of those instructions the matron, in order to guard against bedsores, ordered a pillow to be placed under the loins, with the result that the wound reopened and dangerous hæmorrhage supervened. As the matron declined to acknowledge having committed an error of judgment, for that is all it amounts to, the matter was brought before the Guardians with a request that the facts should be laid before the Local Government Board. This, however, they were indisposed to do, and after a brief discussion, the motion to that effect was negatived. The members, or some of them, who voted in the minority asked permission to see the documents, but as the clerk suspected that this was for the purpose of obtaining information to be sent direct to the Local Government Board, he took upon himself to refuse access thereto in spite of a favourable opinion by the chairman. He held, like the President of the General Medical Council, that the Board as a whole could alone order him to produce the documents in question. The matter in dispute may appear a small one but it must not be forgotten that a very important principle is at stake—viz., the subordination of the nursing, to the medical, staff. Obviously if nurses and matrons take upon themselves to disobey the orders of the Medical Officer, with the approval of the Guardians, the Medical Officer must disclaim any responsibility for the results to the patient. Of course one would like to see surgeons and nurses working together harmoniously in the interest of their patients, but this cannot be unless discipline is maintained. The matron after all was guilty merely of injudicious interference, but her fault is aggravated by her subsequent attitude, and if she persists in that attitude the Local Government Board, in default of the Guardians, will, sooner or later, have to adjudicate.

Cockles and Typhoid.

A SERIOUS epidemic of typhoid has prevailed in Chichester for some months past. Fifty-five cases have occurred, and close enquiry revealed the fact that in at least 20 of these the patient had partaken of local cockles. These come—as all larger fat cockles do—from the black mud in the neighbouring harbours which was abundantly watered with sewage from the neighbouring villages. In one instance the father of the family, the only one of eight who abstained from the cockles, was the only one who escaped the typhoid.

Recent Vaccination Returns.

IN spite of the fuss that have been made about the large number of conscientious objectors, we have it on the authority of the President of the Local Government Board that the total number of certificates of successful primary vaccination received by the vaccination officers during the first six months of the present year amounted to 353,992 as against 277,821 in the first six months of 1898, that is to say there has been an increase of upwards of 76,000 primary vaccinations, equal to more than 27 per cent. in the first six months of the present year as compared with the corresponding period of 1898. Mr.

Chaplin added that these results had been obtained in the first six months of the Act notwithstanding the difficulty of giving effect to an entire change of method throughout the country from stational to domiciliary vaccination, and also in spite of the fact that in numerous cases there was very considerable delay in the fixing of fees and the appointment of officers, and that in some cases, such as Leicester for instance, the necessary appointments are not made even yet.

The Food Preservative Danger.

For some time past the dangers of the use of antiseptics in the preservation of food has been increasingly apparent. Boric acid, salicylic acid and many other chemicals of a more or less potent nature, have been discovered in food stuffs of various kinds, and have in several instances formed the subject of prosecutions. It can hardly be said, however, that the judicial attitude with regard to this form of adulteration, for so it must technically be termed, has been yet clearly and authoritatively defined. The scientific knowledge of the agency of bacteria in putrefaction is of recent growth, and the subsequent practical application of the newly born science have, in many instances, introduced into the ethical life of the community problems that still await a satisfactory solution. So far as the addition of chemical preservatives is concerned the greatest offenders have hitherto been the milk and the butter man. As a general rule the drug chosen for their purpose is comparatively harmless, but a report comes from New York of the use of a deadly poison, to wit, nothing more nor less than arsenic. The fact was brought to light by the poisoning, in Brooklyn, of nine persons, two of whom are not expected to live. The occurrence was traced to milk, an analysis of which revealed the presence of arsenic. As the outcome of further investigation the dairyman confessed that he used the poison systematically in order to keep the milk sweet. Medical men generally will do well to bear in mind the fact that some cases of obscure illness may be due to food preservatives. If the milkman is going to embark in a wholesale round of chemical experimentation, the community will find a fresh terror added to their daily life.

Gunshot Wounds in Civil Life.

The increasing use of the revolver among a certain class of the community has more than once been pointed out by police magistrates, and confirmatory evidence of the fact was given last week by Mr. Butlin in his opening address in the Surgical Section at the British Medical Association. In his experience of late years the use of firearms, for the most part the revolver or pistol, in civil life has increased alarmingly. "If" he said, "a young man has a grudge against his fellow workman he buys a pistol and shoots him; if a youth quarrels with a maiden he shoots her, sometimes fatally, then turns the weapon against himself, but rarely with such success that he blows out the little brains that he has." The records of St. Bartholomew's Hospital show that while in the seventies and early eighties the average number of gunshot wounds used to be about three a year, the average lately has been at least twelve for the same period. Of course the moral of this state of things is that an Act should be introduced either restricting the sale of such weapons as pistols and revolvers or of providing that they shall not fall into the hands of those likely to improperly uset hem. However, any effective legislation, in this direction might be a difficult matter to accomplish, but it goes without saying that unless something is done to put a stop to the facilities for causing gunshot injuries in civil life the time will come when every peaceful citizen will be compelled to carry a "six shooter" in self defence.

A Medical Slander Case.

We congratulate Mr. Hugh Cameron Kidd, the Medical Officer of Health for Bromsgrove, in charge of the local isolation hospital, on the issue of his action for damages against a slanderer. The defendant was a baker who, possibly with the best intentions, made, published, and reiterated a series of grave charges against Mr. Kidd in connection with the management of the institution. The hospital in question is apparently a temporary structure, mainly consisting of tents, hence many of the amenities of properly-constructed buildings were lacking. The fault, if any, for these shortcomings obviously could not be placed at the door of the medical officer, who is only concerned with the medical care of the inmates. The hypercritical baker, however, charged him with neglect and gross mismanagement, and at the trial he waived the question of privilege and attempted justification, thereby exaggerating the recklessness which originally led him to formulate the allegations. Mr. Kidd challenged the allegator, and the jury, after a two days' trial, gave a verdict in favour of the plaintiff for £150 with costs, coupled with an intimation that, but for the social position of the defendant, they would have awarded a much larger sum. We would not for a moment seek to curtail the right of free criticism; indeed, the possibility of this is one of the best safeguards we can have for the good management of public institutions. It is, however, one thing to criticise an institution and another to attack the reputation of a particular officer, and the latter course can only be condoned when the hostile critic fully authenticates his assertions in a court of law. British juries can generally be trusted to do justice in such matters, and the result in this instance confirms the opinion we had formed.

The Malaise of "Paddling."

Paddling in moderation is not attended with harm, but carried to an extreme it is likely to cause symptoms of malaise indisputably harmful to children. The physiological effect of the pastime is to cause distention of the cerebral blood vessels, the action of the cold water upon the leg,

being to drive the blood away from the lower extremities. Probably most of the organs in consequence of this also become unduly vascular for the time being, but it is chiefly in the brain that the symptoms are manifested. Headache is the most common symptom of prolonged paddling, and irritability and lassitude are also noticed in the children, the cause of which is often overlooked. Parents and others having charge of children at the seaside should therefore be careful to bear these facts in mind, and limit the "paddling" zeal of their charges to a short period during the day.

A Curious Poisoning Case.

MR. WILKES, practising at Sparkhill, near Birmingham, was called in last week to a girl who exhibited symptoms of what he took to be hysteria, but which subsequently proved to be due to the effects of "vermin poison" (strychnine), to which she ultimately succumbed. Naturally enough public opinion is very hard on the practitioner who failed to make the diagnosis in time to save the girl's life, but we, on the contrary, are disposed to sympathise with him. The public cannot possibly appreciate the immense and even insuperable difficulty which must attend a correct diagnosis in the absence of any suggestion of attempted suicide. The mild spasms which usher in the more formidable toxic manifestations of strychnine, for example, point to nothing in particular, and one is compelled to await more precise information, either clinical or verbal, before deciding as to the nature of the affection. When a case is labelled "attempted suicide," treatment is vastly simplified, but in some instances this nature can only be a matter of inference, and inference means time for observation and reflection. This may seem unsatisfactory to the public, but it must be so.

Urine Analysis by Chemists.

THE organs of the pharmaceutical press have been discussing the propriety of chemists taking up the analysis of urine for medical men, and, with certain reservations, the idea has much to commend it. If chemists care to undertake this particular branch of research, however, they must qualify for the work, and, so far, their training is hardly such as to fit them for the task. Medical men are not likely to have recourse to their services in this direction merely in order to ascertain qualitatively the presence of albumen or sugar in the urine. This much is well within the time at the disposal of the busiest man. What would be required is the exact quantitative analysis not only in respect of albumen and sugar, but in regard to urea, uric acid and the various abnormal constituents of morbid urine. To be able to furnish trustworthy reports on these lines would require very special training and experience of a kind not at present within the reach of most retail chemists. When our universities awaken to the opportuneness of instituting a degree in pharmacy, urine testing and the analysis of alimentary substances might well form a conspicuous item of the curriculum. By the time a chemist reached this stage of graduation, however, he would probably relinquish counter-prescribing and the sale of tooth brushes and soaps in favour of the more purely scientific departments of his calling, and it is probable that his fees would be on a scale which would indispose the average practitioner from having recourse to his assistance. Abroad it is usually the *pharmacien* who is entrusted with the analysis of urine, for the simple reason that for their proper execution the process takes more time and requires more technical appliances than are at the disposal of the average practitioner. For the present the retail chemist in this country is neither willing nor able to undertake such work, and it is doing him a sorry service to publish for his benefit little books which cannot reasonably be expected to do more than give him a smattering of the knowledge required for this department of research. At some time in the future it may well be that the medical practitioner, who by that time will have given up dispensing his own medicines, will get his analyses and bacteriological examinations done by his chemist, but this time is not yet.

A Spectacle Fellow.

THE only person, as far as we recollect, who addressed a lady as a "fellow" was Dick Swiveller, who applied that term of endearment to Miss Sally Brass, but the Spectacle Vendors' Society has extended the title to a Miss Frances Troulan, who is the premier female member of that very venerable society. At an outing which it had on the 28th, the lady was present, and held the place accorded by chivalry at a subsequent dinner, at which she was presented with a bouquet, had her health proposed, and made a speech. We offer our congratulations to Fellow Troulan.

The London Universities Future Habitat.

A TREASURY minute was issued last week which declares the terms upon which the University is to occupy part of the buildings of the Imperial Institute. The "consideration" is the payment off of a mortgage of £40,000, and a number of debts to the amount of £15,000, and for these sums the University is to acquire the eastern and central parts of the building and certain other accommodation within its walls.

The Progress of Cremation.

ALTHOUGH cremation has not yet attained to the dignity of a craze it is making steady progress, witness the fact that from three cremations in 1885 the annual number had risen in 1898 to 240. This method of disposing of one's remains only appeals to the "intellectuals," or, at any rate, to persons of such social rank as ensures a cultivated mind. One reason *inter alia* for its lack of popularity among persons of a lower social and intellectual status is that the matter must be thought over and decided upon beforehand, and the average person respectfully insists on limiting his field of vision to the near

future, and nothing is less to his taste than discussions bearing on the disposal of his mortal remains.

The Annual Museum.

The ever-increasing sums charged for space at the annual museum, which is one of the features of the meetings of the British Medical Association, and the scant consideration shown for the comfort and accommodation of exhibitors, who have gone to the expense of putting up and furnishing stalls, appear to have had the inevitable effect of alienating a large number of those who, in years gone by, gladly availed themselves of this opportunity of bringing their wares before the profession. The building at Portsmouth where the museum was located was a modern reproduction of the famous Black Hole of Calcutta. Unprotected from the solar rays, which were tropical in their incidence, the temperature oscillated about 80 degs. F., and, as there was a complete absence of ventilation, the exhibitors and their rare victims gave unequivocal signs of cerebral irritation. We trust that at future meetings more consideration will be meted out to a very deserving class of men. The fact that commercial instincts underlie their propaganda does not detract from the intrinsic usefulness of these annual exhibits. The country practitioner is thereby enabled to examine the year's innovations and novelties, his practical knowledge in matters pharmaceutical and instrumental is brought up to date, and unquestionably his visit to the annual museum is by no means the least useful item on his programme of engagements.

The Value of a Hand.

A case of some interest from an insurance point of view was heard last week at the City of London Court. A labourer lost his right hand in consequence of a heavy barrel falling upon it, and he sued his employers for damages. Under the Employers' Liability Act the case was given against him, but under the Workman's Compensation Act the decision was given in his favour, and his employers have been called upon to provide him with nine shillings a week for life. The case undeniably shows how well provided for the workman is now in the event of accidents occurring to him during his employ. A few years ago the law could not have helped such a man to obtain any compensation in a case of this kind.

Measles in Dublin.

The epidemic of measles from which Dublin has been suffering, and which appeared to be decreasing, has now again increased—75 deaths from the disease took place in the week ending July 29th, being more than double the number (35) in the previous week.

PERSONAL.

Dr. J. R. Thornston, of Bournemouth, has been appointed President of Council of the British Medical Association vice Dr. Saunby.

The Baly medal has been awarded by the Royal College of Physicians of London to Professor Sherrington for his researches on the physiology of the nervous system.

Dr. E. Starling, F.R.S., has been elected to the Jodrell Professorship of Physiology by the council of University College, London, in succession to Professor E. A. Schäfer.

The Queen has conferred the decoration of the Royal Red Cross upon Miss Annie Gill Mark, superintendent Army Nursing Service, and Miss Gertrude Mary Payne, Army Nursing Service, in recognition of their services in tending the sick and wounded.

The Bisset Hawkins Gold Medal has been awarded to Dr. James Burn Russell, M.D., LL.D.Glasg., Medical Adviser of the Local Government Board for Scotland, by the Royal College of Physicians of London. This is the first award which has been made of the medal, which was founded in 1896 in memory of the late Dr. Francis Bisset Hawkins, to be given triennially for work done in advancing sanitary science as in the opinion of the college deserves special recognition.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

OUR RULERS.

To the Editor of The Medical Press and Circular.

Sir,—Why does "R. B. W." not write over his name? Why is our profession such a cowardly gang? We are ground to powder by our rulers, and yet we have not a kick in us. They fleece us in their schools and hospitals and colleges and universities, and then cut the ground from under our feet by turning hospitals that were intended for the poor into so many hotels for the rich. Alone among all professions, the medical man of to-day cannot offer the meanest privilege to his son in going to the father's profession. The General Medical Council established (bless the mark) an apprenticeship system, driven by the reports of their own visitors as to the insufficiency of the present system, and by conscientious men among themselves, but they so contrived it as to make the whole scheme unworkable, and so it has completely fallen through—a brilliant example of how not to do it. Look at what our Dublin rulers have done. The Dublin licensing bodies established some time ago a precious regulation under which a knowledge of pharmacy is to be acquired—where do your readers think? Well, in the lecture-room, of all places in the world. Some time since I presented a memorial to the General Medical Council on the subject of a notorious and admitted fraud on the curriculum of the General Medical Council in the existence of side doors through which parties may slip who would not face the public examinations, on the collapse of the apprenticeship regulations, and on the interference with the statutory rights of members. What do you think they did? They strangled it. Afraid to publish and unwilling to deal with it, they allowed it to die out in the hands of the executive committee. I now publicly call on the elected representatives of the professional masses to show a little more loyalty and a little more energy than they have done, and bring the whole matter forward at the next meeting of the Council. Why should these gentlemen show any loyalty or any energy? Are they not all, or nearly all, members of the governing classes themselves? I am ashamed of the profession I belong to, for when, in Ireland, at all events, we might have re-

turned men who would confound our blunderers, we, like the Roman plebs of old, went basely and meanly into the enemies' camp for our tribunes, and we certainly have no right to complain of the result. I shall appeal to the Privy Council, and shall in that way ensure publicity for my memorial, and compel our worthy representatives to show their hands.

I am, Sir, yours truly,
THOMAS LAFFAN.

Cashel, Ireland, August 1st, 1899.

THE INSTITUT VERNEUIL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been drawn to a very able article upon La Baule Hydropathic Establishmen appearing in your issue of the 2nd inst.

I notice two errors, which however in no way detract from the value of the article from a medical point of view.

I represent the proprietors of the establishment in England, and all inquiries by intending English visitors should be made of me, and not as stated in the article. The management thought this the better plan, as, being near at hand, I am enabled to spare intending English visitors trouble and to avoid delay.

The terms for children I may add are £10 to £12 a month *inclusive* of medical attendance, baths, &c.

I shall be obliged if you will kindly insert this letter in the next issue of your valuable paper.

I am, Sir, yours truly,
RALPH S. LEACH.

10 Serjeant's Inn, E.C.
August 3rd, 1899.

MR. VICTOR HORSLEY ON THE WORK OF THE GENERAL MEDICAL COUNCIL.

WE have received from Mr. Victor Horsley a copy of his sixth annual report to the registered practitioners of England and Wales, the salient portions whereof are as follows:—

Mr. Horsley recapitulates the incidents of the struggle between himself and the president of the General Medical Council respecting the right of members to have access to documents—a struggle which terminated virtually in favour of Mr. Horsley.

The result is that the unconstitutional action which he protested against has been entirely abrogated and the rights of the members of the Council are now, after twelve months of futile and expensive delay, fully restored to them. He concludes with the hope that we shall not have any more absurd attempts to introduce a despotic *régime* which "is entirely out of date in the affairs of this or any other public institution."

In reference to the Hunter case, Mr. Horsley remarks that in the session just concluded he at last, against an unscrupulous resistance, headed by Mr. Carter, gained an opportunity to draw attention to the scandalous procedure of the officials of the Council in relation to the Hunter case. Mr. Horsley comments, in what appears to us to be unnecessarily violent terms, upon the action of the law officers and of the Penal Cases Committee in the matter. He points out that the original charge of the illegal use of an American M.D. was, without the authority of the Council, converted into one of the illegal use of the titles physician and surgeon, and he challenges the right of the Penal Cases Committee to resist the appeal without the sanction of the Council.

Passing on to the conduct of the legal business of the council, Mr. Horsley points out that no formal appointments have ever been made constituting any person or persons 'legal assessor to the council," so that it is obvious the council is at liberty to employ any legal assistance it may prefer.

In respect of personation and fraudulent misrepresentation of the register, Mr. Horsley recalls that the special committee of which he was appointed chairman duly reported, but when the report was presented the council recognised that the subject was an extremely complex and important one, and it was therefore agreed that the determination of the alterations which the committee suggested ought to be made in the procedure of registration and in the work of the office, should be postponed till the November Session of the present year.

In discussing the present state of the reciprocity question, Mr. Horsley observes that the reciprocity question has come up in a totally different and more pertinent form, viz., on a species of international bargain which was proposed by the Italian Ambassador, and concerning which the executive committee had already illegally taken it on themselves to make a statement to the President of the Privy Council. In that statement the executive committee had expressed a desire to see the privileges and rights of medical practitioners in this country extended to all foreigners who could offer in exchange the privileges of practice in their own country. The adoption of the executive committee's principle would, of course, render entirely nugatory the whole system of medical education and registration in the United Kingdom. The matter was ultimately postponed to the next session.

On the examination for higher qualifications, Mr Horsley relates his several attempts to induce the Council to take cognisance of the defective nature of the examinations for the fellowship of the Faculty of Physicians and Surgeons of Glasgow. His first attempt was thwarted by the President, to whom the memorial had by error been addressed (instead of to the Council), and his second attempt, on an impersonal and purely legal basis, failed by reason of a number of members of the Council abstaining from voting. In this particular the division list on page 72 of the minutes of the Council (Vol. XXXVI.) is interesting because it shows that abstention from voting was resorted to in order that the view expressed by the officials of the Council should be protected regardless of the facts of the case.

Mr. Horsley then deals with illegal certificates of proficiency in medicine, surgery, or midwifery. This important matter, he remarks, prejudiced as it was by the language and terms of the memorials presented to the Council from the Corporate and Medical Reform Association, was treated very unsatisfactorily by the Council. The executive committee had had the matter referred to them, and had, of course, reported to the effect that nothing ought to be done. Thereupon Mr Brown and he moved that a special committee be appointed to report on the subject at the next session, but the amendment was lost.

MEDICAL AID ASSOCIATIONS.

With regard to the serious matter of Medical Aid Associations the committee appointed, under the chairmanship of Dr. Glover, to report to the Council on that subject at last presented their long looked for report. Practically, that report dealt with only two points. First, it proposed the appointment of a Conciliation Board; and, secondly, the adoption of a resolution of general disapproval of medical practitioners taking office under Medical Aid Societies. As he was unable to obtain any satisfactory explanation from the members of the committee respecting the formation of the Conciliation Board, or the conditions under which the profession was asked to join such a board, he spoke against the proposal as being an inchoate one, and also because the report of a conference held between Dr. Glover's committee and certain representatives of the Friendly Societies showed beyond all manner of doubt that the so-called Conciliation Board would not be allowed to take into consideration the important point of wage limit. In fact, the attitude of the Friendly Societies on the subject of wage limit is actively hostile to the opinion of the medical profession. Under these circumstances, unless the conditions under which such a Board is to meet are clearly laid down, he could not see how its deliberations could be of any service, nor how the profession is to elect its delegates, nor how the Board is to enforce its decisions, nor how the expenses of the business are to be met. During the discussion in the Council very serious statements were made by Mr. Bryant and Dr. Glover, which evidently influenced many members of the Council in favour of the Conciliation Board, but for which no

specific authority was forthcoming. He therefore advises the profession to reserve judgment until it has distinctly before it in print all the necessary conditions for the establishment of such a Board.

Mr. Horsley congratulates the profession on the warning addressed to persons accepting office under Medical Aid Societies, and upon the progress made at the recent Session in regard to the legislation further inhibiting unqualified practice by persons forming themselves into companies.

Regarding the Midwives Bill, Mr. Horsley points out that the Bill will doubtless come up next Session when care must be taken to prevent its passage in its present pernicious form, since it neither secures safety to the public nor adequate observance of the interests of the profession.

Mr. Horsley congratulates himself on the fact that he was enabled to secure the registration of the F.R.C.S.I. on the Colonial List as an additional qualification, in spite of the uninformed opposition of the law officers of the Council.

In respect of the scientific education of students, Mr. Horsley comments in strong terms on the unfortunate fact that the English Conjoint Board, *i.e.*, the College of Surgeons and the College of Physicians, had adopted an attitude of hostility to the provisions of the Council for securing a thorough scientific training to the student, an attitude which was aggravated by the representative of the College of Physicians, who defied the Council. The Council, however, were not intimidated by this disloyal action on the part of the English Conjoint Board, and supported the views of the Education Committee.

11. The number of members of the Penal Cases Committee has been increased by the addition of Sir Christopher Nixon, Dr. Bruce, and himself.

Mr. Horsley concluded with some remarks on Council finance, which, he alleges, is in a serious state. If the accounts of the pharmacopœia were separated as they ought to be (and as at the last session of the Council it was finally determined that they should be), and a true estimate obtained of the finances of the Council, it would become clear that the income is diminishing, while the expenditure is increasing, that the reserves of the various branches are also decreasing, and that the Irish branch is already bankrupt. The proposal was made by the junior treasurer that money should be lent from the funds of the English branch to the bankrupt Irish branch, but this provisional and unsound proposition fortunately met with no support from the Council. The whole trouble of the Irish branch arises from the fact that the financial system of the Council and its branches is faulty. The necessary expenditure of the branches imposed upon them by the Medical Act of 1858 is by the same Act only to be met by such registration fees as happen to be paid into the account of that particular branch Council, the result being that if, as is the case, the students educated in Ireland to a considerable extent register themselves in England and Scotland, the Irish Branch of the Council is deprived of its proper income. The whole constitution of the Council and its Branch Councils and their financial arrangements therefore need immediate revision, and this fact alone, in Mr. Horsley's opinion, constitutes a powerful argument for obtaining as quickly as may be an amendment of the Medical Acts. A committee, however, which was proposed by Dr. Glover to consider amendment of the Medical Acts was refused by what Mr. Horsley describes as "the customary clique of obstructionists," headed as usual by Mr. Carter, and in the discussion upon Mr. Glover's motion, the same obstructionists suggested that all propositions for a Medical Amendment Bill should come from the outside.

Summarising the work of the last session of the General Medical Council, the profession, Mr. Horsley observes, can be fairly congratulated on the fact that at this last session the majority of the questions raised for discussion not only have been accredited sufficient time for their consideration, but also that the interests of the profession have obtained on the whole nearly as much consideration as the interests of the general public.

Medical News.

Edinburgh University Scholarships and Prizes.

At the Graduation Ceremonial last week, the following Scholarships and Prizes in the Faculty of Medicine were awarded:—The Ettles Scholarship—William John Barclay, B.A., M.B., Ch.B. The Beaney Prize in Anatomy and Surgery—Arthur Preston, M.B., Ch.B. The Syme Surgical Fellowship—Carel Hendrik Kruger, M.D., C.M. The Goodsir Memorial Fellowship—Percy Theodore Herring M.D., C.M. The Mouat Scholarship in Practice of Physic—John Jeffrey, M.B., Ch.B. The Murchison Memorial Scholarship in Clinical Medicine — Alfred Charles Sandstein, M.B., Ch.B. The Gunning Victoria Jubilee Prize in Zoology—James Peter Hill, B.Sc. The Gunning Victoria Jubilee Prize in Pathology—William Thomas Ritchie, M.D., C.M. The Pattison Prize in Clinical Surgery—Ernest Francis Bashford, M.B., Ch.B., and Hubert Dunbar Shepherd—equal. The Buchanan Scholarship in Gynæcology—William John Barclay, B.A., M.B., Ch.B. The James Scott Scholarship in Midwifery—Frederick Adolphus Fleming Barnardo, M.A., M.B., Ch.B. The Cameron Prize in Therapeutics—Major David Bruce (R.A.M.C.), M.B., C.M. Edin., for his discoveries of the cause of Malta Fever and of the Tsetse Disease, and the great value of these discoveries in their prevention and treatment.

Voyage d'Instruction.

The circular trip, organised to leave Néris on September 2nd to visit the best known French watering-places, to which we have previously called attention, will be under the superintendence of Professor Landouzy. Starting on September 2nd the party, which is open to medical men and students of all nationalities, will visit La Bourboule, Mont Dore, St. Nectaire, Royat, Durtol, Châtel Gayon, Vichy, Bourbon, l'Archambault, and St. Honoré winding up on September 13th by a visit to Pougnes. Arrangements have been made to secure half fares for intending members to and from the rendezvous (Néris), The cost is fixed at 200 francs (£8) per head exclusive of travelling and hotel expenses, luggage, tips, carriages, &c. Subscriptions are received up to the 15th inst. by Dr. Carron de la Carrière, 2, rue Lincoln, Paris.

Apothecaries' Hall of Ireland, Examinations.

The following gentlemen have passed:—In Biology: E. A. Reilly. Physiology: A. J. Barnes, H. W. Mason. Medical Jurisprudence: Stafford Adye-Curran, S. W. Battle, M. A. O'Carroll, James Barnes. Hygiene: S. W. Battle, James Barnes' Pathology: S. W. Battle, James Barnes, A. Thompson. The following completed the Third Professional Examination: A. J. Barnes, S. W. Battle, A. Thompson, M. A. O'Carroll. Passed in Ophthalmology: William Harding, Frederick Bass, S. W. Battle, Patrick O'Neill. Passed in Midwifery: William Harding, M. O'Carroll, S. Battle, Patrick O'Neill. Passed in Surgery: M. O'Carroll, S. Battle, Patrick O'Neill, H. Bass. Passed in Medicine: M. O'Carroll, S. Battle, Patrick O'Neill. The diploma was, therefore, granted to the following candidates, entitling them to practise medicine, surgery, and midwifery: M. O'Carroll, S. Battle, Patrick O'Neill.

Apothecaries' Hall of Ireland.

At the annual meeting of the governor and council of the Apothecaries' Hall of Ireland, held on August 1st, the following were duly elected for the ensuing year:—Governor: James Raverty, L.R.C.S.Ed.; Deputy Governor: Hugh A. Auchinleck, F.R.C.S.I. Directors: F. G. Adye-Curran, F.R.C.S.I., M.D., Dublin University; John Evans, L.R.C.S.I.; W. V. Furlong, L.R.C.S.I.; F. D. Finucane, M.D.; J. A. Johns, M.B.; Robert Montgomery, M.R.C.S.Eng.; Robert J. Montgomery, M.B., F.R.C.S.I.; R. G. O'Flaherty, M.B.; Christopher O'Brien, M.B.Dur.; James Shaw. L.R.C.S.I.; J. S. Stritch, L.F.P.I.; S. M. Thompson, L.R.C.S.I.; C. R. C. Tichborne. LL.D, L.R.C.S.I. Representative on the General Medical Council: C. R. C. Tichborne. Secretary: Robert Montgomery, M.R.C.S.

Notices to Correspondents, Short Letters, &c.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

A MOULDED BED-PAN.

A CORRESPONDENT asks for the address of the manufacturer of a special form of porcelain bed-pan, the upper part whereof is moulded to the form of the parts with which it comes into contact. We are unable to trace the notice which originally led him to purchase it, but possibly some of our readers can assist him.

M. R.—We will endeavour to fall in with your suggestion at an early date, but there is too much pressure on our space at present to allow of our doing so forthwith. You shall be communicated with in due course.

" CRITIC.—It would be unjust to blame the persons whose lineaments have been reproduced without authority. There is no law to prevent a newspaper publishing what purports to be a portrait, even in the event of the latter being a gross libel, from an æsthetic point of view. It is one of the penalties of greatness, and also of notoriety, to be liable to be caricatured.

THE LIMITS OF COMPETITION.

According to the *Daily Mail*, a dispensary has just been opened in Stepney, and the prices set forth on the usual card in the window range as follows:—

Medicine for the Working Classes.

Advice and medicine	4d.
Advice and medicine for the week	1s.

This is certainly cutting it fine! We presume the patients furnish the bottles and corks.

A. T. S.—A chemist is required to dispense the exact product mentioned in the prescription, that is to say, the product of the particular brand or mark designated, and not a presumed chemically identical product. To do otherwise would be to incur a charge of fraudulent substitution.

Vacancies.

Ancoats Hospital, Manchester.—Resident Junior House Surgeon. Salary £50 per annum, board, &c.

Birkenhead Union.—Assistant Medical Officer for the Infirmary Workhouse and Schools. Salary £80 per annum, with board, washing, and apartments, but no extra fees. The Clerk to the Guardians, Birkenhead.

Cheltenham General Hospital.—Assistant House Surgeon for two years, unmarried. Salary £100 per annum, board and lodging.

County Asylum, Gloucester.—Junior Assistant Medical Officer, unmarried. Salary commences at £120 per annum, rising £10 yearly to £150, board (no stimulants) and washing.

Dundee Royal Lunatic Asylum.—Medical Assistant. Salary £100 per annum, with rooms, board, and washing.

General Hospital, Nottingham.—Assistant House Physician for twelve months. Salary £50, board, lodging, and washing in the hospital.

Guy's Hospital Medical School, London, S.E.—Lecturer on Biology; also Demonstrator of Chemistry and Physics. Apply the Dean.

Hospital for Consumption and Diseases of the Chest, Brompton.—Assistant Resident Medical Officer. Salary £100 per annum, board and residence. Also Resident House Physician for six months. Honorarium of £25 each.

Lunatic Hospital, The Coppice, Nottingham.—Assistant Medical Officer, unmarried. Salary £150 a year, apartments, board, attendance, and washing.

Macclesfield Infirmary. Junior House Surgeon. Salary £70 per annum, with board and residence

Metropolitan Asylums Board.—Assistant Medical Officer, *pro tem.*, at the Leavesden Asylum, near Watford, Herts. Salary £3 3s. a week with the usual residential allowance. Apply Medical Superintendent.

Miller Hospital and Royal Kent Dispensary, Greenwich Road, S.E.—Junior Resident Medical Officer for six months. Salary at the rate of £40 per annum, board, attendance, and washing.

Royal Hants County Hospital, Winchester.—House Surgeon, unmarried. Salary £65 per annum, rising to £75, with board, residence, &c.

Seamen's Hospital Society (*Dreadnought*), Greenwich.—Senior House Surgeon for the Branch Hospital in the Royal Victoria and Albert Docks, E. Salary £75 per annum, with board and residence and an additional £25 per annum if certain clinical work is performed satisfactorily.

St. Luke's Hospital, London, E.C.—Clinical Assistant for six months. Board and residence provided.

St. Pancras and Northern Dispensary, 126, Euston Road, London.—Resident Medical Officer, unmarried. Salary £105, residence and attendance. Hon. Sec., 23, Gordon Street, W.C.

University of Durham College of Medicine, Newcastle-upon-Tyne.—Lecturer in Midwifery and Diseases of Women and Children.

Victoria Hospital for Children, Queen's Road, Chelsea, S.W., and the Victoria Convalescent Home, Broadstairs.—House Surgeon for six months. Honorarium at the rate of £50 per annum, board and lodging in the hospital.

West Kent General Hospital, Maidstone. Assistant House Surgeon for six months. Honorarium at the rate of £50 per annum, with board and residence.

Westminster Hospital.—Pathologist. Salary £250 per annum, and £80 per annum will be allowed for expenses, including the services of an Assistant.

Appointments.

AITKEN, W. L., M.B., Ch.B.Melb., Acting Officer of Health for the City of South Melbourne, Victoria, Australia.

BEGG, WM., M.B., Ch.M.Edin., Officer of Health for Walhalla Shire, Victoria, Australia, vice W. A. Forsyth, resigned.

BLACK, L. P., M.B., B.C.Camb., L.R.C.P.Lond., M.R.C.S., Medical Officer to the Rural District Council, Braintree.

BUTLER, JAMES, M.B., C.M.Glasg., Senior Assistant Medical Officer, Govan District Asylum, Hawkhead, vice Francis O. Simpson, resigned.

CROWTHER, E. E., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer for the Luddenden Sanitary District of the Halifax Union, vice Thomas Crowther, resigned.

CUPPAIDGE, JOHN LOFTUS; M.D., B.Ch.Dubl., Medical Officer to the Totnes Cottage Hospital.

GIBSON, GEORGE JOHN, M.D., M.Ch.Irel., Medical Officer to the Totnes Cottage Hospital.

GUNTHER, H. A., M.B., House Surgeon to the Great Northern Central Hospital, Holloway Road, N.

HAINS, L. J. CARY, L.R.C.P., L.R.C.S.Edin., J.P., Medical Officer to the Totnes Cottage Hospital.

HORDER, THOMAS J., M.B., B.Sc.Lond., Physician to Out-Patients at the Great Northern Central Hospital, Holloway Road, N.

JOHNSON, S., M.D., M.Ch.Irel., Medical Officer to the Town Council, Stoke-on Trent.

MILES, W. ERNEST, F.R.C.S.Eng., Assistant Surgeon to the Cancer Hospital (Free), Brompton, and also Surgeon to Out-Patients to the Gordon Hospital for Diseases of the Rectum, London.

MUSPRATT, E. L. C., L.S.A., F.C.S., Resident Medical Officer of the Wolverhampton Medical Association in succession to W. S. Mercer.

PARSONS, WALTER BROCK, M.R.C.S., L.R.C.P.Lond., Junior House Surgeon to the North-West London Hospital, Kentish Town Road, N.W.

PURVIS, W. PRIOR, B.Sc., M.D., M.S.Lond., F.R.C.S.Eng., Surgeon-in-Charge of the Ear and Throat Department of the Royal South Hants Infirmary, Southampton.

RENTZSCH, S. HENRY, L.R.C.P.Lond., M.R.C.S., Medical Officer for the South District of the Stratton (Cornwall) Union, vice A. H. Minton, resigned.

SMITH K. RAWLINGS, M.D., B.S.Lond., M.R.C.S., L.S.A., Medical Officer to the Totnes Cottage Hospital.

SMITH, F. W., L.R.C.P.Lond., M.R.C.S., Medical Attendant to the men in the employ of the St. George's Vestry, St. Saviour's Union, London

SOUTHWELL, C. E., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Assistant Medical Officer to the Town Council, Stoke-on-Trent.

STEVENS, WILLIAM MITCHELL, M.D., L.R.C.P.Lond., M.R.C.S., Pathologist to the Cardiff Infirmary.

SUTHERLAND, L. E., M.B.Glasg., C.M., the Chair of Pathology in St. Andrew's University, vice Professor Muir.

WHITELAW, F., L.R.C.P.Lond., M.R.C.S., Medical Officer and Public Vaccinator for the Black Torrington Sanitary District of the Holsworthy Union.

WILLIAMSON, R. T., M.D.Lond., M.R.C.P., Honorary Physician to the Ancoats Hospital, Manchester.

Births.

CAZALET.—On July 29th, at Grey Friars Green, Coventry, the wife of Grenville W. Cazalet, L.R.C.P.Lond., M.R.C.S., of a son.

COWNIE.—On July 26th, at 89, Severn Road, Cardiff, the wife of James F. Cownie of a daughter.

EDELSTEN.—On July 29th, at Brixton Road, S.W., the wife of Ernest A. Edelsten, M.A., M.B.Oxon., of a daughter.

FRASER.—On July 22nd, at Epworth, St. Edward's Road, Southsea, the wife of A. Mearns Fraser, M.B., of a daughter.

GOODCHILD.—On July 30th, at Highgate Road, N.W., the wife of N. John Goodchild, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

Marriages.

GUTHRIE—POWER.—On July 26th, at Frant Church, Thomas Clement Guthrie, M.B., to Norah, second daughter of Sir William Tyrone Power, K.C.B., of Kilmore, Tunbridge Wells.

MOFFAT—VAVASSEUR.—At Knockholt Parish Church, on the 3rd inst., by the Rev. Havard Jones, M.A., rector, Robert Unwin Moffat, C.M.G., M.B., C.M., to Hilda, youngest daughter of J. Vavasseur, Esq., of Knockholt, Kent.

SIMPSON—BARBOUR.—On July 26th, at St. Alban's Church, Tattenhall, Cheshire, G. F. B. Simpson, M.B., Ch.B., second son of Professor Simpson, M.D., Edinburgh, to Caroline Elizabeth, eldest daughter of George Barbour, of Bolesworth Castle, Cheshire.

WILLIAMS—HARVEY.—On August 3rd, at the Parish Church, Hampstead, by the Rev. Burchell Herne, Alfred Henry Williams, M.D., of Harrow, third son of the Right Rev. the Bishop of Waiapu, N.Z., to Lucy Caroline Simpson, second daughter of Captain Frederick Harvey, R.N., of Hampstead.

Deaths.

EVEZARD.—On August 1st, Edward D'Arcy Evezard, of Regent Cottage, Broadstairs, retired Surgeon Major of Her Majesty's Madras Army, in his 70th year.

KEENE.—On July 31st, at Merton House, Grantchester, Cambridge, Frederick Joseph Keene, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., aged 68 years.

PILLEAU.—On July 28th, at Brighton, Henry Pilleau, R.I., Deputy Inspector-General of Hospitals, of Kensington Court Mansions, W., aged 86 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, AUGUST 16, 1899. No. 7.

Paris Clinical Lectures.

PYREXIA DURING CONVALESCENCE FROM TYPHOID FEVER

By PROFESSOR POTAIN,
Of Paris

[FROM OUR FRENCH CORRESPONDENT.]

I RECENTLY called your attention in the Piorry Ward, to a young woman who was admitted to the hospital suffering from typhoid fever. We hesitated for a time as to the diagnosis, especially as this patient, a Dutch woman, understood no French, and by reason of the malady was plunged into a state of extreme prostration. At the end of a few days all doubt was removed by the appearance of lenticular rose spots on the abdomen. The fever followed the usual course, and about the fifteenth day the normal temperature was attained and everything led to believe that the patient had entered on convalescence. One evening, however, the temperature rose and oscillated for several days between 102 degs. and 104 degs. F. What could have been the cause of this increase of the temperature in the course of convalescense from typhoid fever? That is the question I wish to examine with you to-day.

You know that in typhoid fever the temperature follows, at first, a regular ascensional movement; it then remains a few days stationary, and finally it gradually falls, returning to normal, in uncomplicated cases, towards the twenty-first day; the temperature not unfrequently falls for a few days below the normal. Now, there are a certain number of causes which may interfere with the classical curve of the temperature absent during convalescence. First there are cases where the thermometer is seen to go up suddenly two or three degrees above the normal level. This rise, which may persist four or five days, coincides with the change from liquid to solid food. It is what is called the *febris carnis*, and has but little significance.

In other cases, the temperature creeps up gradually until it attains the height observed at the outset of the malady, and a second crop of lenticular rose spots are not unfrequently observed in such cases. I proposed to apply the term *reiteration* to this phenomenon in order to distinguish it from relapses, with which it is so frequently confounded. Relapses which really deserve that name are the result of a fresh infection, while reiterations, on the contrary, simply continue the work of the primary infection. Two or three successive reiterations can be observed. I myself have witnessed four consecutively of gradually decreasing severity. The distinction between reiterations and relapses is very important, because the former are generally very benign, while the latter are frequently fatal. In some convalescents the fever reappears under a paroxystic form, called by the Germans nach-fieber, or *secondary fever*. It sets in without any apparent cause, and the temperature may rise from one to three degrees for some days, sometimes insulating the march of intermittent fever, the paroxysms being separated by an interval of two or three days of normal temperature.

Among the latent accidents capable of causing a rise of temperature in convalescents from typhoid fever, constipation takes the first place; it would seem at first that the intestine ought to empty itself easily after a malady, of which diarrhœa was one of the principal symptoms. Yet in convalesence from typhoid constipation of an obstinate character is observed, producing tympanitis and fever. In such cases attention is immediately drawn to the constipation, and the diagnosis is rendered easy, as indeed is the treatment. On the other hand, the fever may be the result of chronic enteritis usually localised in the small intestines, and generally provoked by ill-advised diet. The cause of the return of the fever may also be due to disturbances of the liver or kidney. There is no organ in fact that may not be affected more or less during convalescence from typhoid fever. Thus the lungs may become the seat of various lesions, acute bronchitis, broncho-pneumonia, tuberculosis, &c. It has been asserted that patients who entered the hospital for typhoid fever have there contracted tuberculosis, but such a statement is an exaggeration, to put it mildly. No doubt pulmonary phthisis does sometimes appear during convalescence from typhoid, and it is obviously difficult to affirm positively that hospital infection was not the cause, but for my part I have never witnessed chronic tuberculosis developing under these conditions, except in patients who had displayed indubitable signs of the malady on admission to hospital. Hospital infection is less improbable when the complication takes the form of acute tuberculosis; I have observed several cases of this kind. In one of them I found, at the autopsy, two varieties of ulceration, one appertaining to the usual lesions of typhoid fever while the other was distinctly tuberculous as proved by the presence of Koch's bacilli.

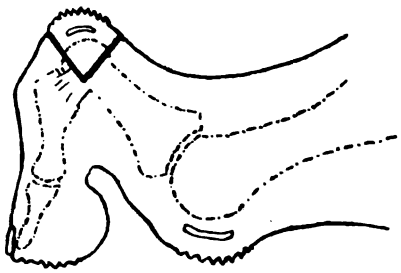
You all know how frequently suppuration follows typhoid fever, sometimes it develops insidiously, but more frequently it determines a rise of temperature in the convalescent patient. These suppurations may present themselves in regions very far apart, muscles, larynx, thyroid body, osseous system, &c. This concludes what I have to say on this occasion concerning the accidents susceptible of provoking a return of the fever. These complications are sometimes due to the presence of the bacilli of Eberth, alone or in association with other microbes; frequently they are the result of secondary infection. There are also cases in which the fever might be called idiopathic since the cause cannot be discovered, and this is the case in respect of the patient who is the subject of this lecture.

AN OPERATION FOR HAMMER-TOE.

By J. JACKSON CLARKE, M.B., F.R.C.S.,
Surgeon to Out-patients at the North-West London and City Orthopædic Hospitals.

OPERATIVE treatment in cases of hammer-toe is only required when the deformity is fixed to a greater or less extent. When the affected toes can be readily straightened by the surgeon's fingers, instrumental treatment will suffice to correct the condition. If the degree of fixation is but slight, Adams's subcutaneous operation, as practised in the right second

toe of the patient whose case is given below, is all that is necessary. If, again, the degree of fixation is great, it points not only to shortening of the lateral and plantar ligaments of the joint or joints concerned, but also to shrinking of the skin on the under side of the toe. For such a toe, either excision of the head of the proximal phalanx of the affected joint through a lateral incision (Anderson's operation); or cutting through all the soft parts: skin, tendons, and ligaments, on the flexor side of the affected joint and leaving the open wound that remains when the toe is straightened to granulate up (Petersen's operation) must be practised if a satisfactory result is to be obtained. Both these operations, in different ways, allow for shortening of the skin on the plantar aspect of the toe, but neither of them makes provision for the wrinkling-up of the skin that occurs on the dorsal aspect of the affected joint when the toe is brought straight. This skin, as is shown in the accompanying illustration, is the seat



Schematic drawing of a Hammer-Toe, showing the Incisions recommended by the Author.

of a painful corn and usually covers an adventitious bursa. When the previously deformed toe has been straightened out after operation and placed upon a small splint the tension in the altered skin on the dorsal aspect of the joint gives rise in my experience to a degree of pain out of proportion to the extent of the operation. In order to obviate this I have designed the following modification of Anderson's opera ion :—Two slightly curved incisions meeting over the lateral aspects of the affected joint, see figure, are made to include the area occupied by the corn. This portion of skin and the subjacent bursa are removed. The joint is now opened by cutting through the expansion of the extensor tendon and the synovial membrane, and an elliptical portion of these corresponding to, but smaller than, the piece of skin already removed is cut off. The head of this proximal phalanx is freed by division of the attachments of the lateral ligaments, and is removed by bone forceps after being grooved transversely by a fine saw. The toe is then straightened and the dorsal tendon and synovial membrane are reunited by a catgut stitch. The wound in the skin is finally closed by two fine silkworm-gut stitches. As an example of the operation I may give the following case:—

D. G., æt. 20. Second toe on the left foot is sharply and rigidly bent at the first interphalangeal joint. There is a corn over the prominent head of the first phalanx. The right second toe is bent to a right angle at the terminal joint. The deformity on the right side can just be corrected by force. Both great toes show a moderate amount of hallux-valgus. The patient has had "rheumatism," and has been operated on for nasal obstruction, due to thickening of the inferior turbinate bodies. Several members of the family have had rheumatic gout. The condition of the toes has been noticed for five years, and for the last two years the second left toe has been the seat of much pain, interfering greatly with the patient's pursuits. The right second toe has not caused any discomfort.

I performed the operation described above on the left side. There was no pain after it, and the patient slept well on the evening of the operation. The toe was readily straightened without any tension. A few days later I operated on the second toe of the right side by Adams's method. I made a simple puncture with a sharp tenotome at the middle of the flexion-crease of the terminal joint and then introduced Muirhead-Little's small hammer-toe knife and divided the lateral ligaments, the anterior ligament, and the flexor tendons avoiding the digital vessels and nerves. The toe came readily straight after this, and the patient said he felt no pain either during the operation (which was done under cocaine anæsthesia) or subsequently. On the 9th day the toes were dressed, and on the 14th the patient was able to put on the boots I had had made for him. A week later he was able to leave for the seaside, being able to walk about comfortably.

Comments.—It is hardly necessary to point out that before any operation is done upon the toes the corns should, for at least a week, be treated with the salicylic acid (℥j), ext. cannabis ind. (gr. xv.), and collodion (℥j) application. For at least two days before operation the feet should be frequently scrubbed, and at intervals enveloped in compresses of 1–50 carbolic lotion. A stronger (1—40) compress being applied for one hour before operation.

THE CAUSES OF COUGH IN CHILDREN,

WITH

RELATION TO DIAGNOSIS AND TREATMENT. (*a*)

By J. P. PARKINSON, M.D., M.R.C.P.Lond., F.R.C.S.Eng.

I WISH to deal with the causes of cough entirely from the clinical aspect, and with a view to diagnosis, and consequently effective treatment, and I wish to lay stress upon the frequency of cough due to other causes than those affecting the respiratory organs.

For this purpose I have collected 700 consecutive cases occurring in children, aged from 6 months to 12 years, in which cough was the chief or a very prominent symptom complained of. In all these the chest was carefully examined, and any case in which the symptoms could be interpreted as due to disease these are included. The results are as follows:—

	Cases.
Acute or chronic enlargement of the tonsils	170
Bronchitis varying in amount ...	143
Constipation ...	69
Gastric-enteritis ...	58
Adenoids (well marked)	58
Pharyngitis ...	51
Worms (chiefly threadworms) ...	30
Tuberculosis of lungs	29
Rickets	23
Whooping-cough ...	23
Acute pneumonia	18
Broncho	11
Simple dry pleurisy	8
Laryngismus Stridulus	3
Laryngitis	2
Mixed causes as pleural effusion, pleural adhesion, lymphadenoma, dental caries, &c.	12

Analysing these cases further, it will be seen that 215 cases were due to various respiratory troubles, 160 cases were due to digestive or intestinal disturbances, 279 were due to throat conditions, or in percentages :—Due to chest diseases, 31; gastro-intes-

(*a*) Read before the British Medical Association (Medical Section) August 3rd, 1899.

tinal causes, 23; throat conditions, 40; and other causes, 6.

Now as regards diagnosis, taking first the most frequent cases, viz., those due to throat conditions. In these the cough is often very severe, generally worse at night, and sometimes only occurring at that time, or it may occur in paroxysms after talking, &c. The cough is not uncommonly followed by vomiting, and sometimes, especially if adenoids are present, by epistaxis.

By far the commonest cause of throat cough is enlargement of the tonsils, accompanied by more or less inflammation, and often some surrounding pharyngitis; in many of these cases adenoids are also present. On examining the chest one generally finds some rough breathing and an occasional rhonchus, which no doubt leads often to a diagnosis of slight bronchitis, but treatment applied to this condition will not effect a cure if the condition of the tonsils be disregarded. The tonsils may be acutely inflamed or enlarged, and congested, or simply enlarged, as a result of frequent previous inflammations, and in the latter case removal is the only treatment likely to be of permanent benefit.

This cause of cough is specially frequent in children between the ages of six and twelve, and accounts for nearly a quarter of the cases. Well marked adenoids were present in 58 cases or about 1 per cent., and no doubt in many other cases they were present, but did not give such clear symptoms, in these cases the cough is often followed by vomiting of mucus and sometimes blood, and deafness and otitis media are of frequent occurrence. The development of the chest is interfered with, and there is often seen an inspiratory recession of the lower yielding part of the thorax, showing the interference with respiration and the necessity of active treatment.

A preliminary course of tonics such as iron and cod liver oil may be tried, and sometimes I have found much benefit from the nasal injection of an alkaline astringent lotion such as the following:—

Acid carbolic, gr. 1;
Acidi tannici, grs. 20;
Sod. biborate, grs. 40;
Glycerine, ʒ ij;
Aquæ ad, ʒ iv;

to be injected into the anterior nares occasionally during the day, but I cannot say the result of this treatment is very striking in the worst cases, the symptoms usually continue, and then the removal of the adenoid vegetations is indicated. Of course, I refer only to cases where symptoms are produced by the vegetations, for there is no doubt they are frequently present, and cause no ill effects.

In 51 casss general pharyngitis was present and appeared to be the cause of the cough as this symptom was removed by its cure.

In a few other cases laryngitis with or without laryngismus stridulus was the cause. Retro-pharyngeal abscess sometimes occurs in infants a few months old, and the symptoms resemble those of enlarged tonsils: there is more commonly a kind of snuffles than an actual cough. It is easily seen when the fauces are examined.

The next set of cases producing cough are lung diseases of which bronchitis is by far the most frequent, accounting for 143 cases, or about 20 per cent. of the total number of children. Twenty-nine cases were due to lung tuberculosis, and the same number to pneumonia, of which more than half were of the lobar type. This frequency of lobar pneumonia in young children seems only to have been recognised of late years, though the type of the disease is usually well marked, and the prognosis much better than in broncho-pneumonia.

A few cases were due to pleurisy, dry or moist, bronchiectasis, enlargement of the mediastinal glands, &c., &c.

The kind of cough in these last two cases may exactly resemble whooping-cough, consisting of a series of expiratory efforts, separated now and then by a whooping inspiration and often accompanied by vomiting or epistaxis and other hæmorrhages; such cases may be easily mistaken for pertussis. The chief points to which attention should be directed are the following:—

First, there may be a previous history of whooping-cough; this is a disease which rarely occurs more than once, though for a few months the whoop may return, if the child have a cough.

Secondly, examination of the patient may show signs suggesting bronchiectasis, as cyanosis, clubbing of the fingers with deformity, or dulness in the chest and râles here and there. The sputum is generally described as offensive, but, as pointed out by Eustace Smith may or may not be so, it may be in large quantity often brought up at considerable intervals.

If enlargement of the bronchial glands be present there may be dulness between the scapulæ about the level of the fourth or fifth dorsal vertebræ, or sometimes in front over the manubrium sterni. Also occasionally there may be stridor or harsh or deficient breath sounds on one or other side of the chest, usually on the left side.

I have recently had two cases of this condition under my care at the North-Eastern Hospital for Children. In both cases the symptoms were much the same.

Both children had had whooping-cough some years previously, and had not been well since, suffering from chronic cough.

Case 1.—A child, æt. 6. had a chronic cough followed by occasional vomiting, and often blood in the sputum. He was pale and thin, fingers markedly clubbed. The left side of the chest was smaller than the right and moved less well; there was moderate dulness front and back, and the breathing was obscured by numerous moist sounds. On the right side there was some impairment to percussion at the base with harsh breathing and numerous râles. The other organs appeared normal. There was no excess of dulness behind the sternum or between the scapulæ. The child died a week after admission, and at the necropsy the left lung was found markedly restricted, the lung tissue condensed, and the bronchi uniformly dilated and filled with a muco-purulent fluid. The left bronchus was slightly compressed by a mass of caseous glands behind and above the root of the left lung, which glands by their proximity to and irritation of the vagus had probably produced the peculiar cough. The other organs were fairly normal. The second case was but a repetition of the first, except that the bronchiectasis was absent and merely the enlarged bronchial glands present.

The third class of cases in which cough is a frequent and prominent symptom are the gastro-intestinal cases. They include about 23 per cent. of the whole. I have, of course, excluded from this group all cases in which there was any obvious disease of the throat or lungs It is worth while to lay stress on the presence of cough as a marked symptom in many cases of gastro-intestinal troubles as a considerable number of these children had been already treated before they came to the hospital as cases of cough due to lung disease, and the diarrhœa was looked upon as secondary, a state of things which is, of course, very frequent in bronchitis or broncho-pneumonia, or tuberculosis, owing to the irritation of swallowed sputum.

The cough is frequent but not very severe, and in some cases only occurs at night.

The remaining 6 per cent of cases were due to various causes, in many rickets was present, a con-

dition which is well known to predispose to reflex nervous disturbances, and in a few cases the cough was not relieved till numerous carious teeth were filled or extracted.

I have not alluded to ear troubles as a cause of cough, for I was not able to satisfy myself that the cough was not due to the throat disease, which in children seems to be an almost invariable accompaniment of ear disease in children.

THE EVOLUTION OF THE SCIENCE OF OTOLOGY. (a)

By PROFESSOR URBAN PRITCHARD,
President of the International Congress of Otology, &c.

I CANNOT do better, for the purpose of inaugurating this congress than select for my subject the story of the birth and growth of otological science. Although Toynbee was generally acknowledged to be the father of modern otology, for the date of its birth we must go back some 3,400 years to the then flourishing country of Egypt. For Professor Roosa, in his excellent treatise, referred to a certain ancient papyrus (called, after its discoverer, the Papyrus Ebers) on which was written a monograph on "medicines for ears hard of hearing" and "for ears from which there is a putrid discharge." And there, in their museum, might be seen a confirmation of the fact that ear troubles not only existed in those days, but that they could be cured; for they had the good fortune to possess a curious old Egyptian relic, consisting of a wooden tablet on which were portrayed, in bas relief, two effigies of the sacred bull and two auricles; this was undoubtedly a votive offering to the god Hathor from some "grateful patient." In spite of its early birth, however, otology, except perhaps with regard to its anatomy and physiology, did not make itself of great importance until the second half of the present century. The Royal Ear Hospital in Dean Street, Soho which is acknowledged to have been the first successful aural clinique in Europe—and we believe in the world—was established in 1816. But, speaking generally, we may safely assert that aural surgery continued to be more or less in the stage of infancy until between 1840 and 1860, when the study was vigorously taken up by Sir William Wilde and Toynbee, who thus gave a fresh impetus to the study of the pathology and treatment of diseases of the ear. Even then its importance was by no means generally recognised; indeed, only thirty years ago it was a favourite saying of more than one celebrated surgeon that "ear diseases may be divided into two classes—those which can be cured by any general practitioner and those which, being incurable, may be relegated to the tender mercies of the ear specialist." In my student days I well remember the sarcastic manner of Professor Partridge when he said, "Ah, gentlemen, a little wax is a godsend to an aurist," meaning, of course, that its removal was an easy method of earning a reputation. And, no doubt, there was a certain truth in those words, though not exactly in the sense implied by the good old professor; for which of us had not found that, by removing a plug of cerumen which had either not been diagnosed or which had resisted all the efforts of the general practitioner to dislodge it, he has gained *kudos* and an appreciation which many of his more delicate operations had failed to secure? Things had indeed changed since then, for instead of a few aural surgeons scattered here and there in Great Britain, we had now at least a couple of hundred, while the number of cliniques in London alone had been increased from two or three to near upon twenty. And in many other countries this branch of medical science was even more strongly represented. As a natural result of the increased interest in the work, I would call attention to the unique museum connected with that congress, wherein was to be found the largest and most valuable collection of otological specimens, a collection which could only have been brought together by the union of international forces. The museum is so complete that if you had come to visit it alone your trouble would have been repaid. But in one respect there is still room for improvement. I refer to the need for the better recognition of otology by our universities and colleges. One step has lately been made in this direction, for the University of Edinburgh has now made it one of the qualifying subjects for her medical degrees. So far as the anātomy and physiology of the auditory apparatus were concerned comparatively little has been added in the last thirty years to the store of knowledge already gained, although a more intimate study of its parts has made that knowledge more complete and precise. In pathology there has been considerable advance. In disease of the meatus, although aspergillus was discovered before this period by Meyer, Schwartze, and Wreden, yet it was not elaborated with any fulness until later. Also, the nature and classification of exostoses had been worked out within this period. Our knowledge of the changes in chronic middle-ear catarrh, and in sclerosis, has considerably advanced, although much here yet remains to be done. The effect of pathological conditions of the nose and naso-pharynx upon the auditory apparatus, adenoid vegetations more especially, has practically been discovered. In chronic suppurative catarrh, disease of the ossicles, the implication of the attic, the antrum, and the mastoid cells has been worked out; also the intercranial complications which sometimes follow. The nature of the granulations and polypi are now better understood, and, although Toynbee had already called attention to cholesteatoma, its pathological importance in connection with mastoid disease was not fully realised until quite lately. In the pathology of labyrinthine disease there has not, perhaps, been so much advance; but Menière's disease is now better understood, and Politzer has made known a disease of the bony capsule. Finally, the pathology of congenital syphilis affecting the internal ear has been partially worked out. The means of diagnosis have been considerably improved, while in treatment there have been immense strides due to the adoption of antiseptic surgery. The 19th century, which has brought to the world so many wonderful blessings in other directions has not been unmindful of their branch of medical science. For, whereas at its commencement the ear was regarded almost as a *terra incognita*, scarcely worth consideration except as the seat of one affection only—that which was generally known as "a deafness"—now, at its close, this organ was fully-explored ground, and has been proved well worth the exploration, Otology has been raised from the rank of pseudo-quackery to an honourable position in scientific surgery, and its importance and bearing upon the body as a whole is now fully recognised.

(a) Abstract of Inaugural Address at the International Congress of Otology, August, 1899.

DR. T. J. MONAGHAN, for twelve years Medical Officer of Health for the Borough of Accrington, has been presented by the mayor, councillors, and borough officials, with a tea and coffee service, "as a mark of personal respect and appreciation of services rendered" on his leaving for another sphere.

A COUNTRY HERBALIST'S CURE FOR THE "KING'S EVIL." (a)

By JOHN KNOTT, M.A., M.D., and Dip. Stat. Med (Univ. Dub.); M.R.C.P.I., M.R.I.A.; &c., &c.

(*Concluded from page* 134.)

This chapter of the witty Andrew Boorde furnishes a convenient turning-point from which I proceed to make a new digression, for the purpose of taking notice of the curious and interesting practice of curing the King's Evil by Royal Touch.

Some sympathetic poet, whose name I have not preserved, penned the following lines, and also appears to have added the subjoined comment which I find in my common-place book:—

"The Touching for the Evil.

You have spoken light word of the touching of old,
But you never have heard of the good Angel-gold.

For it was not alone the Monarch's kind eye,
Nor the links that are gone, 'tween the low and the high

No, not for these only, though these they were much,
Came the stricken and lowly, to kneel to the touch.

The soft hand was put out, and the soft solace said,—
Few mourners could doubt their evil had fled.

For, evil it ceases, and sickness it goes
With broad golden pieces, and Nobles of rose.

Then when in their rest, in the stillness of night,
With their troubles redrest, and their burdens made light.

Oh, blame not their blindness, 'twas the blindness of love.
Made them think that this kindness, it came from above.

And when 'twas thus given to those who had need,
That same thing of Heaven was Majesty's meed.

Then list to my warning, and cavil no more,
With light words and scorning, at the good forms of yore.

"In the reign of the 'merry monarch,' the angel-gold, which was distributed by his Majesty's Almoners to those who came to be touched, amounted to £5,000 per annum. When the entire public revenue was under a million and a half pounds sterling, it must be allowed that this was a large sum to be distributed in one form of charity; and the historic fact may be held to prove that the second Charles Stuart possessed some better qualities than his Puritanical detractors would have us to believe. We may note that the sum so graciously expended amounted to £1,000 a year more than the combined salaries of the Secretaries of State, and was also £1,000 a year more than the allowance to Prince Rupert. But it is not so much its amount which almost makes a regret for this graceful superstition, as the direct communication it brought about, between the highest and the lowest, between the King and the Poor. If Royalty did but condescend to lower itself to a familiarity with the people it is curious that they will raise, exalt, adore it, sometimes even invest it with divine and mysterious attributes; if, on the contrary, it shuts itself up in an august and solemn seclusion it will be mocked and caricatured. This was one of the secrets of Napoleon's strength, and one of the secrets of Louis XVIIIth's weakness. If the great only knew what stress the poor lay by the few forms which remain to join them, they would make many sacrifices for their strength and preservation. Dr. Johnson—a man of the people, if there ever was one—was yet prouder of having been touched by Queen Anne, when he was a child, and of speaking about 'the great lady in black,' of whom he had an indistinct recollection, than he was of all his heroism under misfortune, or of all the erudition of his works."

The famous and loyal antiquarian scholar, Thomas Hearne, appears, from the evidence afforded by an entrance in his Diary, to have been as orthodox in his faith regarding the efficacy of the Royal touch for the King's Evil as he was in the other articles connected with "privilege" and "legitimacy." "Yesterday, Mr. Gilman of St. Peter's parish in the east, Oxford (a lusty, heartick, thick, short man), told me that he is in the 85th year of his age, and that at the restoration of K. Charles II. being much afflicted with the King's Evil, he rode up to London behind his father, was touched on a Wednesday morning by that King, was in very good condition by that night, and by the Sunday night immediately following was perfectly recovered, and hath so continued ever since. He hath constantly worn the piece of gold about his neck that he received of the King, and he had it on yesterday when I met him."

It is interesting to note here that the custom of treating the King's Evil by the royal touch is mentioned by the Earliest English writer on medicine whose works have descended to us. Gilbertus Anglicus is made by Bale a contemporary of King John, while Freind argues from the internal evidence supplied by his own writings, that he was more probably coeval with King Edward the First. I quote from the English version of Freind's "Historia Medicinæ":—

"In treating of a strumous swelling in the glands he tells us that this disorder is otherwise called the King's Evil because Kings cure it. This account, however concise, from a Physician who seems not to have been led by any biass of interest, is sufficient to convince us, that the custom of touching, was very early introduced by our Kings; and from this author's manner of expressing himself, it is very plain, that he look'd upon it as a very ancient Practice. The French historians can trace up this usage of Touching in their own nation, by undoubted authorities, as high as the eleventh century, in the reign of Philip the First, but can give no account (which can be rely'd upon) how much more ancient it was: tho' some pretend to trace it as high, as Clovis. There is the like reason to think, even by this passage as well as by what is here and there hinted in our English history, that the same usage had, for some Centuries at least, prevail'd here; and they who carry it up as far as the time of Edward the Confessor, contemporary with Philip the First of France, seem to have good grounds for their opinion; at least I do not see any proofs, which can be brought against it. If the Monkish writers are supposed to be at all partial, and inclin'd to flatter the Crown, there are others, whose veracity cannot be called in question. Sir John Fortescue, a very learned and wise man, in his defence of the title of Lancaster, just after Henry the Fourth's accession to the Crown, represents the gift of healing as a privilege which had for time immemorial belong'd to the Kings of England: and he is so particular as to attribute this to the Unction of their hands, which is us'd at the Coronation: and therefore says, that Queens can have no such gift, because in this case that part of the ceremony is left out. However, we know Queen Elizabeth thought herself so much a King, that among other regal Functions she frequently exercised this. Archbishop Bradwardine who dy'd in 1348, and who appeals to the world for the cures performed by the royal Touch, uses, you will see, very strong expressions concerning the antiquity of it, which surely he would never have done, had it been so modern a practice, as some think it."

The following is the passage in Sir John Fortescue's "Defence of the House of Lancaster," to which Freind refers, and which he had found preserved in the Cotton Library. It will, I feel sure, interest all students of the history of our profession.

"Item Regibus Angliæ Regali ipso officio plura incumbant, quæ naturæ muliebri adversantur.—Reges Angliæ in ipsa unctione sua talem cælitus gratiam infusam recipient, quod per tactum manuum suarum unctarum infectos morbo quodam, qui vulgo Regius morbus appellatur, mundant & curant, qui alias dicuntur incurabiles. Item aurum & argentum sacris unctis manibus Regum Angliæ in die Paschæ Divinorum tempore (quemadmodum Reges Angliæ annuatim facere solent) tactum devote & oblatum, spasmaticos & caducos curant; quemadmodum per annulos ex dicto auro seu

(a) An abstract of this paper was read in the Medical Section of the Royal Academy of Medicine in Ireland on Nov. 18th, 1898.

argento factos, & digitis hujusmodi morbidorum impositos, multis in mundi partibus crebro usu expertum est. Ruæ graiia Reginis non confertur, cum ipsæ in manibus non ungantur."

The following extract from Archbishop Bradwardine's "Liber de causa Dei," contains the passage alluded to by our medical historian:—"Quicunque negas miracula Christiane, vini & vide ad oculum, adhuc istis temporibus in locis sanctorum per vicis miracula gloriosa. Vini in Angliam ad Regem Anglicum præsentem, duc tecum Christianum quemcunque habentem morbum Regium, quantumcunque inveteratum, profundatum et turpem, & oratione fusa, manu imposita, ac benedictione, sub signo crucis data, ipsum curabit in nomine Jesu Christi. Hoc enim facit continue, & fecit sæpissime viris & mulieribus immundissimis, & catervatim ad eum ruentibus, in Anglia, in Alemania, & in Francia circumquaque; sicut facta quotidiana, sicut qui curati sunt, sicut qui interfuerunt & viderunt, sicut populi Nationum, & fama quam celebris certissime contestantur. Quod et omnes Reges Christiani Anglorum solent divinitus facere, & Francorum, sicut libri antiquitatum & fama regnorum concors testantur: unde & morbus Regius nomen sumpsit.

The first medical author who appears to have formally recommended sufferers from the King's Evil to have recourse to the Royal Touch when all the resources of his own profession had failed, was the diplomatic John of Gaddesden, whose famous "Rosa Anglica" still, fortunately, survives for the edification of professional posterity. This interesting treatise is coloured by the mysticism, and quaint—very often, indeed, loathsome—therapeutics, of the dark age in which it was produced. (The volume appeared somewhere between the years 1305 and 1315.) It is also distinctly redolent of professional avarice and unprincipled charlatanism. The wily John had "boo'd" himself into the position of Physician-in-Ordinary to the King, and his successful treatment of the heir-apparent to the Crown, while suffering from small-pox—by swathing him in scarlet, and draping his room so completely with the same material that only rays of that tint could penetrate to the patient—has contributed a well-known item to professional history. In the language of Freind: "John was no sooner at Court but he understood how to make a good Courtier, and pay his compliments in the best manner; and whenever a scrophulous case does not submit to the sovereign remedies, such as the blood of a weezel or Doves-dung, he exhorts the person immediately to apply to the King for the royal Touch." In the original of the "Rosa Anglica," "Si ista non sufficiant, vadat ad Regem, ut ab estangatur & benedicatur—Valet tactus nobilissimi & serenissimi regis Anglicorum."

One of the phenomenal healers of the Annals of Unlicensed Medicine was our fellow countryman, Valentine Greatrakes, who, in Charles the Second's reign, performed "Severall marvaillous cures by the stroaking of his hands." This practitioner's treatment would appear to have combined the properties and powers of the "Mesmerism" and the "Massage" of the present century. "He was born on the 14th of February, 1628, on his father's estate of Affane, in the County of Waterford, and was, on both sides, of more than merely respectable extradition, his father being a gentleman of good repute and property, and his mother being a daughter of Sir Edward Harris, Knt., a Justice of the King's Bench in Ireland. The first years of his school life were spent in the once famous Academy of Lismore; but when he had arrived at thirteen years of age his mother (who had become a widow), on the outbreak of the rebellion fled with him and his little brothers and sisters to England, where the fugitive family were hospitably entertained by Mr. Edmund Harris, a gentleman of considerable property, and one of the justice's sons. After concluding his education in the family of one John Daniel Getseus, a High-German minister of Stock Gabriel, in the County of Devon, Valentine returned to Ireland, then distracted with tumult and armed rebellion; and by prudently joining the victorious side, re-entered upon the possession of his father's estate of Affane. He served for six years in Cromwell's forces (1650-1656) as a lieutenant of the Munster Cavalry, under the command of the Earl of Orrery. . . . .

"When the Munster Horse was disbanded in 1656, Valentine retired to Affane, and for a period occupied himself as an active and influential country gentleman. He was made Clerk of the Peace for the County of Cork, a Register of Transplantation, and a Justice of the Peace. In the performance of the onerous duties which, in the then disturbed state of Ireland, these offices brought upon him, he gained deserved popularity and universal esteem. He was a frank and commanding personage, of pleasant manners, gallant bearing, fine figure, and singularly handsome face. With a hearty and musical voice, and a national stock of high animal spirits, he was the delight of all festive assemblies, taking his pleasure freely, but never to excess. . . .

"On the Restoration, Valentine Greatrakes lost his offices, and was reduced to the position of a mere private gentleman. His estate at Affane was a small one, but he laboured in it with good results. . . . . Perhaps he missed the excitement of public business, and his energies, deprived of the vent they had for many years enjoyed, preyed on his sensitive nature. Anyhow, he became the victim of his imagination, which, acting on a mind that had been educated in a school of spiritual earnestness and superstitious introspection, led him into a series of remarkable hallucinations. He first had fits of pensiveness and dejection, similar to those which tormented Cromwell ere his genius found for itself a more fit field for display than the management of a brewery and a few acres of marsh land. Ere long he had an impulse, or a strange persuasion in his own mind (of which he was not able to give any rational account to another), which did very frequently suggest to him that there was bestowed on him the gift of curing the King's Evil, which, for the extraordiness of it, he thought fit to conceal for some time, but at length communicated to his wife and told her 'That he did verily believe that God had given him the blessing of curing the King's Evil, for whether he were in private or in publick, sleeping or waking, still he had the same impulse; but her reply was to him, that she conceived this was a strange imagination.' Such is his statement.

"Patients either afflicted with King's Evil, or presumed to be so, were in due course brought before him; and, on his touching them, they recovered. It may be here remarked that in the days when the Royal Touch was believed in as a cure for scrofula, the distinctions between strumous and other swellings were by no means ascertained even by physicians of repute; and numbers of those who underwent the manipulation of Anointed Rulers were suffering only from aggravated boils and common festering sores, from which, as a matter of course, nature would in the space of a few weeks have relieved them. Doubtless many of Valentine's patients were suffering, not under scrofulous affections, but comparatively innocent tumours, for his cures were rapid, complete, and numerous.

. . . . . .

"Greatrakes himself also speaks of his more violent curative exertions making him very hot. But it was only occasionally that he had to labour so vehemently. His eye, the glance of which had a fascinating effect on people of a nervous organisation, and his fantastic ticklings, usually produced all the results required by his mode of treatment.

"The fame of the healer spread far and wide. Not only from the most secluded parts of Ireland, but from civilised England, the lame and blind, the deaf, dumb, and diseased, made pilgrimage to the Squire of Affane. His stable, barn, and malt-house were crowded with wretches imploring his aid. The demands upon his time were so very many and great, that he set apart three days in the week for the reception of his patients; and on these days from six in the morning till six in the evening, he ministered to his wretched clients. He took no fee but gratitude on the part of those he benefited, and a cheering sense that he was fulfilling the commands of the founder of his religion. The Dean of Lismore cited him to appear before the ecclesiastical court, and render an account of his proceedings. He went, and on being asked if he had worked any cures

replied to the Court that they might come to his house and see. The judge asked if he had a licence to practise from the Ordinary of the Diocese; and he replied that he knew of no law which prohibited any man from doing what good he could to others. He was, however, commanded by the Court not to lay his hands again on the sick, until he had obtained the Ordinary's licence to do so. He obeyed for two days only, and went on again more earnestly than ever."

Under the encouragement of high patronage Greatrakes migrated to England, where he rapidly became a star of the first magnitude. "Lord Arlington commanded him to appear at Whitehall, and perform in his peculiar fashion for the amusement of His Majesty Charles II. . . . But the majority of his admirers were ladies, the Countess of Devonshire entertained him in her palace; and Lady Ranelagh frequently amused the guests at her routs with Mr. Valentine Greatrakes, who in the character of the lion of the season, performed with wondrous results on the prettiest or most hysterical of the ladies present. It was held as certain by his intimate friends that the curative property which came from him was a subtle aura, effulgent, and of an exquisitely sweet smell, that could only be termed the divine breath." Dr. Henry Stubbe, a famous physician who practiced in Stratford-upon-Avon, informs his readers that "God had bestowed on Mr Greaterick a peculiar temperament, or composed his body of some particular ferments, the effluvia whereof, being introduced sometimes by a light, sometimes by a violent friction, should restore the temperament of the debilitated parts, re-invigorate the blood, and dissipate all heterogenous ferments out of the bodies of the diseased by the eyes, nose, mouth, hands, and feet. I place the gift of healing in the temperament or composure of his body, because I see it is necessary that he touch them. Besides, the Right Honourable the Lord Conway observed one morning, as he came into his Lordship's chamber, a smell strangely pleasant, as if it had been of sundry flowers; and demanding of his man what sweet water he had brought into the room, he answered, None; whereupon his Lordship smelled upon the hand of Mr. Greaterick, and found the fragrancy to issue thence; and examining his bosom, he found the like scent there also." Dean Rust gave corresponding testimony, and "Sir Amos Meredith, who had been Mr. Greaterick's bed fellow," also testified to the same effect.

The Anglican career of our fellow-countryman was, however, not a prolonged one. His outshining brilliancy naturally made him hosts of enemies: slander became too active; he was accused of profligacy and blasphemy, and what other vices his enemies thought would prove most damaging to his position in the public estimation. The tide of slander proved in this case irresistible, and Greatrakes retired before it to seek repose in his native country. It is not a little remarkable, however, that he succeeded in securing the confidence and patronage of the illustrious scientist Boyle, and of the famous theologians Wilkins, Patrick, and Cudworth. In his "Memoirs of Remarkable Persons," Caulfield gives a portrait of V. Greatrakes, Esq., stroking a patient, and tells us that "Mr. Glanville imputed his cures to a sanative quality inherent in his constitution, some to friction, and others to the force of imagination in his patients." He further observes that "His manner of stroaking some women was said to be very different from his usual method of operation."

In a foot-note, on the same page, we are informed that "In the reign of Charles I. an accusation was brought before the Court of Star Chamber, and afterwards before the College of Physicians, against one John Leverett, a gardener, who undertook to cure all diseases, but especially the King's evil, "by way of touching or stroaking with the hand." He used to speak with great contempt of the royal touch, and grossly imposed upon numbers of credulous people. He asserted that he was the seventh son of a seventh son; and profanely said, that "he found virtue go out of him," so that he was more weakened by touching thirty or forty in a day, than if he had dug eight roods of ground. He also affirmed, that if he touched a woman, he was much more weakened than if he had touched a man. He was by the censor of the College adjudged an impostor."

Both these methods of treating the King's Evil were recognised and practised among the peasantry of the West of Ireland. The direct application of the *Royal* Touch was, of course, out of the question. But a "knowledgeable" elderly woman possessed some of the "Royal blood and remains"—something mysteriously wrapped up in a linen rag, with which the "Evil" was touched three times, "with certain prayers." The ceremony was performed on Mondays and Thursdays only; and no intervening Monday and Thursday could be allowed to elapse till the number of applications had been completed.

The Seventh son's touch was applied on corresponding days, and with similar ceremony. It was usually efficacious; absolutely so, if the operator happened to be the seventh son of a seventh son; as in the case of Leverett, just cited. As the touch of the mere seventh son was not always infallible, it was considered desirable to test it immediately after birth, by filling the hand of the new-born infant with healthy earth-worms. If a born healer, as such a boy usually was, the earth-worms at once ceased to live.

The only herbal cure I ever heard of being used in the West was that described at the opening of this paper.

I have now brought to a close my prolonged history of the blind strugg e of the unenlightened past centuries with the non-exorcisable demon of the King's Evil. I feel that an apology—perhaps I should have said a great many—is due to my readers for inflicting upon their attention so very lengthy a catalogue of now forgotten or unrecognisable "remedies." Still I must take the liberty of suggesting that a cursory glance at the same can never prove uninteresting to the true lover of our profession, who may not lose sight of its past any more than of its present; nor uninstructive to the philosophic student of human nature, who tries in all directions for the chinks and loopholes through which light has at length penetrated into its arcana; nor ungratifying to the philanthropist, who examines with pleasure the sure, though often very slow, stages by which means of relief have been discovered for the otherwise hopeless physical ills to which we all are born heirs. And if the smart, up-to-date, self-satisfied scientist feel disposed to turn away with contempt from the contemplation of the rubbish-heap of old-time "cures" and historical items of superstitious faith-healing which I have scraped together for his holiday edification,—I would gently whisper in his ear that even in this last year of our progressive nineteenth century, the treatment of scrofulous disease still lies a long way on the human side of perfection, and that his supercilious self-congratulation in looking over the extracts from my scrap-book will probably be fully paralleled in the outlines of thought of the advanced "professor" of the closing months of the year 1999, while glancing backwards at the history of the creed of the bacteriological pathologist of to-day, with its characteristic outgrowths of tuberculin and antitoxin.

The Nursing Problem.

NURSES OF THE LATEST FASHION. A.D. 1899.

PROFESSIONAL EXPERIENCES IN SHORT STORIES.

By FREDERICK JAMES GANT, F.R.C.S.,
Consulting Surgeon to the Royal Free Hospital.

III.—THE DOCTOR-NURSE.

Since the days of Mrs. Gamp—say, half a century ago—the progressive development of the modern nurse has culminated in the nurse up-to-date; eclipsing the personality of the great, great-grandmother, or rather burying her as an extinct species in ground which can never be opened again to view her remains, unless by express per-

mission of the Home Secretary under an Act of Parliament for the purpose. There she lies, whatever there is of the short, fat, florid-faced woman, of kindly disposition, but stupid, ignorant, negligent, muddled even more by perpetual drops of gin or brandy from the bottle she concealed in her pocket, and stealthily carried to the lips of its owner. Her dress is loose and slovenly, not too cleanly, certainly not "antiseptic." She sat thus asleep, awake, at fitful intervals, to administer the doctor's stuff, in constant attendance, never taking her clothes off for days and nights together, and never washing herself, if she damp-towelled and brushed up her sick charge - man, woman, or child. As death approached the sufferer, the old-fashioned nurse could not see her patient through her bleared eyes—still watching; and when the departed spirit had flitted from its tenement as a bird escapes from a broken cage, nurse, or the "spirits" within her fat little body, could hardly tell when the man with the scythe had called, and the flesh as grass was mown down. She believed that sometime in the early morn he usually did his work, and as the death-dew had moistened the grass at 4 17 a.m, she was positively certain that at that hour and minute precisely, a corpse lay before her. Besides, to make doubly sure, old nurse asked her unerring witness—the breath steam or its absence, on a piece of glass held near the mouth of the body, living or dead, and whether the jaw has dropped. But "I always feels their legs," which soon stiffen.

Then she proceeds to close the eye-lids, to cover the dull, fixed eyes, lest they should see her maudling grief; and she ties up the jaw lest the tongue should thank her for her night-vigils, while the spirit of the departed yet lingered on the threshold of the unseen, coming back and receding, with fitful renewals, and retrogressions of life. Now that death has doubtless gotten the victory in this world, nurse "lays out" and "washes" the corpse, and renders other services of decency, than dressing and decorating the body ere it lies in its last bed. She declares that soon the wonted smile has returned, with a freshness of colour in exchange for the ashy hue, the face "looks beautiful." And then—then, old nurse revives herself from her bottle, looking only less beautiful. Exit.

My portfolio includes Blanche, the modern and model nurse. Look on her picture, and that of her great, great grandmother. But the two contrast more than in personal appearance, dress, and character. The education of to-day has reached the modern representatives of nursing-women. The "schoolmaster is abroad"—a saying of Lord Brougham, who did so much to popularise higher education—has knocked at the door, and been admitted into hospital training schools; and in the person of some specially appointed member of the Medical and Surgical Staff regular courses of lectures, and practical instruction, are given to nurses. They are not left to discover for themselves what should be their course of training in the wards, and are taught very much more, in the knowledge of elementary anatomy, physiology, and practical work with relation to the treatment of diseases and injuries.

Whether or not the nurse up-to-date is thus *overtaught* does not enter into the purpose of this essay to discuss. A corresponding order of examinations concludes the nurse's curriculum ere she can obtain her "certificate" of qualification. The outcome of all this advanced education has produced its fruit; ripe and good nurses, unripe and bad—as with regard to their technical education and knowledge. But, while possessing far greater fitness for the duties of a trained nurse, other personal qualifications being equal, our nurse of the newest pattern is apt to assume the impersonation of the doctor, under whose directions she is mostly in service.

I was perhaps the first member of my profession to pronounce the name "profession"—in the former now defunct "Association of British Nurses." The title, professional nurse, has now grown familiar But the two professions, that of physician, surgeon, medical practitioner, and that of nurse or sister, cannot possibly be identical; although both doctor and nurse necessarily meet on common ground in their attendance on the sick for the mutual benefit of the patient, and with the happiest relation between themselves, so long as they both fulfil their respective functions never to be confounded.

The public generally fall readily into error, grievous to the patient's welfare. Both doctor and nurse often act together in the same cases; and their distinctive professions, certainly their relative duties and special merits, may seem to be a distinction without any essential difference. Nay, the public may, perchance, have no affection for the doctor's compared with the nurse's merits; and then the husband, wife, son, or daughter, would reverse the famous definition, more witty than wise:—"The doctor is a man (or nowadays, a woman) who pours medicine, of which he (or she) knows little, into a body of which he knows less;" but that "the Nurse pours medicine, of which she knows much, into a body of which she knows more!"

Given, therefore, a fully trained nurse, "such a clever Nurse," in attendance with the doctor; the one also presenting a more winning personality than the other member of the same profession, as they seem to be in the eyes of a patient, the relatives and friends; which of these two will gain most, the confidence and the gratitude of the public?

Assuming even more on behalf of the nurse; she, with her qualifications and personal qualities—is self-assertive, and talks largely of her experience, and of how little she thinks of some doctors—young perhaps in their profession and of small practice; the doctor-nurse quite eclipses the doctor.

To fill in the picture with more touches of detail.

Nurse arrives in attendance on a case. She enters the sick room; an old feeble-minded husband is lying in bed; an anxious, nervously excitable wife is watching by his side. "So thankful, Nurse, *you* have come; doctor said he would send you; although (aside) *he* assures me there is no danger." Nurse approaches the bed with an engaging smile; she places her two fingers on the pulse and withdraws from her waistband a small watch. The old husband looks up at her with a puzzled expression, the wife eyes her attentively. Suddenly, nurse's visage drops to zero as she interprets the language of the pulse with almost momentary decision. "Here we have a bad case." The old man closes his eyes in hopeless despair as of one doomed to death in the prisoner's box; his wife's face bespeaks the utterable, as she hears nurse's verdict.

But, no. Nurse yet hopes (D.V.) to "pull the patient through," despite the bad case; and she has shrewdly not pronounced a hopeless prognosis. The patient *does* recover, and certainly, while in nurse's hands, the doctor paying his visits, prescribing, and giving directions, which may or may not be fully carried out. Has not nurse fully justified her superior professional claims? and does not her self-assertiveness entitle her to the appellation, "Doctor-Nurse"?

In surgical cases, more especially, a self-assertive nurse may more readily pass for a surgeon; and in these days, when properly authorised women-doctors may practise surgery.

The training of a nurse rightly includes some knowledge of surgical apparatus employed in the treatment of numerous surgical cases; and she possesses, therefore, a nurse-knowledge of mechanical appliances in cases involving their use. But her training does not comprise the prior detection, the diagnosis of the kind of injury or local disease; pathological knowledge which is needed for the efficient use of the mechanical appliances. So again, in the performance of surgical operations, her knowledge of the instruments used—enabling her to assist in some cases - does not enable her to follow the operator, whose hands are methodically at work, deeper, and yet deeper in the anatomical structure of the body, while death may hover around the point of his knife.

In either respect, the knowledge of a thoroughly qualified nurse is simply mechanical; and any further knowledge—as of the structure, functions, and altered conditions of the parts—from injury or disease, does not concern her, might, indeed, be positively mischievous in most cases, but pertains to the surgeon, who is alone responsible. Nurse cannot lawfully practise surgery; she has not undergone any examination—for that purpose; and she does not hold any diploma, or degree, in

surgery, of any College of Surgeons, or of any University.

In their rightly understood relationship, the surgeon fully appreciates nurse's co-operation with him, and thankfully acknowledges her services. The patient, relatives and friends, cannot rightly estimate the one, and will overestimate the other. The popular conception is hazy and confused; and in the eyes of many people, the nurse handing the instruments and the surgeon using them, are too intimately associated together, to be practically distinguished. The surgeon might be more readily transferred into the nurse, than the nurse seem to be discredited as a surgeon. Their identification would have been once a paradox; but now the time gives it proof! Of course, I speak not of hospital practice, but of private cases, and of some nurses only, as representatives of "the newest pattern."

In the medical, as distinguished from the surgical, treatment of disease, there are "doctor nurses," not a few. They figure, sometimes, in the daily papers, as medical authorities; granting certificates as testimonials, recommending the beneficial effects of various medicines and articles of diet for the sick. These nurses are quite of the latest fashion. Here is one such doctor-nurse, of many others, whose testimonial of Byrrh, as a tonic wine, I read in the *Sunday Times*, March 19th, 1899:—

Nurse Marina Steene, R.B.N.A.,
Home Villa, 22, North Bank, N.W.

"As an invigorating and restorative tonic, I must say Byrrh is far superior to any wine I have tried both for 'patients' and for myself." The obvious inference from this testimonial would be that "Nurse Steene" has patients of her own, under her treatment, as well as doctoring herself, a case in which probably by a mistaken professional opinion, she could do no harm to anybody.

There is yet another nurse of the same species, be they many or few, whose self-assertiveness assumes another form. She affects to be a great authority on all sanitary arrangements, turning the house round, and ordering all its inmates in subjection to her special knowledge of hygiene. Beginning with the sick room: "I must have all this altered or I cannot stay here." She is a radical sanitary reformer. The same spirit of absolute authority extends to the household service under her sway. The husband, who may be very "much married," now finds in nurse a new mistress of himself, and of his servants in their respective offices, whether male or female domestics. Everybody nurse would order and control, as subservient to the proper management of the sick room, and of the patient "who is under my care." But why follow any further the footsteps all over the house of this irrepressible untameable shrew.

The doctor-nurse figures mostly—for an obvious reason—when she is in attendance alone, as in cases of chronic invalid patients. Her self-assertiveness to be what she is not may simply express an unbecoming character only. But she appears in quite another light when the same character is that rather of an impostor upon the credulity of a public ever credulous in nurse-land.

Transactions of Societies.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL SOCIETY.

Meeting held Friday, July 28th, 1899.

J. Dundas Grant, M.D., in the chair.

The following gentlemen were elected officers for the ensuing year, 1899-1900:—President, Dr. Barclay Baron (Bristol); Vice-presidents, Dr. Percy Jakins, Mr. John Bark (Liverpool), Mr. Wyatt Wingrave; Council, Dr. Middlemass Hunt (*ex officio*) (Metropolitan), Dr. Furniss Potter, Mr. Dennis Vinrace, Dr. Greville Macdonald, Dr. Abercrombie (Extra Metropolitan), Dr. Tresilian (Enfield), Dr. J. D. Hillis (Dublin); Treasurer. Dr. Dundas Grant; Hon. Secretaries, Mr. St. George Reid, Dr. Chichele Nourse.

The following cases and microscopical sections were shown:—

Otology.

Dr. Dundas Grant: Case of pyæmia from thrombophlebitis of the lateral sinus, subsequent to chronic suppurative inflammation of the middle ear, treated by evacuation of the sinus and ligature of the internal jugular vein with recovery.

Dr. Furniss Potter: Case of extreme thinning of tympanic membrane in which there had been no symptoms indicating ear mischief until about six weeks previously.

Microscopical Sections.

Dr. Furniss Potter: Columnar epithelioma of maxillary antrum.

Mr. Wyatt Wingrave: Squamous papilloma of larynx.

Laryngology.

Mr. Wyatt Wingrave: (1) Case of laryngeal papilloma in a little girl æt 7 years. The warts were situated at the anterior commissure, and were removed by Krause's endolaryngeal snare, but had twice recurred at intervals of one month. There were no "adenoids." (2) Case of keratosis of the faucial and lingual tonsils, which having resisted treatment by chromic acid, galvanic cautery, &c., for twelve months, had yielded to the weekly applications of a saturated solution of salicylic acid in rectified spfrit.

Dr. Dundas Grant described a case of primary syphilis of the lip.

Dr. Furniss Potter; (1) Case of recurring singer's nodule; (2) case of recovery of motor power in a case of complete recurrent paralysis of left vocal cord, together with marked paresis of left side of soft palate, and same side of tongue. (Shown at the Laryngological Society of London, last February.) The patient was a man, æt. 48, who stated he had a "sore" twenty years ago, but no rash, sore throat, or other sign of constitutional infection. When first seen in January of this year the left cord was observed to be incapable of any abductor movement, and a month later the paralysis became complete; the cord assuming the cadaveric position. The left side of the soft palate was markedly paretic with some diminution of sensation, chiefly along the lower border, and the tongue, when protruded, deviated to the left side. No affection of trapezius, sterno-mastoid or orbicularis oris Examination of chest gave a negative result. He had taken iodide for nearly six months, and now had entirely recovered motor power. The left cord moved freely, the action of the soft palate was not impaired, and the tongue could be protruded without any lateral deviation.

France.

[from our own correspondent.]

Paris, August 13th, 1899.

Early Diagnosis of Phthisis.

Professor Grasset, of Montpellier, read a paper at the Medical Congress on the early diagnosis of pulmonary consumption by the employment of small doses of tuberculine. He made the experiment on 28 cases, 14 of which did not present any reaction, while in the remainder the reaction was positive. In three cases of advanced phthisis, where the lesions were well marked, reaction failed completely. The Professor concluded by saying that the injection of tuberculin afforded an excellent means of detecting tuberculosis in man on the condition that infinitesimal doses were employed, that no fever were present and that the lesions were not too advanced. The reaction could only be considered positive where the temperature exceeded one degree at least. That rise in the temperature was only apparent twelve hours after the injection and lasted forty-eight hours.

M. Combemale said that in about thirty cases he had tried to establish the early diagnosis of tuberculosis by injections of artificial serum or with serum and tuberculin alternately. The febrile reaction provoked by the saline injections did not constitute an absolute proof of the existence of tuberculosis in certain subjects, for the reaction was found in persons that were not tuberculous, consequently injections of artificial serum were far from constituting a practical means of making an early diagnosis of pulmonary consumption.

M. Clinquet, of Cannes, made some interesting experiments on the temperature of suspected consumptives. He recommended the patient to take a walk between three and four o'clock each day, and took his temperature immediately afterwards, and again when he had rested an hour. This experiment was repeated daily for ten days. Where the difference in the temperature was half a degree, and if the temperature of four o'clock was higher the days the patient took the exercise it might be affirmed that the individual was tuberculous.

In woman another presumptive sign consisted in the rise of the temperature of from four to ten-tenths of a degree one or two days before the menstrual period.

M. Rondot read a paper in which he tried to show that the first signs of pulmonary tuberculosis showed themselves in the hilus of the lung before any sign could be detected in the apex. That tuberculosis of the region of the hilus revealed itself by large rales which subsisted for a long time, and became exaggerated after injections of tuberculin, or the administration of iodide of potassium.

EXOPHTHALMIC GOITRE.

The treatment of exophthalmic goitre has rarely given satisfaction. Injections of tincture of iodine into the body of the gland, which gave excellent results in simple goitre, produced frequently abscesses in the thyroid body. Prof. Pitrés, of Bordeaux, has tried injections of a solution of iodoform and ether (one per cent.), repeated every eight days, with encouraging effects. The injection was generally painful, but varied with the degree of sensitiveness of the subject. A short time after the final injections the nervousness ceased, the sleep returned, the gland diminished in volume, and the exophthalmos disappeared. The improvement was well marked after the third injection; however, it was necessary to continue them for several months in order to render impossible a return of the malady. M. Pitrés treated thus a dozen patients, but some of them he was not able to follow up, as they ceased the treatment as soon as they had improved enough to return to work. However, he says he can count six definite cures. In some cases over 100 injections into the gland were made without witnessing any accident, but he wishes to notice a phenomenon, which is sometimes produced in the course of the injections, and which might, at first sight, give rise to some uneasiness; it consisted in a kind of bubbling like that observed in the case of introduction of air into the veins.

H.R.H. PRINCESS HENRY OF BATTENBERG opened on Thursday last, on behalf of her Majesty, a new block of the Royal National Hospital for Consumption and Diseases of the Chest, the foundation-stone of which was laid by the Princess two years ago.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, August 11th, 1899.

AT the Free Society of Surgeons Hr. Neuman reported on the cases of

IMPALING

that had been treated at the Friedrichshain Hospital from 1880. Out of 20,000 accident cases during that period only 16 cases were of impaling, and out of these the injuries were to the head in 4 and to the trunk in 16. Injury to the face with its numerous projections that prevent glancing off is more likely than over the smoother part of the skull, and as a matter of fact all the cases were those of injury to the face. A splinter of wood entered the right orbit, injured the ball, penetrated through the antrum of Highmore into the mouth. After enucleation of the ball a portion of the foreign body was removed through the orbit, the remainder being extracted from below. The wound was drained, and recovery took place. In the second case the spout of an oil can was driven into the orbit and from there into the orbital fissure. Orbital phlegmon followed, accompanied by symptoms of meningitis, but recovery took place after free opening up.

In a third case the handle of a paint brush penetrated through the upper lip through the antrum of Highmore into the orbit. Recovery.

The fourth case was one of so-called trumpet injury. Whilst the patient was blowing a whistle, this was driven in by a blow on the mouth, and it passed through the palate into the nasal cavity and up to the base of the brain. Recovery took place.

Of impalings of the trunk, those in front were dealt with first, the severity of the injury being dependent on the force with which the instrument was driven in, the character of the foreign body, whether this had a pointed or blunt end, and the part of the trunk injured. Impalings of the perinæum did not generally lead to opening of the peritoneum, they were generaly extra-peritoneal. The worst case reported was one in which a stick penetrated from the perinæum to the axilla, the whole track of the wound was extra-peritoneal. The four cases of this class all recovered. In another case the injury was caused by a fall from a window upon iron spikes one of which penetrated the hip-joint. Here death took place from pyæmia.

In one case the foreign body passed through the lesser ischiadic foramen, and through the rectum in three cases.

In those cases in which the peritoneum was opened, some one of the solid abdominal organs was generally injured at the same time. The stomach and intestines might be torn or perforated, or the bruising they underwent might lead to necrosis.

THE WEISS METHOD OF TREATMENT OF THE URIC ACID DIATHESIS.

Dr. J. Weiss, of Bâle, gives an account of his so-called new method of treating the uric acid diathesis in the *Berl. Klin. Woch.*, 14/99. The author found that a diminution of the excretion of uric acid was brought about by the use of fruits. He tested the activity of the individual parts, but obtained only a negative result. On the other hand, on giving chinic acid he found a distinct diminution of the uric acid. Whatever the action

might be, it deserved to be used, as it was the only remedy against the uric acid diathesis that had no ill effects. Quinine diminished the formation of uric acid, but it was not a remedy that could be given in large doses, and for long periods a combination of chinic acid with lithium was the most appropriate. Although lithia had no influence on the formation of uric acid, on account of its diuretic action its value should not be under estimated. As on account of the taste and want of solubility it was best not to give the acid by itself, but as a salt he preferred the lithia to the soda base.

At the Hufeland Society Hr. Jacob read a note on

The Treatment of Tetanus.

He said that at the Congress of Medicine last year, at Wiesbaden, he had spoken on a method that had the object of increasing the therapeutical value of Quincke's lumbar puncture. This method that he had called "dural infusion," had been tried in a number of suitable cases in Leyden's klinik, and to some extent surprisingly favourable results had been obtained. The procedure had been further tested experimentally, especially from the point of view of endeavouring to obtain better results in tetanus than by the simple injection of the serum. In association with Blumenthal, he had experimented on goats, injecting a certain quantity of tetanus toxin, and then endeavouring to save the animal by simple or sub-dural injection of the curative serum. He did not succeed, however, by either method. After a few days the animal invariably died from the tetanus, the antitoxin not having the power of staving off for even a few hours. He was able to ascertain that the tetanus antitoxin was very active, but it was not able to remove the poison that was already located and fixed in the central nervous system. Then experiments were made on immunity, and it was found that animals first injected with tetanus toxin and afterwards with tetanic antitoxin in the same way generally remained well, and it was the same with animals who had first dural infusion of tetanus antitoxin and later on tetanus toxin. But, on the other hand, those animals died of tetanus who were first given tetanus antitoxin subcutaneously, and some hours later tetanus toxin under the arachnoid. Inter-cerebral injections were then tried in animals in which the disease had already developed, but they were without any result.

Reckoning up all that was known on the subject, the author concluded that at present there was no method known of expelling the tetanous toxin out of the cerebral system when it was once chemically combined and anchored there. The injection or dural infusion could therefore only have the effect of neutralising the tetanus toxin circulating outside the central nervous system, and thereby preventing any further chemical combination taking place in the brain.

Infiltration Anæsthesia.

This method of inducing anæsthesia seems much more cultivated in Germany than in other countries, and a recent article by H. Braun in *Volkmann's Archiv.* brings it still further to the front.

The best medium for producing the anæsthesia is the eucaine B solution (eucaine B 0·1, sod. chlorid 0·8, aq. dist. 100·0). This solution admits of sterilisation, whilst cocaine does not. Before the operation Braun always gives a morphia injection, but not in the region to be operated on. The method of injection is that adopted by Schleich himself. He has performed both minor and major operations under this form of infiltration anæsthesia—tracheotomies, empyo-thoracentesis, abdominal sections (20 cases). The solution is said to be very suitable for hydrocele operations. After removal of the fluid, the sac is filled tensely full with the fluid, and in a quarter of an hour the tissue to be removed is infiltrated with the solution. The regionary anæsthesia recommended by Oberst is most suitable for phlegmons and diffuse inflammations.

Austria.

[from our own correspondent.]

Vienna, August 12th, 1899.

Local Anæsthesia in Major Operations of the Extremities.

Berndt recommends an operation which he practises with cocain and common salt for local anæsthesia in operations of the extremities. After applying an Esmarch bandage, a solution of 4 to 5 centigrammes of cocain in 40 to 60 cubic centimetres of a "physiological salt solution" is injected into the neighbourhood of a large nerve trunk. After injecting, the operator requires to wait twenty to thirty minutes before anæsthesia is complete.

Angina and Acute Articular Rheumatism.

Some time ago Sanger expressed the opinion that articular rheumatism was nothing but a low form of pyæmia, and gave a few cases in proof of this contention. Kronenberg adds another of these to our literature, with a post-mortem that certainly gives some colour to the original hypothesis. Having occasion to operate on the concha of one ear of the patient, the throat of the same side became affected, which, with a little treatment, subsided in a few days. Later the nostril of the opposite side of the head was operated on with a similar result on the same side of the throat as the operation, but this time did not clear off as quickly as the opposite side of the throat after the ear operation, but, on the contrary, was rapidly followed by an attack of acute articular rheumatism, with its various complications, endocarditis, pericarditis, pleuritis, pneumonia, and death. The articular rheumatism in this case had every appearance of a pyæmic origin.

Icterus Neonatorum.

We have had a large number of hypotheses on this subject, but none so original in these days of hygiene and preservation as that propounded by Schonewald, who persistently maintains in opposition to Gessner's philosophy, that icterus in early life is due to the imperfect cleansing of the infants' skin before dressing, which is frequently done without due care! He allowed 67·5 per cent. of his cases to be washed in the usual way, and all of them had icterus more or less, while the other 32·5 were free from icterus, being cleansed according to his own preservative method.

Hæmophilia.

Gocht at the meeting of Physical Medicine drew attention to the bleeding into the joints, and demonstrated his remarks with three cases under treatment. Hæmophilia

he said, was a congenital condition that usually manifested itself most prominently in the child about the period of walking. It may be stated without exception that the slightest injury will produce hæmorrhages into the joint, particularly the knee-joint. This disposition to inter-articular bleeding depends on several causes: for example, period of life. Repeated hæmorrhages cause a change in the anatomical condition of the joint, and by this means future hæmorrhages are usually prevented.

The diagnosis of these cases is always a difficult task, which must be conducted by König's test, and which is entirely symptomatic, while the post-mortem reveals the pathological changes.

He then showed two brothers with similar histories whose families had the same trouble. One of the boys brought forward was remarkable from the number of times the hæmorrhage had recurred, being 45 times in the right knee, 11 times in the right foot, seven of which were very severe, and had to be bandaged. The facts of these cases confirmed Grandidier's assertions that the disease is notoriously hereditary.

The treatment might be characterised as prophylactic. In a recent effusion absolute rest must be rigidly adhered to, while warm compresses, or ice may be applied with advantage, but in all treatment the central vital force must be well sustained. Subsequent muscular exercise with electricity and massage may be found to be of great service.

Repeated effusion and sluggish absorption may ultimately produce contractions and deformity requiring orthopædic interference. Puncture of the joint should be carefully avoided, as well as "Revirement.' If the limb requires an appliance to be worn, the apparatus should be light and fit neatly.

TROPON.

Neumann gave the meeting a history of the experiments conducted on himself with this food (tropon). Three conditions were necessary in all nutrient food stuffs: (*a*) it should be easily absorbed; (*b*) when given in large quantities it should not upset the stomach; (*c*) it should be palatable to the taste; and, lastly, it should not be too dear. All artificial preparations containing albumen transgressed the last canon.

The latest on the market were somatose, nutrose, and eucasin, which were more or less defective in peptones, and dear, and were, he considered, inferior to tropon. This nutrient is a dry brown powder, insoluble in water, and without any characteristic smell, while the taste reminds one of bean meal. It contains one-third of animal and two-thirds of vegetable albumen.

The Operating Theatres.

MIDDLESEX HOSPITAL.

LAPAROTOMY FOR REMOVAL OF A SOLID OVARIAN TUMOUR.—Mr. JOHN MURRAY operated on a woman, æt. 60, who three years before had been operated on for removal of an ovarian tumour on the left side. She had continued well till six months previous to admission, when she noticed a swelling in the lower part of the abdomen, which gradually increased until a month before admission, since when the swelling had very rapidly increased in size. On examination the abdomen was found to be greatly enlarged, this was evidently caused by a large accumulation of fluid in the peritoneal cavity. At the lower part the abdomen felt more resistant, which suggested the probability of the existence of a tumour. On vaginal examination the uterus was movable, and an indistinct swelling could be felt in the posterior fornix. The abdomen was opened in the middle line below the umbilicus and a large quantity of ascitic fluid escaped. A tumour was found filling up the entire pelvis, firmly adherent all over except anteriorly. The incision had to be enlarged above the umbilicus. The adhesions were then carefully separated and numerous ligatures applied. Two coils of intestine were adherent to the tumour; in separating one of these the wall of the intestine was partially torn; the tear was at once closed by Lembert's sutures. The other coil was so firmly attached that a portion of the tumour had to be left adherent to the intestine. All other adhesions having been separated, the tumour was removed. It was found to be for the most part solid, and probably malignant in nature; it measured about nine inches by six. A number of bleeding points had to be tied at the site of the peritoneal adhesions, and the oozing, which was still persistent, was arrested by the application of hot sponges. The wound was closed, and a glass drain tube inserted into the pelvis The patient was very collapsed after the operation, and an enema containing ʒss of brandy was administered. Mr. Murray said that the operation was undertaken for the purpose of exploration. Arguing from the history it was probable that there was a simple ovarian tumour which might easily be removed; on the other hand the presence of ascites suggested the possibility that the growth was not only malignant but diffused. He thought there could be little doubt as to the malignant nature of the growth. In the first place, the manner in which it involved part of the intestine, pointed strongly to malignancy, and in addition there were noticeable at the operation several small whitish subperitoneal spots on the intestine, which he considered strengthened this opinion. Nevertheless, he thought the removal of the tumour was desirable, partly because its nature could not be definitely known until the microscopical examination, and also because, owing to the rapid increase in size and the manner in which it was impacted in the pelvis, its presence would very shortly have given rise to severe pressure signs. With regard to the introduction of the drain tube, on account of the amount of oozing that was taking place, he considered it advisable to drain the pelvis. If all went well the tube would be removed in twenty-four hours.

It is satisfactory to state that at the end of a week there has been no rise of temperature; the tube was removed the day after the operation, and the progress of the case so far is satisfactory.

WEST LONDON HOSPITAL.

RUPTURE OF EXTRA-UTERINE GESTATION.—Mr. BIDWELL operated on a woman, æt. 26, whose youngest child was 6 years of age. Since then her periods had been regular till two months previous to admission, when signs of pregnancy had developed. Four days before admission she had complained of severe pain in the right iliac region, and had passed a small amount of

blood per vaginam. The abdomen became distended and signs of peritonitis developed. The general swelling subsided and a mass formed in the right iliac fossa. On vaginal examination the uterus was found to be slightly enlarged and pushed to the left side, and a mass could be felt in the posterior wall of the vagina, which was continuous with the mass in the right iliac fossa. The abdomen was opened in the right linea semilunaris and a quantity of blood was found free in the peritoneal cavity. This was washed away, and after removal of a quantity of blood clots in Douglas's pouch, the right Fallopian tube was found to be ruptured, and had evidently been the site of a pregnancy. The tube was removed together with the right ovary; the abdomen was flushed out with normal saline solution to remove blood clots, and closed in the ordinary way. Mr. Bidwell said the case was interesting, as the physical signs would rather have pointed to an attack of appendicitis than to tube-pregnancy, but the history made the latter the more probable. He thought it always indicated to open the abdomen when there is any suspicion of a ruptured tubal pregnancy, since if it is left and the placenta formed, this last will become adherent to the intestines, and make a late operation very difficult and dangerous. He referred to a case he had operated on at the tenth month, the child had died and the placental membranes were in a very sodden state, the result being that in peeling them off part of the swelling of the intestine was ruptured. The patient, however, made an excellent recovery, after excision of several inches of the involved intestine. He admitted it was not impossible in some cases of ruptured tubal pregnancy for the blood and ovum to become absorbed, but even in these cases the convalescence would be more tedious than after operation. The reason, he pointed out, for making the incision in the linea semilunaris instead of in the middle line was an account of the possibility of the vermiform appendix being involved. He asserted that it was no more difficult to remove the uterine appendages through an incision in the linea semilunaris than through one in the middle line.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 16, 1899.

THE ALLEGED INCREASE OF LUNACY IN IRELAND.—I.

Our contention is—and we shall develop the supporting argument as we proceed—that if insanity is to be considered as a distinctive and curable disease of the human mind, calling for treatment in special hospitals, a continuous series of scientific efforts should be made to ascertain its genuine varieties to the exclusion of all doubtful and spurious cases. As we write we have before us the Fifty-Third Report of the English Lunacy Commissioners just published. Its bulk is as usual proportionate to the area it covers, and about one-third the size of what its Irish fellow probably will be following the good old conventional and unprogressive lines common to both, for years. We presume the latter will soon be in our hands, as the date of its usual appearance ("old style") is approaching. We can only say now that the English report opens with the statement, that the lunacy population of England and Wales, during the year was ascertained to be 105,086, including 6,000 "out-door paupers." The report, occupying sixty-two pages, is signed by Lord Waldegrave the new chairman—the remaining 400 pages—being the usual statistics and inspections, which few will care to venture on now that there is no Charles Reade to present them in sensational aspects. We have also at present before us a printed report that there are now on the books of the Richmond Asylum 2,127 patients—that Portrane at present accommodates 400 male patients, and the Grangegorman annexe 372 females. These figures concerning the great metropolitan district include all classes of the "mentally affected"—waifs and strays—recurring "habitual inebriates," &c., showing the heterogeneous character of the inmates, the kind of data generally presented; to enable us to work out the solution of the question, or form some idea of the prospect of its being reached in the near future so as to settle it.

In the cause, and for the sake of a great variety of interests, it is now obviously desirable that the much debated question of insanity should, if not cleared up—which it can never quite be so long as the existing conditions of human nature exist—be at least put on a more satisfactory and sensible basis, than high-flown ideas can ever accomplish, if only to dispel alarmist apprehension, and check the entirely uncalled for rush of money expenditure. This expenditure has been of recent years in striking contrast with the parsimony and cheeseparing which prevailed a few decades ago, simply because the powers had no confidence in the authorities which then existed—and in consequence imposed various clerkly restraints, implying distrust, a fatal clog to departmental government, inasmuch as it starves it down to the vanishing point of all efficiency. But now, as sure as the swing of the pendulum, a new epoch operates when newly-fledged authorities coming to their work with sanguine ideas of reform, and inflated notions of their paramount all-sufficiency for the express purpose, concurrently with lavish responses from the Treasury, previously peremptorily and most unreasoningly denied, assuming that everything must be bad, and rotten, proceed with the attempt to cleanse the Augean stables on an expensive

scale of simple scavenging. Unfortunately, the general public take no interest in the subject of lunacy because it is not associated with any political fermentation. The only chance of arousing their dormant sense of its importance is to bring it home to their pockets. Energetic attempts have been made by writers conversant with the question through the medium of magazines and the newspaper Press, from time to time. to create the nucleus of some public opinion on it, but with very indifferent success. Now, Ireland at the present moment is most exceptionally circumstanced as regards the matter, because different from, we believe, most other civilised nations, its people or their representatives have its shaping and destinies at last entirely in their own hands. If some one strong local body would start with a good and intelligent initiative, commending itself to the emulation of the others, there would be every hope of the establishment of the sound popular system contemplated by the Act on a suitable and economical basis—this—hand in hand with a masterly inspection from a central point would most effectually clear up any mystery there may be as to the alleged increase and propagation of insanity. We think whoever originally drafted this Local Government Act showed an amount of farseeing wisdom, sagacity, and independence in the framing of the lunacy clauses, for which due credit has not been given because the results cannot yet be felt. Feeble attempts have heretofore been made—through the rough and ready agency of Commissions—the resource usually of responsible authorities who are ignorant of the subject themselves; or, foreseeing the facilities afforded for the perpetration of some injustice or favourite job with impunity in arranging lunacy conditions in this country, resort to them all the more readily, though by this time they ought to be pretty well discounted. Thus ten or twelve years ago, when it was easy to see the close of the nonagerian rule of the Lunacy Department was, in the natural course of things near at hand, another inquiry was started, though for all practical purposes, as the sequel showed by a species of drum-head court martial, the department had been summarily tried, condemned, and executed. Later on as the report of the inquiry urged the formation of a Board of Lunacy—under cover of which the condemned system was practically perpetuated—that is, for so long as there remains any ostensible reason for such an obsolete system, terminable only with Home Rule. Probably whatever remained of the wreck of a department, under the new Act, did not too large vested interests make it incompatible, would have been economically utilised in forming a suitable and efficient inspectorial and clerical staff under the Local Government Board.

There are now in Ireland about 20,000 registered lunatics, more than two-thirds of whom are maintained by the Treasury and local rates, and find their lodgment in the district asylums, now to be entirely managed by the local committees. What may be the extent and utility of the operations of the Inspectors remains to be seen. We presume we shall be afforded glimpses of them in the Blue-books, and we hope they will be commensurate. There are somewhat under 200 criminal lunatics in Dundrum supported entirely by the Treasury, but if Sir Dominick Corrigan's policy had been adopted, which was at once summary and drastic, the irreducible minimum would have been reached, and there would be no occasion to raise the boundary-wall, neither would the term "criminal lunatic" perplex. It is officially reported that according to the Census there are about 5,000 lunatics "at large" - that they are being gradually absorbed into the "registered"—and the presumption is they will ultimately disappear from human ken. Further information might be vouchsafed as to the grounds upon which the unregistered lunatics are regarded to be insane. At page 4 of the 47th Report in Lunacy (Ireland) may be found an interesting table showing the proportion per 100,000 of the population of lunatics. In the year 1880 in a population of over five millions the proportion was 250, and in 1897, with a population of something over four millions and a half it was 430! This would be conclusive, were it not that the factors are based on very uncertain, indefinite, and fluctuating data, and our primary object is to induce the authorities to lay the groundwork of unerring and demonstrable data as the only means, in conjunction with another process, of arriving at a correct inference as to the increase of insanity in the Irish community. Mr. Corbet, M.P., who has written much on the subject, appears to rely mainly on the official statistics. We know the greatest statistician this country ever produced (Dr. Neilson-Hancock) could prove anything from them; but the great bulk of blue-book statistics, especially upon such abstract subjects as insanity, must necessarily be fanciful. We only believe implicitly in, and make reliable deductions from, such statistics as the Chancellor of the Exchequer's Imperial balance-sheet. Mr. Corbet, M.P., pins his faith to the published statistics of insanity, because they are the outcome of that official oracle he helped to deify, and is a firm believer in its increase. He has published many elaborate papers to show this, but his last, if it prove anything proves that every child and descendant of Adam since the foundation of the world is more or less insane—cranky or a crank—and in that view there is no doubt that insanity is increasing and as he reasons, likely to go on increasing.

MODERN IMPROVEMENTS IN DIAGNOSTIC APPARATUS.

IN the interesting address which Sir R. Douglas Powell delivered at the annual meeting of the British Medical Association, the orator dwelt affectionately upon the comparatively recent date at which so many of the diagnostic appliances now generally employed were introduced. Among the senior men there must be many who can recall the first appearance of the stethoscope. and the impor-

tance of this innovation is enhanced by the fact that it was the means of directing the attention of practitioners to the value of physical signs perceptible on auscultation and percussion in the diagnosis of disease, for the recognition whereof the practitioner had previously only clinical observation to guide him. It is really difficult at the present time to form a trustworthy idea of the means which præ-stethoscopic practitioners adopted to arrive at a diagnosis. Doubtless they cultivated other special senses and laid greater stress on direct observation of the patient, a process now discarded in favour of instruments of precision sometimes possibly to the detriment of medical science. Curiously enough the orator went out of his way to decry the use of the perfected instruments which have to a great extent superseded the old wooden tube, and no doubt to some extent his strictures are justified. Each variety of stethoscope presents advantages of its own, and in doubtful and obscure cases the careful man listens with each in turn, thus extending his sphere of observation and confirming his results. The sphygmograph, though a revelation in its way, has rendered more service to physiology than to clinical medicine, but one can hardly contemplate with equanimity the practice of medicine without the aid of the clinical thermometer, yet its introduction, we are told, dates from the days of the late Sir William Jenner. The sudden importance which the temperature assumed in medicine when its use became general has had its drawback in that it paved the way to antipyretic medication, a method of treatment which is in many cases the reverse of scientific, and has in any event been carried to great excess. When we bear in mind that pathogenic microbes develop most freely at temperatures approximating the normal, we may well ask ourselves whether in violently reducing fever we are not thwarting Nature's reactive struggle against the invading organism, in fact it would appear that a given temperature is as normal to a particular disease as a lower temperature is to health. Fortunately the antipyretic wave has passed its apogee, and practitioners are beginning to employ these powerful and even dangerous drugs with caution. Another craze that has well nigh seen its day is the fond delusion that it is possible to attack the germs of disease in their stronghold, the human body, by means of bactericidal and antiseptic products. For this to be possible the agent would require to be possessed of an elective action on the invading organisms, whereas they are all protoplasmic poisons, as inimical to the human protoplasm as to that of the bacilli. It was not until the advance of bacteriology paved the way to the introduction of seropathy that any such selective action became possible, and even now we are but on the fringe of the subject. The value of bacteriology in the diagnosis and study of the natural history of disease cannot be overestimated, but its application to the preventive and curative treatment thereof, with one or two exceptions, is reserved for the, let us hope near, future. The measures now in progress for the prevention of tuberculosis demonstrate unquestionably the value of bacteriological data, even when that knowledge has not resulted in the discovery of an immunising serum. Knowing how the disease is spread we are in a position to do something to circumscribe its ravages, and when the public have been educated up to a comprehension of the essentially preventible nature of the disease much good will doubtless attend organised efforts in this direction. Our knowledge of the infectiousness of tuberculosis only dates about a quarter of a century back, and up to within the last ten years the new views met with a very cold reception. Now, one's only surprise is how the fact could possibly have been overlooked. We are at present confronted with the danger that the recognised infectivity of the disease may blind us to the other determining circumstances and conditions which render infection possible and favour the subsequent development of the morbid process. Our efforts to stamp out the disease must needs prove disappointing unless something be done to rectify the conditions which favour its dissemination. We cannot hope to exterminate the bacillus tuberculosis, though we may minimise its opportunities for mischief, and if any great measure of success is to be achieved, it will be by measures having for object to reinforce the resistance of the tissues by improving the hygienic conditions of civilised life. The tendency to the formation of urban aggregations, and the further tendency to exaggerate the density of population by the erection of huge superimposed mansions, are factors which will have to be reckoned with on the other side.

THE ETIOLOGY OF HORSEPLAY.

Wheresoever a few men, young in years, or, if not strictly so, young in mind, are gathered together some expression of their physical energy, exemplified by horseplay or "ragging," appears to be inevitable. Nor is this a reprehensible practice so long as it remains free from any taint of bullying. It forms properly a mode through which the cerebral cells of youth are enabled to rid themselves of their natural inclination towards fun and frolic of an active kind, removed from all mental malice or tyranny; a safety valve for the brain cells of those who suffer from the repression imposed by civilisation, at a period of life when desire for physical pleasure is most marked. In every human brain the love of power and for mastery is present, lying more or less dormant, or as occasion affords, more or less active. Naturally it is among the younger members of civilised races that this tendency is most often displayed; the stronger exults in his power of harassing the weaker, and enjoys, like the savage, the anguish and pain shown by his victim. Such tendencies, at least when they are displayed by scions of civilised peoples, necessitate for the future good of the tyrant and his slaves, regarding them as future members of a community in which tyranny and slavery are non-existent, firm repressive measures. But in dealing with the ordinary types of horseplay

which are devoid of malicious intent, and from which the perpetrators fully expect a *quid pro quo* from the victims of their deeds at the first opportunity offered, it should be borne in mind that the natural high spirits of youthful brains are frequently so trammelled by the corset of civilisation as to actually require, and benefit from, such a liberation of natural energy. The subject is of interest to members of our profession because of the outcry every now and then raised over some report more or less coloured as to the disgraceful ongoings of a hospital resident staff. An example happened lately when the residents of the Edinburgh Royal Infirmary were reported to be fond of horse-play out of hours, and through a complaint to their board of managers received a severe "wigging" regarding their unprofessional conduct. It is a question of some psychological importance whether the occurrence of an occasional "rag" does not yield a greater meed of good to the participators, than harm either to the "ragged" or to the general efficiency of the first-named. Where the proceedings are free from suspicion of tyranny, the man who is unable to take chaff of this physical kind has but little in him. The work of a hospital will not suffer because the resident staff have sought in this way an outlet for their cerebral store of energetic nerve force during hours of independence; it will rather benefit, seeing that it entails so long a term of professional application upon the resident officials in each twenty-four hours. Is the business of the Stock Exchange any the worse conducted because its members, as common report has it, are not at all averse to displays of animal spirits, which usually spell "ragging?" Are they reprimanded by the daily press for them? No; but let the writers of the lay press hear of any such occurrence in a hospital, and what unctuous reproof, what calling upon their Penates to witness that no such depravity had ever been seen; patients, many of them nigh unto death, harassed by the rowdy antics of those responsible for their treatment; physicians in onerous posts behaving like lunatics, &c.; totally forgetting that it is after hours of duty, and within private apartments that the dreadful acts have been committed; that no patient has been disturbed; and that the actors have been employed for most of the day, and of the many days before it, in devoting their time to laborious and careful attention to the sick, thus depriving themselves of all means for a liberation of their youthful physical impulses. Jack is made a dull boy when deprived of play. The brain of youth or while still youthful, however old its owner may be, cannot be rationally expected to pursue the line of a "moudiewort" as the Scotch would say, without detriment to itself, unless allowed some latitude in its manner of expression of revolt. It is more than probable that the cerebral cells endowed with different functions are in health so charged with energy that they can instantly respond to the stimuli specially fitted for them, while if not called upon by stimuli which they expect, for many must be apathetic by reason of entire disregard, and have been accustomed to, they may be inclined to hint to the governing mechanism that a little outlet would be salutary. Is such a message a crime against civilisation? Is it not rather an indication that the highest civilisation will accompany opportunities freely afforded for the liberation of that natural nervous force which inclines towards physical expression? The Anglo-Saxon love for muscular enjoyments and physical rivalry have much to do with the success of the race. Why then reprobate the harmless exhibitions of similar origin on the part of junior physicians, "cribbed, cabined, and confined," at a time when nature is perhaps most assertive? The pity of it is that the hospitals suffer much from the animadversions of writers in the press, who have forgotten the days when they themselves were young, in the gratification given them, a pleasure closely allied to that of the bully, in their power to ape authority; the power of jealous age over the capacity of youth for an enjoyment it has itself lost.

Notes on Current Topics.

Typhoid Fever and Tuberculosis.

THERE is a noteworthy relationship between the incidence of pulmonary tuberculosis and typhoid fever, a relationship which is borne out by the Registrar-General's annual returns. The steady reduction in the mortality from typhoid fever which has characterised the returns of the last quarter of a century is associated with a corresponding diminution in the mortality from pulmonary tuberculosis. Nor can this cause surprise seeing that the conditions which favour the dissemination of typhoid also in large part favour the evolution of tuberculosis. Ill-ventilated and ill-lighted dwellings, foul and insufficient water supplies, the accumulation of filth and the want of proper drainage both in towns and in houses, not only assist in propagating typhoid, but also favour the dissemination of tuberculosis. As Dr. Seaton points out, by lowering the subsoil water of towns and thus rendering the foundations of houses drier and cleaner, the conditions which promote the vitality and virulence of the typhoid bacillus are modified and removed and, *pari passu*, phthisis is thereby rendered much less frequent. If the time ever arrives when typhoid fever shall have become a thing of the past it may safely be predicted that phthisis will also have become vastly less frequent. These observations are important in that they show to what a large extent these two diseases are under human control. Prevention is, therefore, much more important than cure, and we realise that sanitation is more important and effectual than sanatoria. Of course the channels of dissemination of the two diseases are different though the conditions which favour their evolution are much the same. Moreover, although it is generally assumed that water is the principal, if not the only, vehicle of typhoid infection, we have

serious reasons for suspecting that there are other, hitherto unsuspected, channels, and it is of the utmost importance that these should be identified. The same remarks apply to tuberculosis, and here again it is possible that public attention is too exclusively directed to certain means of infection, others equally worthy of note being ignored. Our motto should be the prevention rather than the treatment of tuberculosis, for our efforts must needs be frustrated in respect of the latter so long as the hygienic conditions of our towns offer every facility for the development of the specific bacillus.

Some New Uses for Thyroid Extract.

In accordance with the time-honoured custom which requires that when a therapeutical agent has been found useful in one affection, it should be given a trial in others not presenting any obvious analogy thereto, thyroid extract is being experimented with in various morbid conditions. It is already largely employed for the relief of obesity and, in spite of its drawbacks, with a certain amount of success. Then it was recommended in the treatment of acute psoriasis with results which are as yet not well-defined. The next thing for which it was exhibited was that complex morbid condition described *en bloc* as dysmenorrhœa. In some of the cases it is alleged to have given great relief, while in others it proved inert. This indeed is what one might have anticipated, seeing that the causes of dysmenorrhœa are various, and the remedy which would obviate one cause would be unlikely to modify the condition in another. The most recent suggestion is the administration of thyroid extract for the reduction of fibromata of the uterus. According to the report of a committee of the American Gynæcological Society, based on observations carried out on a series of cases of fibroma uteri, presenting well-marked symptoms, the treatment was followed by distinct amelioration in a sufficient number of cases to make it advisable, if not obligatory, on us to give patients a fair trial of the treatment before resorting to operative measures. It is noted that the relief was specially marked in the so-called "nervous" cases, the patients becoming calmer and more rational. It is not denied that in a fair proportion of the cases observed an operation became, or appeared likely to become, necessary, but possibly further observation will assist us in distinguishing the cases in which this treatment is likely to prove efficacious from those in which surgical intervention alone can be trusted to give relief.

"Christian Science" as Applied to the Lower Animals.

There is not much room in this country for the "Christian Scientists," and the sect, the gullibility of the public notwithstanding, is never likely to have any encouragement here. As a matter of fact its practices are too transparently fraudulent. Under all the circumstances, therefore, of the case, it is extraordinary that in America the sect should be afforded opportunities of establishing itself more or less extensively. Indeed, a new Medical Act has just been passed in Illinois which contains a clause conferring upon the sect a legal status. The clause states that the Act shall not apply to any person who ministers to or treats the sick or suffering by mental or spiritual means without drugs or material remedy, thus leaving the door open to a barefaced system of quackery of which it is easy to foresee that full advantage will be taken. The prevalence, however, of Christian Science in America is shown by the fact that its practices are not confined to the treatment of the ills of human beings; a new phase of the "Science" has arisen, that is to say, "Christian Scientists," are prepared to exercise their art in the relief of the diseases of animals. In this connection an amusing incident is mentioned in the *Journal of the American Medical Association*. A "Scientist" failed to make a diagnosis in the case of a cow that was *in extremis* when he arrived. However, after three sittings of profound meditation the cow made such an excellent recovery that it chased the "Scientist" twice round the barnyard, and he was only rescued from a perilous situation by a hired man with a pitchfork. Possibly if the "Scientists" begin to find that their veterinary department is liable to frequent developments of this nature they will decide to confine their attentions to human beings. At all events in this instance it is quite clear that the cow had no intention of being made a fool of. We may assume that the natural resentment which it displayed was intended as a protest against making it the medium of fraudulently extracting dollars out of the pocket of its owner. Possibly, however, it expected a dose of medicine, but when it found that it was expected to get well under the influence of the "profound meditations" of a Christian Scientist, the animal at once adopted an effectual method of showing its abhorrence of quackery. Pity can only be felt for those persons who prefer to be attended by the "Scientists," and who fail to show the common sense which was apparent in the cow.

Untrustworthiness of Rabies Statistics.

In the House of Commons last week Mr. Long, answering Mr. Whitmore, said in 1896, the year prior to the commencement of operations against rabies, there were 438 cases in Great Britain confirmed; in 1897 151 cases; in 1898 17, and during the present year so far as it had gone only one case. The Department had now made arrangements for obtaining the same security against the introduction of the disease from Ireland, and so soon as these arrangements were in effective operation, he hoped to be in a position to withdraw the orders from certain English districts. While we congratulate the public on any prospect of the repeal of the futile and ridiculous muzzling order, we cannot abstain from expressing strong doubt that Mr. Long's department is entitled to any credit for the supposed rapid reduction in the number of cases of rabies of which he is so boastful. If a medical scientist claimed that, in the short space of three years, his treatment brought

down the number of sufferers from a specified disease from 438 to 1, the profession would certainly sniff at his statistics and demand unquestionable proofs. In the case of Mr. Long's very gratifying figures that proof would not be forthcoming because he compares succeeding years which have no analogy with each other. In 1896 and 1897 there was, practically, no verification of the diagnosis of rabies either in dog or man. As regards the former, the suspicions of every vet. or policeman were, at that time, taken for gospel, and the 587 cases of rabies then recorded were the result. In 1898 Mr. Long's department arrived at the suspicion that the ideas of a vet. or policeman were not evidence of the existence of rabies, and, therefore, not safe basis for legislation, and an order was made that the diagnosis of the disease should be, thenceforth, when possible, confirmed by bacteriological investigation. Hence the precipitate fall in the supposed frequency of the disease from 151 cases to 1 in two years. Mr. Long's statistics, of which he is so proud, prove, in fact, nothing more than that the muzzling order was begotten of ignorance as to the prevalence of rabies which was, itself begotten of the folly of building up conclusions upon the *ipse dixit* of a vet. or a policeman. We have pointed to that folly many a time, but it was persisted in by officialdom and is now, happily, coming to an end.

An Epidemic of Tetanus.

THE Fourth of July celebration in the United States has always been prolific in accidents of various kinds, and no less than one hundred and fourteen lives are reported to have been sacrificed as a sequel of the last *fete* of the kind. It is a remarkable fact that tetanus was responsible for no less than eighty-three of these deaths, a prevalence which can only be explained on the assumption of the specific bacillus being far more widely spread in the States than in this country for example. We may note *en passant* that the serum treatment did not give very encouraging results, and more success appears to have attended Bacelli's carbolic acid treatment.

The Therapeutics of Liquid Air.

IT is of interest to note that investigations have been carried out with a view to testing whether or not liquid air possesses any therapeutic value. In the *New York Medical Record* for July 22nd Dr. Campbell White records the results which he has obtained from its employment in the treatment of many forms of disease. At the outset it may be pointed out that liquid air is not antagonistic to the lower forms of life, and cannot therefore be regarded as a germicide. Dr. White, however, expresses the conviction that from his experience nothing acts so well in promoting the granulation of varicose ulcers, chancroids, and other specific ulcers as this preparation. He has also used it with great benefit in cases of sciatica, herpes, intercostal and facial neuralgia. Again, in lupus he is able to speak encouragingly of its use. On the other hand so far as carcinoma is concerned his experience of it has not been sufficient to enable him to express a positive opinion. The mode of application to which Dr. White resorts is that of a cotton swab, or by means of the spray. We are not aware that any observations upon the therapeutic use of liquid air have been made in this country, nevertheless it would seem from the above recorded facts that it possesses some therapeutic value and is worthy of a trial in certain diseases.

The Therapeutical Value of Sulphur Fumes.

A MAGNIFICENT sanatorium has recently been thrown open to the public near Naples by the generosity of the Duchess Teresa Ravaschieri for the benefit of persons suffering from pulmonary tuberculosis. It is near the Solfatara, the crater of an almost extinct volcano. Gases and smoke still escape from the numerous crevices and fissures, and the air laden with sulphurous fumes, is popularly supposed to have a beneficial effect on consumptives. If this be correct our native sufferers need not go so far afield for their treatment, seeing that the air of the Metropolitan Railway fulfils every indication. If the railway authorities could be persuaded to render available a special car for the use of phthisical patients on the payment of a small sum in addition to the ordinary third-class fare, no doubt a certain *clientele* would be attracted. If the prospect of passing several hours daily in the depressing darkness of these subterranean passages be held to constitute a drawback the waste air might be pumped into the rooms of a sanatorium constructed *ad hoc*. Sulphur fumes, by the way, used to be recommended in the treatment of whooping-cough, though we have not, so far, heard of any cures attributed to the methodical use of the "Underground."

The Suppression of Street Noises.

THE life of the average citizen is becoming more tolerable, so far as street noises are concerned, a happy state of things which is due, not to the fact that he has become accustomed to such nuisances, but because the streets are quieter than they used to be. In a certain measure a good influence has been exerted in this direction by the London Society for the Suppression of Street Noises. Although only in the second year of its existence the Society, as its report for the past year shows, has been steadily pressing forward an admirable campaign against the soul-disturbing costermongers and newsboys, who make the thoroughfares hideous with their yells and howls. Moreover, it is satisfactory to note that the Society has a well designed programme in the pursuit of which its members intend to expend their best energies. For example, among their objects of reform are included the compulsory fixing of India-rubber tyres on all vehicles, floors of the same material for milk-carts, the establisment of kiosks in place of the screeching newspaper boys. But even if all these reforms were successfully attained, many more noises would still be left to be dealt with. The bawling coal hawker, for instance, is an intolerable nuisance.

and the irritating, expressionless, metallic clang of the barrel-organ should be banished altogether from the streets. Possibly, however, when the London Government Act comes into force marked improvement will be noticed in regard to the prevalence of street noises, inasmuch as the new municipalities have been empowered to make by-laws for regulating and suppressing such nuisances, and there is every reason for supposing that full advantage will be taken of the clauses in the Act relating thereto.

The Extermination of Malaria.

The etiology and prevention of malaria is one of the most important medical questions of the day, and, therefore, the investigations of the Commission under Major Ross, I.M.S., sent out by the Liverpool School for Tropical Diseases, will be looked forward to with great interest. Meanwhile Major Ross makes some important suggestions in regard to the prevention of malarial disease in a paper contributed to the current number of the *Indian Medical Gazette*. In the first place, he claims that it is now generally admitted that the mosquito theory of the disease is correct, and hence he affirms that, in order to eliminate malaria wholly or partly from a given locality, it is necessary only to exterminate the various species of insects which convey the infection. Investigation has shown that the insects are always hatched from aquatic larvæ or grubs which can live only in small stagnant collections of water, such as pots and tubs of water, garden cisterns, temporary pools of rain water, and so forth; and thus it is suggested that in order to get rid of the insects from a locality all that will be necessary will be to empty out, or drain away, or treat with chemicals the small collections of water in which their larvæ must pass their existence. This would seem to be a very easy solution to the problem, but its practicability will depend upon circumstances. Different mosquitos invest different water localities, so to speak, some breed in pots and tubs of water, others exclusively in cisterns, ditches, and drains, others again only in shallow rain-water puddles. Therefore for practical results, Major Ross points out that it will be essential to ascertain not only what special mosquitos do carry human malaria, but also the nature of the habits of the dangerous varieties. From all these facts it will be readily gathered how large a field of inquiry the malarial question is, and how promising the prospect is, that we are within a measurable distance of gaining headway against the disease.

The Reform of the Medical Services.

It will be interesting to note the effect, if any, which Professor Ogston's address has upon the Admiralty and War Office authorities, and it would also be interesting to learn the feeling with which it has been received by the officers of the Services concerned. So far only one officer has publicly expressed himself regarding the address—namely, Surgeon-General Harvey, who proposed the vote of thanks to Professor Ogston, in the course of which he admitted that some parts of the address would cause a certain amount of criticism. Nevertheless he agreed that in many directions great improvements were possible in military as well as in naval, matters. It was clearly, however, in no hostile spirit that Professor Ogston took up the position that he did upon this question, and we are glad to see that Surgeon-General Harvey admits that this is the case. The latter expressed the hope that the address would be received in the spirit in which it was intended—namely, as one of kindly criticism with the object of improving the Services on which the Army and Navy depend. We would fain express the same hope, but at the same time we trust that Professor Ogston's criticisms will be acted upon. The washing of dirty linen in public, an expression which may be applied to Professor Ogston's indictment, is always a process from which to shrink. But sometimes it is necessary, especially in the advocacy of much-needed reforms, and now that the unpleasant duty has been discharged, every effort by those in authority should be made to prevent any such charge against the Services being brought again.

Smoke Prosecution.

The question of smoke prevention is one of vital importance to the future of town populations, yet it cannot be said in any real sense of the phrase to be efficiently handled in any large town in the United Kingdom. Last week a London vestry successfully prosecuted a well-known firm of restaurant keepers for allowing black smoke to issue from their chimneys so as to constitute a public nuisance. The whole question of smoke abatement demands urgent attention. The present failure to cope with the evil is due mainly to two facts—namely, the want of efficient sanitary inspection and the disinclination of magistrates to convict. The first point is only a part of the wider question of the insufficiency of the staff of sanitary inspectors that mars the health administration of local authorities all over the kingdom. The London County Council has just issued a report dealing with the whole subject. While the duty of enforcing the law in the first lay with the various sanitary authorities, yet in their default, the Council has a general power to act. With the assistance of the Metropolitan police the Council has procured evidence of no less than 3,699 offences for use in prosecutions by local bodies. Of the large number of infringements in which proceedings were taken, the majority appear to have been either dismissed by the Metropolitan police magistrates, or to have been granted such long periods in which to carry out necessary alterations as to render conviction well-nigh worthless. From these various considerations it is hardly to be wondered at if the vestries are lax in dealing with this class of offence. Some day we may hope that magistrates may be grounded in the first principles of public health and of medical jurisprudence.

Is the Plague in Oporto?

THE question as to whether plague had at length invaded Europe was pointedly raised in the columns of THE MEDICAL PRESS AND CIRCULAR in our issue of August 2nd. The subject, which is undoubtedly of prime importance to the welfare of the Continental population, was suggested by information of an exclusive nature that was placed in our possession from an authoritative source. Nine days later the *Globe*, a leading London evening newspaper, thought fit to notice the "suggestion that the cases of suspicious illness which have recently occurred at Oporto are in reality cases of Indian plague." We are glad to learn that the editor, although he does not acknowledge the source of the "suggestion" agrees with us, *verbatim et literatim*, in the hope that the matter will be at once investigated, and his powerful influence, coming as it does ten days after our opening shot, should go far towards convincing the Portuguese authorities. Ten days, however, is a long period of delay in dealing with so acute a disease as plague, especially when the actual bacteriological diagnosis could be made within a few hours. So comforting, however, is the support extended by the editor of the *Globe* to a medical contemporary that we cannot refrain from expressing hearty approval of his concluding sentence, especially as it rings a complete echo of a previous generalisation of our own:—"It is of the utmost importance to the rest of Europe," he remarks, "that it should be known without delay, whether the plague really has or has not made its appearance in Portugal."

Glycerinated Lymph.

IT appears that complaints have reached the authorities of a want of uniformity in the action of the Government calf lymph, and these shortcomings were recently the subject of several questions in the House. It is admitted that there has been some ground for complaint, and careful inquiry has been set on foot in order to throw light upon the cause of the deterioration. As we are not in possession of the allegations we cannot discuss the reasonableness of the criticisms, but we may remark that it is idle to expect that any lymph, however prepared, will give absolutely uniform results under all circumstances. It is surmised that the sudden changes of temperature to which the lymph has of late been subjected may account for certain specimens proving inert, but, apart from the varying factor of susceptibility, there is the personal factor, that of the thoroughness of the operation and the possibility of subsequent manœuvres having for object to frustrate the success thereof. The Government department in charge of the distribution of the vaccine is at present barely able to cope with the demands of public vaccinators, the average demand being close upon two thousand tubes daily, and, for the present at any rate, private practitioners will be left to shift for themselves. Not, indeed, that this is any hardship, inasmuch as there are plenty of trustworthy lymphs on the market at prices well within the reach of the poorest.

The Prolonged Heat.

THE prolonged heat-wave that is still swamping Great Britain has brought with it the usual train of seasonal diseases. Diarrhœa has been steadily increasing in its death-rate for some weeks past, and is claiming to the full its wonted tax of victims from the baby population. The direct relation of this most fatal malady—we are speaking of its acute summer form—is so remarkable that it is somewhat curious that efficient preventive measures have not arisen from the constant presence of this remarkable condition. As everyone knows, the prevalence of the serious aspects of the disease closely follows the curve of the deep-air temperature as registered by the three-foot thermometer. Since the classical investigations of the late Dr. Ballard little has really been learnt as to the essential facts of this most devastating disease, and a short attractive field of scientific investigation awaits some future worker in practical pathology and preventive medicine. Indeed, it is difficult to conceive any subject that in our existing state of knowledge, or want of knowledge, presents issues fraught with greater importance to the community. In Paris the heat-wave has been accompanied by a considerable increase of cases of typhoid fever, happily of mild type, which have reached a maximum of incidence not attained since the year 1894. When the man in the street asks what is the moral of it all, what shall the scientific physician answer? Verily, so far, perhaps the most if not the only answer of any value is to boil all milk and water before use. But what is the traveller and the tourist to do? Well, either carry his own little boiling apparatus, or drink wine *pace* the teetotallers.

Coventry Provident Dispensary.

IT is to be hoped that a conclusive phase may now be started by the Council of the British Medical Association in its attitude towards institutions of this nature. Since the strong resolution passed last year at the Edinburgh meeting it was natural to imagine that the profession of Coventry would follow up the matter. The Association has at a general meeting now called on the Council by a unanimous vote to demand from these dispensary doctors a reason for continuing their connection with the institution. We hope the Council will be resolute in the matter, and not stultify itself by failing to assert and enforce its opinion. This dispensary has been shown to be a most offensive affair from a professional standpoint. In many respects it is worse than any medical aid association. A lay committee farms out professional aid to substantial people. Funds over which the medical staff have no control are put out on mortgage, and managed by committee. The institution is riddled with abuses of every conceivable nature, and it is high time that the British Medical Association should take steps to purge itself of men who, in spite of repeated remonstrance, maintain their connection with such a body. Future developments of this matter will be awaited with considerable

interest. The new President of the Council is, we understand, in hearty sympathy with the aspirations of the general practitioner, and it may be anticipated that greater vigour will be infused into the future legislation of the body.

Immunity of the Abortion Quacks.

The syndicate who trade under the name of Madame Frain have been acquitted of the criminal charge of selling abortion remedies. At the trial their counsel scarcely ventured to deny that they advertised largely to entrap married women who did not desire child-bearing, and unmarried girls who—for obvious reasons—entertained the same feeling, having "got themselves into trouble," and the evidence went to show that the speculators reaped a golden harvest by blackmailing such persons. Nevertheless, they were acquitted, as we anticipated. Why? The difficulties of a successful prosecution in such a case were explained some two years since by a very explicit communication to the Medical Press from the Public Prosecutor. He pointed out that a prosecution might be maintained by any one of three parties —(*a*) the Crown, for using drugs for felonious purposes; (*b*) the Pharmaceutical Society, for selling poisons without qualification; and (*c*) the victim, for having obtained money under false pretences. Of these, the last-named only was likely to succeed in a prosecution, inasmuch as the false pretence would be easily proved by showing that the stuff supplied for abortion purposes could not by any means produce the desired effect. But it will be easily understood that a private prosecutor is never forthcoming in such a case. No married woman could be induced to swear in the witness-box that she took drugs to prevent conception, still less would an unmarried female make the same confession. For this reason the prosecution of such criminals devolves upon the police or the Pharmaceutical Society, for whose case it is indispensable to prove that the stuff supplied contained poisonous drugs in material quantity. To show this has now been found impossible, inasmuch as the stuff is mostly dirty water, with no abortifacient potency whatsoever. The prosecution endeavoured to show that it contained material quantity of "bitter apple" and other enmenagogues, but it failed to show that the quantity was enough to bring the vendor within the grasp of the law, and an acquittal followed. There seems to be no escape from this legal *impasse* except an Act to make the felonious *intention* a felony.

The Hospitality at the Portsmouth Meeting of the British Medical Association.

One of the most general subjects of comment at the recent meeting of the British Medical Association in Portsmouth, was the excellent arrangements made for the entertainment of the visitors, and the lavish scale of the hospitality. Upon this matter a universal opinion prevailed that the hospitality extended was such as to make the Portsmouth meeting always a memorable one. Not only were the guests provided for in a manner worthy of the occasion, but also in a manner befitting the great naval and military centre in which the meeting was held. It would be invidious to single out any special host whose hospitality contributed to the pleasure of the meeting, where so many of the leading residents in the district extended a welcome to the members of the Association. But, perhaps, mention should nevertheless be made of the part taken in this regard by the Mayor of Portsmouth, Alderman Scott Foster. Undeniably the Association is indebted to him in various ways. In giving a prominent official lead to the proceedings in connection with the meeting he set the example to others to do their best to memorialise the occasion. Altogether, from the Mayor downwards, the hospitality shown at Portsmouth was such that the counter attractions in some degree depleted the attendance at the sections.

Unqualified Practice under the Companies Acts.

The executive of the British Dental Association has issued a circular to its members, urging them to support by all means in their power the objects of the Companies Act of the present year, which deprives commercial syndicates of the right which they claim to practise medicine, surgery, dentistry, and midwifery without qualification. The Association points out that any unqualified person, who may have got himself into trouble by infraction of the Dentists Act, could escape all risk or inconvenience by registering himself as a company, it having been decided by the High Court that a company is not bound by the same law as an individual. The Association calls attention to the attempt of which we have some time since given warning, of certain persons in Dublin, who call themselves the Dr. Bland Company, to work this decision to their own advantage, and, also, of certain other persons seeking to follow the example. Fortunately two difficulties stand in the way of these enterprises. An unqualified person may be prosecuted in the midst of his medical or dental practice if it can be proved that he represented himself to be a registered practitioner—a statement which it ought not to be difficult for an astute person to get out of him. A qualified practitioner, on the other hand, who associates himself with such unqualified persons may, and should be brought before the General Medical Council for "covering," and expunged from the Register for "infamous conduct in a professional respect."

Ill-Health of Dublin.

The last three weeks—as reported upon by the Registrar-General—have marked a rapid and serious increase in the prevalence of disease in the city. In the week ending August 5th, the total mortality had gone up to 33.3 per 1,000, owing chiefly to the great increase in the death-rate from zymotics. In that week the zymotic deaths jumped from 43 to 71, in consequence of the epidemic of measles already referred to, and the great prevalence of children's diarrhœa.

Testimonial to Professor Purser, of Trinity College, Dublin.

A MOVEMENT, of which notice has already appeared in our columns, has been set on foot to perpetuate Professor Purser's long services to the School of Physic as Professor of Physiology and Institutes of Medicine. The intention is to found a Purser medal to be offered for competition at the same M.B. examination of each year, the award being for the highest marks scored, presuming sufficient merit has been shown. Subscriptions are limited to the Professor's past pupils, and to the sum of one guinea. The Hon. Treasurer is Dr. W. S. Haughton, of 30 Gt. Fitzwilliam Street, Dublin, and local secretaries have taken the matter in hand in various English and Irish teaching centres.

THE Right Hon. A. J. Balfour, M.P., has consented to take the chair at a Festival Dinner at the end of November in aid of the fund in course of being raised to provide new laboratories at King's College, London.

SIR MICHAEL FOSTER, the new K.C.B., has been duly invested by Her Majesty with the riband and badge of the Civil Division of the Second Class of that Order, a distinction which gives an official *cachet* to a long and useful scientific career.

SIR HENRY FRANKLAND, F.R.S., has died in Norway, whither he had gone on a fishing expedition. Deceased was not in the medical profession, although intimately connected with it as a voluminous writer on chemistry, and as professor of chemistry at Owens College, Manchester, and St. Bartholomew's Hospital, London. These positions were subsequently resigned for a Government appointment, from which he retired some time since. Sir Henry was in the seventy-fifth year of his age.

THE INTERNATIONAL CONGRESS OF OTOLOGY.

THE Sixth International Otological Congress met last week at the Examination Hall on the Embankment, where Professor Urban Pritchard presided over upwards of three hundred specialists from all parts of the world. We publish elsewhere his inaugural address, which gives a brief history of the progress of otology from the dawn of history up to date; but, in respect of the proceedings, we can only express our regret that they are, perforce, very meagre, owing to the want of the usual facilities. In this respect the lay press appear to have met with greater consideration than the medical press, not even a programme having reached us.

There is a very general impression among medical men, if not among the laity, that otology is a somewhat limited and sterile field of activity. As is the case with many other departments of the healing art, otology is not to be judged exclusively by purely curative results achieved. Once the delicate and complicated apparatus which serves to convey mechanical vibrations to the sensorium is destroyed, art can do little or nothing to remedy the defect. What the science of otology does teach us is the possibility of modifying or averting the destructive diseases which, if allowed to proceed unchecked, ultimately impair or destroy the sense of hearing. Investigation of the conditions which lead to deafness incriminates pretty well all the adjacent cavities and structures, and thus the field of inquiry is widened. No one, nowadays, is ignorant of the *role* played by adenoid vegetations in the production of deafness, and defects, structural or acquired, of the nose, are well known to tend in the same direction. For this reason it is as difficult to mark off the ear as a speciality as it is to study one branch of physics without taking cognisance of the others. It may appear that we have spoken rather slightingly of the curative resources of the oral surgeons, but their inability to relieve in so many of the cases that come to them is merely due to the fact that the mischief has been done before their assistance is asked. With the advance of otological science it is to be hoped that people will learn the importance of seeking skilled advice before irremediable damage has been done, that is to say, at a stage when science may still have something to say.

Dr. Macnaughton-Jones, as President of the British Gynæcological Society, and one of the Reception Committee of the Congress, gave a dinner to some of the foreign visitors to meet the President of the Congress and its officers. The dinner was held in the Café Monico, where about sixty guests sat down. The Chairman gave the toasts of "Our Queen" and "Our Foreign Visitors." The latter was responded to by Professor Politzer, who dwelt on the hospitality shown by the British otologists, and which, he said, could not be surpassed. He also referred to the teaching and practice of the great London hospitals, concluding by proposing the health of their host. Russia was responded for by Dr. Benni, Italy by Professor Grazzi and Dr. Bobone, Germany by Dr. Hartmann, Switzerland by Dr. Rohrer, America by Dr. Ewart Norway by Professor Uchermann.

Sir Crichton Browne, in a most felicitous speech, proposed Otology, humorously pointing out where such departments as gynæcology and psychology touched hands with otology, also dwelling on the great advantages of such a Congress as this in educating the public to the need for a greater recognition of the claims of otology as one of the most important of the special departments of medicine, as well as drawing the attention of the Universities to the need for enforcing a special standard of knowledge in this department by making otology one of the special subjects of the examinations for their degrees. Dr. Moure, of Bordeaux, the President Elect of the next Congress, which will be held in Bordeaux in 1903, responded to the toast. Dr. Luc, of Paris, proposed a greeting to the President of the Congress, Dr. Urban Pritchard, to which the latter responded.

In addition to the foregoing, the following were among the principal guests:—Prof. Avoledo, Milan; Dr. F. Alt, Vienna; Dr. Barkan, San Francisco; Dr. Brieger, Breslau; Dr. Barr, Glasgow; Prof. Capart, Brussels; Dr. Duchesne, Liege; Dr. Dench, New York; Sir James Dick; Prof. Faraci, Sicily; Prof. Gradenigo, Turin; Prof. Guye, Amsterdam; Dr. Knapp, New York; Prof. Lucae, Berlin; Dr. Moore Lindsay, Salt Lake City; Prof. MacEwen, Glasgow; Dr. Meniere, Paris; Dr. Sune-y-Molist, Barcelona; Dr. Story, Dublin; and the Editors of the three principal medical journals, the *Lancet*, *British Medical Journal*, and MEDICAL PRESS AND CIRCULAR.

Most of the officers of the British Organisation Committee of the Congress were also present, and some leading Fellows of the British Gynæcological Society.

Various national airs were played by a stringed orchestral band during the evening. The *reunion* was most enjoyable, and there was but one opinion on the part of all who were present as to its great success.

Annual Meeting of British Medical Association,

HELD AT

PORTSMOUTH, AUGUST, 1899.

THE ANNUAL EXHIBITION.

(Concluded from our last issue.)

Messrs. Fairchild Bros. and Foster (Snow Hill, London). This firm had a handsome exhibit, prominent among their products being Zymine Peptonising Tubes, Peptogenic Milk Powder, Panopepton, and Pepsencia. Zymine Peptonising Tubes, as everyone knows, contain powder for the preparation of peptonised milk in an accurate and portable form. Peptogenic Milk Powder is an excellent preparation for the modification of cows' milk for infants. Panopepton is a bread and beef preparation in a fluid peptonised form. It is palatable and freely assimilable, and is most valuable in sleeplessness when this is due to excessive fatigue or malnutrition. Pepsencia is a most pleasant preparation of pepsine in the liquid form, is made directly from the peptic glands of the stomach, and contains all the constituents of the gastric juice. It is recommended for indigestion, and makes delicious junket.

Allen & Hanbury's showed an extensive assortment of surgical instruments, and all up-to-date aseptic appliances. The Allenbury's Milk Pasteuriser, exhibited at the Association for the first time, is of commendable simplicity, and should certainly come into vogue as a popular milk steriliser. We propose noticing this instrument more fully in our next, with an illustration.

They also showed a new aseptic ligature box, suggested by Mr. Jordan Lloyd, consisting of a silver box with a porcelain reel inside, a capital and simple sterilising chamber. A new anastomosis forceps by Dr. Laphac, an American surgeon, suitable for abdominal surgery. A catheter steriliser, by which a jet of steam is drawn through the catheter. A new torsion spring balance for dispensing purposes scaled to grammes and decigrammes, a delicate and durable instrument of American origin. No weights are needed, and it is dust-proof when out of use; also an excellent new centrifuge producing 5,000 revolutions per minute.

The same firm showed a collection of their renowned pharmaceutical products. Among them were capsules, kapsals in gelatine, coated compressed medicines, and the well-known Allenburys Foods. Samples of the latter were offered to the visitors in the form of ice cream which proved most acceptable in the heated atmosphere of the drill hall. Phosote and taphosote were new preparations for phthisis, being phosphate of creasote and jannophosphate of creasote in a more pleasant and assimilable form than the crude drug.

Mr. Thos. Christy, who is specially known in connection with the importation of new and rare medicinal plants and drugs, had an extensive display of his specialties. Adeps Lanae, B.P., Christia, Pictet's ethyl chloride, Neo-kola, (said to be the only preparation which contains as much as 99·75 per cent. of pure kola) Stearns' wine of cod liver oil. hæmoferrum, glandulen, &c., all of which have been referred to in these columns when first introduced. As a new departure he also showed some preparations in which fluorine has been used for the first time for medicinal purposes, and with names significant of their uses, fluor-rheumin for rheumatism, and epidermin, which is claimed to be a specific in certain skin diseases.

The Maltine Manufacturing Co. showed a large exhibit, in which the gold medal "Maltine" occupied a foremost place. The compound preparations were also represented, such as maltine with hydrophosphites, with cascara sagrada, and with yerbine.

Carnrick & Co. were strongly in evidence with a large assortment of their special food preparations. There is no need to go through the list of these well-known predigested articles, of which the mainstay is the "liquid peptonoids." The "soluble food" is another well-known product of this firm, and is intended for children. "Maltoline" consists of malt extract, cod-liver oil, and hydrophosphites of lime, soda, and iron.

Maw, Son, & Thompson had a large and imposing display of surgical instruments, including all the accessories of aseptic surgery. To go through this exhibit systematically would be to revise the elements of a comprehensive surgical education. Some idea of the size and detail of this remarkable stall may be gained from the fact that the mere list of its contents occupied seven pages of the official catalogue. The instruments required in every branch of special surgery were shown in latest pattern.

Messrs. Down Brothers showed an aseptic operation theatre, fitted complete in every respect. An inspection of this exhibit would give the modern surgeon an object lesson in every detail of the most advanced methods. With regard to surgical instruments, especially those for aseptic use, this enterprising firm produced a thoroughly practical and comprehensive exhibition. The stall formed one of the familiar features of the Annual Exhibition, and need not be entered into in greater detail.

The Anglo-Swiss Milk Company had their usual exhibit of Milkmaid brand condensed milk; of "ideal" milk, an unsweetened product; and of their preserved milk combinations with cocoa, chocolate, and coffee.

The Bovril Company occupied a good space with their well-known food products. Their special emergency foods, as supplied to various Arctic and military expeditions, were in evidence, as also their "staminoids" for tourists, cyclists, and other athletes. A good preparation is the virol, a fat food for children, and also marrol, a similar article for adults. Liquor carnis (Caffyn's) is known to most medical men as an uncoagulated albumen.

Burgoyne, Burbidges & Co. had an exhibit that included several novelties. Acoin (Heyden) is a new local anæsthetic, which is said to be more lasting in its effects than cocain, as well as being non-poisonous. Hyrgolum is a water-soluble metallic mercury, which is best used in the form of ointment. It is claimed for this drug that it does not irritate the skin. Space does not allow us to mention in detail several other valuable novelties shown by this firm.

Mr. W. Martindale had his usual display of elegant and practical pharmaceutical products. His bougies, nasal and urethral, were in force, and will repay the close attention of every general practitioner.

Jeye's Sanitary Compounds Company had an imposing show of preparations of their well-known disinfectant fluid, and also of their valuable creolin.

Messrs. Scott and Brown showed their well-known cod-liver oil emulsion, which is so appreciated all the world over that it needs no more than passing mention in the present notice.

Messrs. E. Archer & Co., Great Malvern, showed their dry old cognac, which we can recommend as being thoroughly mellow and of fine flavour. This opinion is borne out by the published analysis of the spirit itself.

Messrs. Bayer & Co.—In our notice of this exhibit last week we referred to one of the products of this firm as "Tannophen," by a clerical error, instead of *Tannopine* (Hexamethylenetetramin.) As the chemical name of the product indicates, Tannopine is a combination of Tannic Acid and Urotropin, and it was to this preparation we referred.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

THE CONTROL OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of The Medical Press and Circular.

Sir,—It is clearly manifest that the members will have to take a decided stand if they mean to assert their rights. The Council of the Association seem to be of opinion that they are an autocratic body, and can do exactly as they please. It must not be lost sight of that the Council consists (or should consist) of the representatives of the branches, and are sent by the members to

represent their (the members) views. It has unfortunately been the case that numbers of branches have not hitherto asked their representatives to give an account of their stewardship, and it is also unfortunate that the members have almost invariably sent the same men to represent them at the Council.

It may be asserted as an axiom that in all elections, unless there is a fair amount of opposition, the representatives will take little trouble to consult their constituents. We *must* bear in mind the fact that the Council is simply the Medical Parliament, and we must, in our individual branches, assert our right not only to obtain the views of our representatives, but also to have a record in the journal of the way they vote. Until the Council ceases to sit as a private committee, we shall never know the true inwardness of its proceedings. Is there any good reason whatever why the meetings of our Council should not be open to the Press? The Council could, as the General Medical Council does, deliberate in private when necessary, but in the conduct of general business there appears no good reason why a public body like our Council should not have its deliberations reported both in the lay and in the medical press.

We talk about the close corporation of the College of Surgeons, but is that corporation half so conservative as the British Medical Association and its Council? I shall at a future time have a few remarks to make about the annual meetings, and the way the business part of them is conducted.

I am, Sir, yours truly,

August 13th, 1899. A PROVINCIAL MEMBER.

Laboratory Notes.

JOHANNIS POTASH WATER.

A CHEMICAL analysis of this water, which is produced by the addition of bicarbonate of potash, at the Johannis Springs in Germany, to the Natural Johannis Water, shows that the statement as to the amount of potassium bicarbonate present is precisely accurate. We find 7·8 grains of potassium bicarbonate per small bottle (which is about one third of a pint). Now that potash and soda water are no longer official in the 1898 edition of the British Pharmacopeia, medical men will be glad to know of a water that they can recommend to their patients as of unquestionable purity and of uniform composition, for Johannis Potash is practically a natural water, the pure carbonic acid gas, to which it owes its effervescence, being natural to the water itself. Far too many of the "potash waters" of commerce are very variable in the amount of potash they contain, and many are of doubtful organic purity, being simply made from the local town supply, which may be subject to pollution, and is, in many of the smaller towns, seldom or never analysed. There is a popular delusion that an aërated water (no matter what brand) is safe to drink, because the carbonic acid gas destroys any bacteria that may be present. This is a fallacy, and we strongly urge our readers to trust only to well-known makes of undoubted purity, such as the one in question.

Literature.

SIMPSON'S CEREBRAL SYMPTOMS. (*a*)

THIS monograph is the result of a conscientious study by Dr. Christian Simpson of what may be called the material relations of mental phenomena of a morbid kind, and the range of observation is not the limited one of an asylum; for the author has given us the benefit of general hospital study and observations as well. Cerebral and mental symptoms and their correlation to somatic disease, anæsthetics, toxic agents, traumatic and surgical procedures is a large subject for a graduation thesis, and too large for anything like exhaustive treatment in a small volume. But, as we have said, the author has conscientiously plodded through his work, and if the pages are sometimes dry, the matter condensed, and the style and treatment lacking in originality, we may commend the work for its references and its practical usefulness. Undoubtedly there is a wealth of bibliographical reference, and an author who culls largely must inevitably sacrifice style and literary attractiveness. Such authors deserve thanks for labour which is inestimable, and help which is invaluable. The later parts are less hampered by references, and the surgical section is of great clinical value. The question of toxic influences is one which stills calls for elucidation, for clinical chemistry has much to clear up before we can be sure that we have certainties to deal with

(*a*) "Cerebral and Mental Symptoms." By J. C. Simpson, M.D. London: John Bale, Sons, and Daniels on Limited.

MORRIS ON THE SKIN. (*a*)

THE appearance of the second edition of this work will be welcomed by those who make a special study of diseases of the skin. The author has a lucid literary style, which lends to his subject an attractiveness for which we often have to look in vain in medical textbooks. The present edition has been increased in value by the addition of much fresh matter and of several plates, while at the same time an effort has been made to keep the book within reasonable limits. The pathology of skin diseases, if we take it comprehensively, must still be regarded as being in a tentative stage. A vast number of observations have been made, but the great generalisations have yet to come, or, at any rate have yet to be accepted. For instance, the cause of so apparently simple and definite a group of symptomatic phenomena as the drug eruptions remains undetermined. Morris rejects the theory of direct glandular irritation, and advances the unsatisfying explanation of angio-neurotic origin. Indeed, throughout his book he adopts largely the classification of Leloir, who appeared to attribute nearly all possible cutaneous maladies directly or indirectly to nerve influences. With regard to eczema he defines that term as "a catarrhal inflammation of the skin, originating without visible external irritation, and characterised in some stage of its evolution by serous exudation." That definition excludes all forms of inflammation of the skin caused by chemical or mechanical agents. The distinction may be convenient, but it seems to us hardly necessary outside the class-room. All who want a concise, clear, and well written *precis* of our present knowledge of this branch of medical practice will do well to get this book.

PRIMER OF PSYCHOLOGY AND MENTAL DISEASES. (*b*)

THIS small book is intended for asylum attendants and nurses, and also for medical students. For the latter class it is quite insufficient; for the former it is rather too much. The author has therefore fallen between two stools. The opening pages begin with definitions, *e.g.*, *psychology*, *biology*, *physiology*, *life*, and a rudimentary description of animal evolution. The attempt to give the average citizen an idea of what mind is has been a failure. To try to give an asylum attendant a real working conception, by using the language of the mental philosopher, even when simplified by definitions, is a hopeless waste of energy. To say that a sensation is an impression made upon an organ of sense is misleading, the nervous reception of the impression is physical not psychic. Then, in speaking of the causation of insanity, it is not correct to say that among the constitutional and evolutional causes are pubescence and adolescence. Why, if so, are not all young people insane? As already indicated too much is attempted here for attendants, the style altogether is too pedantic, and there is a want of proportion to the avowed aim.

(*a*) "Diseases of the Skin." By Malcolm Morris, F.R.C.S.Ed. London: Cassell and Co. 1898. Price 10*s.* 6*d.*

(*b*) "A Primer of Psychology and Mental Disease." By C. B. Burr, M.D. Philadelphia: The F. A. Davis Co.

Medical News.

Irish Medical Schools' and Graduates' Association.

The summer general meeting of the above Association was held on Wednesday, August 2nd, in the To-n Hall, Portsmouth. In the absence of the president, Sir William Thomson, F.R.C.S.I., the chair was occupied by Dr. Jocelyn Swan. There was a large attendance of members, including Surgeon-General Cuffe, C.B., Sir William Kynsey, C.M.G., Lieut.-Col. Boileau, M.D., A.M.S. (Trowbridge). Dr. Dolan (Halifax), Mr. O'Callaghan, F.R.C.S.I., Major A. S. Faulkner, I.M.S., Dr. S. Hamilton (Newport), Dr. T. Neville, Colonel Maturin, R.A.M.C., and the Provincial Honorary Secretary, Dr. J. Stewart (Clifton).

The Council reported that they had had under discussion the question referred to them from the annual general meeting as to the best way of celebrating the "coming of age' of the Association, which had just that day completed its twenty-first year, and that they had determined to mark the occasion by a conversazione at the Hotel Cecil, London, on or about November 23rd, after the autumn dinner. The provincial honorary secretary (Dr. Stewart) reported that a considerable accession of new members was expected from the effort now being made by the Council to bring the Association under the notice of the two thousand practitioners resident in Great Britain who were eligible for membership but were not yet enrolled. If the result was equal to their expectations, the Council would have sufficient funds to proceed immediately with an attack upon another of the strongholds of monopoly. Surgeon-General Cuffe said he could not refrain from an expression of surprise that there should be in these days, when the "open door" was so much talked of, any necessity for the Association to carry on this warfare against monopoly. Why should hospital governors in London or any part of England shut their doors against all candidates for honorary appointments except those holding diplomas from two specially favoured London colleges? What right had they to imply, as they did by this exclusiveness, that those who had obtained their diplomas in Scotland and Ireland were not good enough to be allowed even to compete for these appointments? Such an implication was, in his opinion, either impertinence or the result of gross ignorance. He had had a large experience of scientific and practical work done in military hospitals, and he had no hesitation in saying that the very best men in the Army Medical Department were Irishmen. The proper principle to act on in these matters was *Liberté, Egalité, Fraternité*. The medical man should not be trammelled in his choice of a college from which to obtain his higher diplomas; the diplomas of the same standing in each of the three countries should be treated as on an equality; and thus the brotherhood of the profession, to which they were all proud to belong, would be maintained. How could the fraternal feeling be sincere when the Irish College was treated as only a step-brother? How could the public understand that the General Medical Council was a body governing impartially medical education in all three divisions of the kingdom when they see from time to time (in the Liverpool papers, for instance) advertisements reading through the lines of which one can see the cruel words "No Irish need apply"? After some observations from Dr. Hamilton (Newport), Dr. G. Roe Carter, and others the subject dropped. One of the rules was altered so as to provide for six of the elected members of Council retiring each year, and being ineligible for re-election for a twelvemonth. The meeting then adjourned.

Death from Chloroform.

A child, æt. four, to whom chloroform had been administered last week in view of an operation for empyema at the Metropolitan Hospital, died on the table. The risks of anæsthesia in these cases are well recognised, so much so that many surgeons prefer to operate without it. Unfortunately the report before us does not give the amount used nor the method of administration, but the child died and the usual verdict was returned.

King's College Medical School.

The following is a list of scholarships, prizes, &c., awarded for the session 1898-99:—Recommended for the Associateship—Matthew Louis Hughes; Sambrooke Exhibition—Albert Angelo Myers and Harold Benjamin Day; Medical Entrance Exhibition—Charles Harrison Barber and Herbert Sydney Flook, B.A.; Warneford Scholarship—Thomas Henry Jones, John James. and Eardley Lanclot Holland; Senior Scholarship—not awarded; Second Year Scholarship—Matthew Robert Cecil MacWatters; Junior Scholarships—Harold Benjamin Day and Albert Angelo Myers; Tanner Prize—William Henville Lowman; Todd Prize—Frederick Burroughs Jefferiss; Hygiene Prize—Arthur Edmunds; Pathological Anatomy Prize—Arthur Edmunds; Obstetric Medicine Prize—Arthur Edmunds; Medicine Prize—Arthur Edmunds; Surgery Prize—William Henville Lowman; Clinical Surgery Prize—William Henville Lowman; Professor Rose's Surgery Prize—Victor Richard F. Kroenig; Anatomy Prize—Edward Augustine Bell; Physiology Prize—John Alexander Drake; Chemistry Prize—Matthew Robert C. MacWatters and William Wellesley Campbell; Materia Medica Prize—Matthew Robert C. MacWatters.

An outbreak of enteric fever is reported among the boys and girls attending the St. John's Road School, Islington. Between July 28 and August 1 thirteen children of both sexes have been stricken down, and a large number of suspicious cases are being kept under observation in the infirmary.

PASS LISTS.

Royal Colleges of Physicians and Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.

At the July sittings of the Scottish Conjoint Medical Board, held in Glasgow, the following candidates passed the respective examinations:—

First examination (five years' course)—Katherine Mary Chapman (with distinction), Archibald M. Laurie (with distinction), James Robert Robinson, Alexander Glen (with distinction), William Adams, Robert C. Blyth, James R. Purcell, William D. Cockburn, Alexander Allan, Patrick M. C. O'Doherty, Alexander R. Young (with distinction), Rudolph Barranov, Denis C. Callaghan, John Webster, John Hutchinson.

First examination (four years' course)—William Barclay, John Willett, John A. Aickin, John J. O'Sullivan, James M. Campbell, John Dunlop, Samuel G. Kinloch, Thomas Dow, Herbert D. Pitt.

Second examination (five years' course)—Harry A. Lunn (with distinction), Robert J. Roberts, Thomas E. Harty, David R. Williams, Michael B. Conroy, Hugh Williams, David Moodie, Herbert M'Master, William D. Sutherland, John H. O'Sullivan, James N. M'Morris, Aloysius F. Fleming

Second examination (four years' course).—Henry J. Fryer, John G. Welsh, John A. F. Hatch, John T. Bell, James Graham, Joseph C. Shelmerdine, John Willett. Richard M. Wilkin, Robert G. Whitelaw, James James, Arthur Bryans, Matthew O'Hallaron.

Third examination—David S. E. Macnab (with distinction), George R. Jarvie, John T. Griffiths (with distinction), Robert Wardlaw, Donald Duff (with distinction), John Allan, Adam Fox, George J. Campbell, William Thomson, William Burns, Charlotte M'Crea, James J. Lynch, Joseph O'Mahony, John J. M'Nicholl, William J. Healy, Frederic Wm. M'Cay, Stuart Farries, William Mason. John Sykes, Thomas R. Hunter, John Bygott, Winifred Nell, Walter Hibbert, Mary Rocke, Katharine E. Gregg, George Goldfoot, Archibald C. Balfour.

Royal Army Medical Corps.

The following gentlemen obtained commissions in the Royal Army Medical Corps at the Recent Examination in London:—

Harrison, L. W. ...	2,875	Harvey, F.	2,102
Irvine, F. S.	2,284	Trimble, C. E.	2,086
Morton, H. M.	2,260	Matthews, J.	2,084
Babington, M. H.	2,231	McLoughlin, W. A. ...	1,940
Richards, F. G.	2,150	Siberry, E. W.	1,816
Knox, E. B.	2,121	Wingate, B. F.	1,805
Roch, H. S.	2,115	O Reilly, P. S.	1,800

Indian Medical Service.

The following gentlemen obtained appointments in the Indian Medical Service at the examination held last month:—

MacGilchrist, A. C. ...	3,151	Thornely, M. H. ...	2,400
Goodbody, C. M.	2,867	Stephens, L. P.	2,356
Megaw, J. W. D.	2,732	Murison, C. C.	2,335
Thurston, E. O.	2,619	Murphy, W. O' S. ...	2,261
Steen. R.	1,571	Beit, F. V. O.	2,173
MacInnes, J. L.	2,565	Mackenzie, H. M. ...	2,139
Gilbert. L.	2,550	Long, W. C.	2,085
Browse, G.	2.342	Todd, L. B.	2,046
Matthews, E. A. C. ...	2,497	Corry, M.	1,945
Stokes, T. G. N.	2,415	Beamish, G. C.	1,943
Elwes, F. F.	3,410	Williams, H. A.	1,939

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

A CAUTION TO MEDICAL MEN.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—A woman signing herself E. M. Iselton and sometimes Etheridge, has been lately appealing to members of the medical profession in very urgent letters asking for the means to relieve "with proper nourishment" a medical man, who is sometimes referred to as her husband and occasionally as her *fiance*, and who is in "great need and rapidly sinking." Recipients of such appeals should refer to the Charity Organisation Society at the address below.

I am, your obedient servant,
C. S. LOCH, Secretary.

Charity Organisation Society, 15, Buckingham Street, London, W.C. August 9th.

DR. COLLINGWOOD (Birkenhead).—Communication came to hand as we were at press.

DR. EWART'S paper is marked for early insertion.

A MEMBER (Portsmouth).—We fully discussed the question in a leading article last week. We cannot again take up the subject, it is now, or should be, in the hands of members to settle. There is, however, the same apathy and indifference in this as in other matters concerning professional well-being; they appear to expect everything done for them without lifting a hand or making an effort themselves.

DR. BRASSEY BRIERLEY.—We are unable to find space for the discussion on midwives' legislation. We shall deal with this as occasion arises, but for the moment we are disposed to allow the subject to rest.

INCONTINENCE OF URINE.

M. R. B.—In dealing with incontinence of urine in young girls, it is well to restrict the quantity of liquid taken after tea-time, and to awaken them at ten or eleven o'clock to empty the bladder. If necessary fifteen to thirty minims of tincture of belladonna should be given at bed time, according to the age. Should this fail, liquid extract of ergot may be tried. Correct any undue acidity of urine, and inquire as to the presence of worms.

DR. J. E. R.—The action for libel with which we were threatened in the case referred to has not yet assumed a serious aspect, nor indeed do we fear it. We performed a public duty in the matter uninfluenced by any other motive and can calmly await results.

PRAX.—A simple plan for the reduction of troublesome paraphimosis is by the application of an elastic bandage, as tight as the patient's feelings will allow. Within twenty-four hours the most marked oedema will have subsided under pressure, and the constriction can then be reduced. Failing success the only course is to cut through the constricting band, a trivial and not very painful procedure.

BATHYBIUS.—We believe that there is no foundation whatever for any such statement.

Vacancies.

Birkenhead and Wirral Children's Hospital.—House Surgeon. Salary £50, with board, residence, and laundry. Applications to the Hon. Sec., 20, Chapel Street, Liverpool.

Birmingham General Hospital.—House Surgeon for six months. Residence, board, and washing provided. Also two Assistant House Physicians for six months. Residence, board, and washing provided.

Brighton, Hove, and Preston Dispensary (Northern Branch).—House Surgeon. Salary £140 per annum, with furnished apartments, coals, gas, and attendance. Apply to the Assistant Secretary, 113, Queen's Road, Brighton.

Denbighshire Infirmary. Denbigh.—House Surgeon for twelve months. Salary £80 per annum, with board, residence, and washing.

Dundee Royal Lunatic Asylum.—Medical Assistant. Salary £100 per annum, with board and lodging.

Durham County Asylum, Winterton, Ferry Hill.—Assistant Medical Officer, unmarried. Salary £120, with apartments, board, and attendance.

East Suffolk and Ipswich Hospital, Ipswich.—Second House Surgeon, unmarried. Salary £60 per annum, with board, lodging, and washing.

Great Yarmouth Hospital.—House Surgeon. Salary £90 per annum, with board, lodging, and washing. No stimulants found.

Guy's Hospital Medical School, London, S.E.—Demonstrator of Chemistry and Physics. Apply to the Dean.

Macclesfield General Infirmary. Junior House Surgeon. Salary £70 per annum, with board and residence in the institution.

North Staffordshire Infirmary and Eye Hospital, Hartshill, Stoke-upon-Trent.—House Surgeon Salary commencing at £120 per annum, with furnished apartments, board and washing.

Paddington, London.—Assistant to the Medical Superintendent of the Infirmary, and Assistant Medical Officer of the Workhouse, unmarried. Salary commencing at £100 per annum, with board, lodging, and washing. Personal application to the Medical Superintendent at the Infirmary, 285, Harrow Road, W.

Rochdale Infirmary and Dispensary.—House Surgeon, unmarried. Salary £90 per annum, with board, residence, &c. and laundry.

Roxburgh District Asylum, Melrose.—Assistant Medical Officer, Salary £100 per annum, with furnished quarters, board, washing, and attendance.

Royal Hospital for Sick Children, Glasgow.—House Surgeon and Assistant in the Dispensary for one year. Salary of House Surgeon £50, with board, and salary of Assistant in the Dispensary (non-resident) £60.

University of Durham College of Medicine, Newcastle-upon-Tyne.—Lecturer in Midwifery and Diseases of Women and Children.

Victoria Hospital, Folkestone. House Surgeon. Salary £80 per annum, rising to £100, with board, residence, and washing

Warrington Infirmary and Dispensary.—Junior Resident House Surgeon, unmarried. Salary £100 per annum, with furnished residence and board.

Appointments.

CROMPTON, H. J., M.B., B.Ch. Vict., Senior House Surgeon to the Ancoats Hospital, Manchester.

DENT, E. A., M.B., C.M.Edin., Medical Officer of the Cheltenham Provident Dispensary.

GREENHALGH, A., M.B., Ch.B. Vict., D.P.H., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for the Borough of Accrington.

KELLY, CHARLES, E. M., M.D., M.S.Lond., F.R.C.S., District Surgeon to the City of London Lying-in-Hospital, City Road.

MELLING, W. T., M.B., B.Ch. Vict., Junior Surgeon to the Ancoats Hospital, Manchester.

MONDY, S. L. CRAIGIE, M.R.C.S., L.R.C.P.Lond., Deputy Certifying Surgeon for the Poole District, Dorset.

NUTTALL, T. E., M.B., C.M.Edin., a District Medical Officer of the Haslingden Union.

RIMMER J. F., M.B., Ch.B. Vict., Resident Assistant Medical Officer for the Workhouse, Birkenhead.

SAYRES, A. W. F., M.D Brux., M.R.C.S., L.R.C.P., Public Vaccinator for the Woodford District of the West Ham Union.

WILKINS, T. HALFORD, M.R.C.S., L.R.C.P.Lond, Resident Surgical Officer to the Birmingham General Dispensary.

Marriages.

ADAIR—GODFREY.—August 9th, at the Parish Church, Redbourne, Lincolnshire, Edward William Mahaffy Adair, L.R.C.P.I., only son of the late Samuel Adair, Esq., H.M. Inspector of Schools in Ireland, to Elsie Blanche Beauchamp, fourth daughter of the Rev. George Godfrey, M.A., vicar of Redbourne.

BRUCE—DETTMER.—On August 12th, at All Saints' Church, Tufnell Park, London, James Thomson Bruce, youngest son of the late Robert Bruce, M.D., to Millinda Georgina, eldest daugter of George Frank Dettmer, of Highgate.

POLLARD-JOHNSON.—On August 8th, at All Saints' Church, Ryde, Fleet-Surgeon E. R. H. Pollard, Royal Navy, of R.N. Hospital, Hawlbowline, Queenstown, to Mary Emma, only daughter of Captain W. J. Johnson, Royal Navy, of Ryde, I.W.

Deaths.

BOOTH.—On August 6th, at Church House, Chesterfield, Charles Booth, M.D., J.P., aged 73 years.

EATWELL.—On August 7th, at Church Road, Upper Norwood, in his 80th year, William Coverdale Beattie Eatwell, M.D., late Surgeon-Major Indian Medical Service.

HUNTER.—On August 11th, at his residence Pilbeach Gardens, Kensington, Brigade-Surgeon George Yates Hunter, M.R.C.S., Bombay Medical Service, retired, aged 68.

MEADOWS.—On August 2nd, at Lancaster Road, South Norwood, from the result of an accident, Brigade-Surgeon-Lieutenant-Colonel C. J. W. Meadows, H.M. Bengal Army, retired, aged 55 years.

RICHARDSON. On August 4th, at Melville Street, Edinburgh, Deputy-Inspector-General William Richardson, R.N. (retired).

WINTERBOTHAM.—On August 8th, at Arundel House, Bayshill, Cheltenham, Lauriston Winterbotham, M.R.C.S., aged 65 years.

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Original Communications.

NOTES ON A CASE OF HÆMATURIA FROM HEALTHY KIDNEYS. (?)

By T. MYLES, F.R.C.S.I,

Vice-President Royal College of Surgeons, Ireland; Surgeon to the Richmond Hospital.

As the above-named subject has excited a good deal of interest lately, the details of a somewhat remarkable case of this description, which recently came under my notice, may not be without interest

Miss L. A., æt. 26, by profession a nurse, was brought to me by my friend Dr. E. E. Lennon with the following history:—

Somewhere in September, 1898, she was operated on for hæmorrhoids and made an excellent recovery.

Shortly after this she began to suffer from recurrent attacks of pain in the middle line and on the left side of the abdomen, travelling down to the thigh. She had never an attack of acute severity, such as might fairly be called renal colic. The pain was of a dull aching character, and the young lady herself thought the pain was due to "indigestion"; in other words, that it was due to intestinal trouble. Vomiting occasionally occurred when pain was severe, but was infrequent. At a later stage of her illness the pain was practically constant, though never agonising. With this was hæmaturia and progressive emaciation and anæmia, the loss of weight in two months amounting to 28 lbs.

On examination, the patient is seen to be a girl of fine physique and large frame, though very pale and wasted.

On palpating the abdomen, both kidneys can easily be demonstrated to be movable, the left being particularly so. The right can be handled without pain, but pressure on the left, when displaced downwards and forwards, causes great suffering. The urine is almost pure blood. An analysis of it made by Dr. Earl shows that it contains no tubercle bacilli, and that when freed from blood by filtration, it is practically normal.

Examination of the bladder with the electric cystoscope was carried out under an anæsthetic on several occasions. At each examination blood could be easily seen to be ejected from the left ureter at regular intervals, The ejection of the blood produced an appearance, in the illuminated field of vision, comparable to that produced by the smoke of a cannon at the moment of explosion. This phenomenon I easily demonstrated to the gentlemen associated with me in the case: Sir Francis Cruise, Drs. Lennon, Joynt, Coady, and Elizabeth Tennant. Pressure on the left ureter from above downwards produced a copious flow of blood from the opening into the bladder.

After consultation, we decided that until rest in bed and administration of styptics had been tried, it would not be advisable to operate.

A flannel roller was placed round the body, the recumbent position was enforced, and the pharmacopœia, official aud non-official, was exhausted in efforts to check the bleeding. All, however, was in vain. Day after day the urine contained blood in large quantities; the treatment had no effect whatever.

A skiagram taken by my friend Dr. Lane Joynt gave a negative result.

After careful deliberation we decided to expose the left kidney in the loin, to examine both it and the ureter for stone or tumour, and to use the fluorescent screen on the kidney when outside the body, after the manner described by Mr. Hurry Fenwick. It was further resolved, that failing to find a stone or tumour to explain the bleeding, the kidney should be fixed in position, as there was a reasonable hope that a kink in its pedicle, due to its great mobility might be the cause of the bleeding.

Operation was performed on December 18th, Sir Francis Cruise, Drs. Lane Joynt and E. E. Lennon being present with me.

The usual incision below the last rib was made, and for the purpose of delivering the kidney through the wound, I utilised the suggestion of Edbohls, which I found to work admirably. For the benefit of those who are not familiar with the method, I may be permitted to explain it in a few words.

The incision being made in the lumbar region nearly vertically downwards, a pneumatic cushion of cylindrical shape being under the opposite ilio-costal space, the patient is rolled into the prone posture, so that the pillow, when distended, crosses the lower part of the abdomen. An assistant, now grasping the patient's feet, makes vigorous traction downwards, so that the patient rolls down on the pneumatic cushion. The increase in the intra-abdominal tension thus produced of itself delivers the kidney through the wound. The patient is then rolled back into the lateral posture and the operation continued.

The kidney on exposure seemed somewhat larger than usual, rather deeply congested, and of a distinctly lobulated type.

The room was darkened, the kidney wrapped in sterilised muslin and placed in front of the fluorescent screen, the latter being arranged in a box, with velvet hood, &c., so as to completely exclude all rays of light except those from the Crookes tube. A twelve-volt accumulator and a coil capable of giving an eight-inch spark was employed. The value of the apparatus was first tested by examining the hands of several of those present, and very clear shadows of bones were obtained.

On the kidney, however, the results were very disappointing. That organ itself cast a shadow as deep as bone, and even if a calculus had been present I more than doubt if it could have been recognised by this method. I do not know if Mr. Fenwick has successfully employed his method in the living patient, or whether his experiments have been entirely confined to the cadaver, but unless the new interruptor gives better results than those we obtained with the apparatus then in use, I question if the benefits to be got from the method compensate for the risks which are undoubtedly added to an operation already grave enough.

The screen having added nothing to our knowledge, I opened the pelvis of the ureter posteriorly, and introduced a long, flexible metal bougie, No. 4

size, and passed it into the bladder without any difficulty, and without encountering any stone or tumour. A child's sound was then introduced and the calices carefully examined. The opening having been sufficiently enlarged, I was able to get my finger into the pelvis and explore the calices thoroughly. The search proving fruitless, the exploring needle was thrust into the convexity of the kidney in a number of places, and a thorough and systematic examination of the kidney was made. None of these methods of search revealed either a stone or a tumour. A consultation was then held, and as a result of our deliberations, it was resolved to fix the kidney in position. This was effected by a method I have been practising for the last few years, and which has given me very satisfactory results. The wound in the pelvis of the ureter was closed by a number of fine catgut sutures, hardened in four per cent formalin solution, and subsequently sterilised by boiling for three minutes on two occasions with twenty-four hours' interval.

The perirenal fat was thoroughly removed both from the kidney surface and from the abdominal wall posteriorly. The fibrous tissue capsule of the kidney was then completely stripped from the deep surface of the kidney, as in a post-mortem examination of the organ, and a raw oozing surface was thus left exposed. The kidney was now carefully tucked back into place, taking care to push it well up into the hypochondrium. My assistant kept it in this position by pressure through the abdominal wall during the introduction of the sutures. The wound was closed completely by a double row of cat-gut sutures, no drainage of any kind being provided for. I determined to rely entirely on the sutures in the ureter, and strict asepsis to guard against leakage or its consequences. The usual sterilised dressings were applied, retained in position by strips of rubber plaster and a flannel roller.

The wound was not exposed till the fifteenth day after operation, when it was found to be completely healed, the superficial catgut sutures, as usual, coming away with the dressings.

So far as the operation was concerned it was a complete success, no rise of temperature, no pain, no diminution in the quantity of the urine after the third day, but the hæmaturia was as bad as ever. Evidently fixing the kidney had not controlled it, or even modified it in any way.

Naturally, this was a great disappointment to both patient and operator.

As the symptons showed no signs of improvement, and as the anæmia was becoming profound, fearing that further delay might prove disastrous, it was resolved, after numerous consultations to remove the kidney completely, as no other course held out any prospect of saving the girl's life.

This second operation was performed on January 10th, 1899, twenty-three days after the exploratory and fixation operation, and proved extremely interesting.

It is not often we can expect to have an opportunity of testing by a second operation in a human being the result of an experimental method utilised in a former one; but now this rare opportunity was offered to us.

The second incision was made exactly along the line of the former one. The scar was found to be very firm and non-vascular. The kidney was easily found, but dislodged with the greatest difficulty. The raw surface of the kidney, stripped of its capsule, and the damaged ureter were simply imbedded in a dense mass of vascular fibrous tissue, which bled freely when separation was attempted. Considerable force was used, and every position tried for nearly an hour, before I succeeded in delivering the kidney through the wound. So difficult was the process, that at one moment I almost resolved to close the wound in the loin and make an incision in the front, so as to secure the vessels before detaching the kidney from its bed. However, by patience and perseverance, the firmly-fixed kidney was at last detached and delivered through the wound. The vessels were then carefully cleaned and separated right up to the hilus, and each separate branch of both artery and vein was secured by catgut ligatures. In all, twenty-five ligatures were employed in this manner. No doubt this prolonged the operation, and is, in consequence, a disadvantage, but I did not care to use silk (for reasons familiar to every operator), by which the entire mass might have been tied off at once, nor did I care to trust such large vessels as the renal artery and vein to a single catgut ligature. By securing the small branches separately the risk of dangerous hæmorrhage was diminished, as the distensile force in such small vessels is very slight and thrombosis is very rapid. The ureter was divided between two ligatures, its contents being first carefully expressed. The stump was not cauterised nor treated in any way further. Each artery, after ligature, was held in a forceps, so that its mouth could be carefully watched to see that the hæmostasis was complete before letting it drop back into the abdomen.

The parietal wound, as before, was closed with a double row of catgut sutures, no drainage was employed. The patient made an excellent recovery, the urine gradually increased in quantity till from 11 ozs. on the day after operation it reached 42 ozs. on the sixteenth day. The temperature never rose above 99 degs. F., and on the sixth day the patient sat up in an armchair, and on the twenty-first day left the hospital for a drive in an open carriage. The dressings were not stirred till the nineteenth day after operation. The young lady is now in excellent health, has regained 12 lbs. in weight, and her colour is nearly normal. She has resumed her professonal duties, and has quite recovered her usual buoyant spirits. Sir Francis Cruise has tested the percentage of urea in the urine on several occasions, and reports that it is now normal.

The kidney has been examined for me by Professor McWeeney, whose report I submit:—

"I.—NAKED EYE.—Kidney somewhat increased in size: consistency very firm and solid: capsule rather adherent, much thickened in places, especially near hilus: thickening due to increase of fibrous tissue and firm adherence to perinephric fat. On stripping off capsule several dark hæmorrhagic spots size of sixpenny piece on surface of kidney which was otherwise smooth and pale.

"On section; Cortex pale, by no means diminished in width. Pyramids also pale, otherwise normal.

"Pelvis: The mucous membrane red, thickened and pulpy, almost turgid-looking, covered with minute papillæform elevations and rugæ, which gave its interior a curiously rough appearance.

"Vessels: Normal save that the arteries seemed a little stiff, quill-like and gaping.

"Ureter: Normal so far as the point of operative division.

"II.—MICROSCOPIC.—Wedge-shaped pieces of the kidney with a superficial area of about 2 c.m. were embedded in celloidin and cut into sections 10 mm. in thickness which were mounted in serial order. They were stained in Ehrlich's hæmatoxylin, counterstained by Van Gieson's method and mounted in balsam. Study of these sections soon revealed the cause of the thickened and turgid appearance of the pelvic epithelium above noted. The sub-mucous tissue had undergone extensive mucoid change, the intercellular substance being swollen and hyaline and the numerous bundles of fibrous tissue and unstriped muscle fibre dissected out, so to speak, and widely separated

from each other. There were also very numerous spindle-shaped cells with long, very delicate processes gradually tapering and disappearing in the mucoid substratum. The thickness of this mucoid layer was measured and found to be ·80 to ·85 m.m.

"Above this layer came the transitional epithelium of the pelvis, which was in several layers and was raised up into irregular papillary or ridge-like prominences.

"Beneath it came a quantity of unstriped muscle-fibre arranged in bundles running parallel to the surface, beneath this some non-mucoid fibroid tissue was everywhere richly supplied with blood vessels which stood out more prominently than usual owing to the transparency of the intercellular substance. Here and there were patches where the vessels were enormously increased in number and although evidently capillaries, were of considerable dimensions. A projecting pillar of the pelvic mucous membrane which was present in one of the slides in transverse section, appeared as an area of mucoid tissue crammed with huge capillaries (0·4 m.m. in diameter) which were distended with red corpuscles. The margin consisted, of course, of the transitional epithelium.

"The hæmaturia for which the kidney was removed, receives its pathologico-anatomical explanation in the facts thus established. The case is one of diffuse myx-angiomatous change in the submucous tissue of the pelvis of the ureter.

"The kidney tissue itself showed very little abnormality. The epithelium was everywhere well preserved, even the striated border being distinctly visible. Here and there a few glomeruli were shrunken and the intra-capsular space was filled with transparent hyaline material with an affinity for acid fuchsin. The medium-sized arteries had their muscular coat distinctly hypertrophied. Signs of acute inflammation and micro-organisms were absent."

There are three points of great interest in this case to which I wish to draw attention.

First, the value of the fluorescent screen applied to the kidney outside the body. From the description given by Mr. Hurry Fenwick (to whose persistent advocacy of the electric cystoscope I gratefully acknowledge my indebtedness). I confess we were full of hope that the method would prove a useful adjunct to us in our anxiety to acquire definite and precise information. The result was most disappointing, not because it did not show us a stone that did not exist, but because of the extreme opacity of the kidney to the X-rays. A great deal of care had been taken to insure thorough exclusion of sunlight, by fitting special blinds, &c., to the windows of the room, the apparatus for holding the kidney close to the screen had been specially designed and made by my friend, Dr. R. Lane Joynt; the efficiency of the whole was tested thoroughly before, during, and again after, the operation, so the discovery that the kidney outside the body was nearly as opaque as bone was a keen disappointment to us.

Moreover, it superimposed an additional anxiety on us, as anæsthesia was maintained for fully five minutes in total darkness.

Dr. Joynt and I have made repeated efforts to obtain satisfactory photos of renal calculi, both in the living subject and in the cadaver, and though occasionally we have succeeded in finding a slightly darker patch in the kidney shadow where a stone had either been placed experimentally or had been found in operation, it must not be forgotten that a sensitive plate is much more delicate than the human retina, and it is hardly fair to expect that the minute difference of opacity registered by a plate after fifteen or twenty minutes exposure, will be detected instantaneously by the human eye. Though it is not fair to generalise from one particular case, still I am inclined to think that the suggested method hardly holds out sufficient hope of benefit to justify the time, labour, and additional anxiety involved in its employment.

The second point of interest is the method of fixing a floating kidney which I employed, and the opportunity the second operation gave us of testing its efficiency. I need not add anything to what I have already said on the subject, but I would venture to ask for a trial of the method which is so simple and, as far as I can judge, so efficient.

The last and most important point of all, the question—What caused the hæmorrhage? has been cleared up by the prolonged and careful researches of my gifted friend, Professor E. McWeeney.

Prior to the receipt of his report, though instinctively feeling that, to a certain extent, the result of the operation was the most potent argument that could be urged in its justification, I confess to having felt that the scientific basis from which the necessity for the operation could be logically deduced was wanting, and until such basis was discovered, the operation was merely a fortunate experiment. His report, however, has removed all such feelings of doubt, and has supplied the pathological justification for an operation of such gravity.

The condition described by him is, I think, unique so far as our present knowledge goes. Is it possible that the cases of so-called hæmaturia from healthy kidneys, which was apparently cured by incision and fixation, were cases of this kind. It is difficult to understand how cutting into the cortex of a kidney and fixing it in position can control or modify hæmorrhage due to a diseased condition of the pelvis of the ureter.

A CASE BEARING ON THE ETIOLOGY OF RICKETS.

By CHARLES ELGOOD, M.D.Lond.,
Windsor.

Among the many theories that have been advanced to explain the origin of rickets, the most acceptance is undoubtedly given to that which refers the disease to improper feeding. Amply as this cause may account for the disease, as it occurs among the poor who frequent the London hospitals, it is when one meets with isolated cases occurring in districts where rickets is less common, that one is struck with the mystery that still surrounds the origin of this disease. As it is the duty of every medical practitioner to place on record cases which appear to militate against widely received opinions, no apology is offered for the following account of this somewhat unique family.

M. E. C., æt. 23, the daughter of a farm labourer, living with her parents in a cottage on a small farm, bore, in 1885, to a healthy young gamekeeper, an illegitimate male child, F. C. This boy, who was brought up entirely at the breast, has been several times under my observation, and though I carefully examined him on different occasions in childhood, he never presented any single symptom of rickets.

In 1886, M. E. C. married H. C., a farm labourer, aged 25, and for about a year lived with him under her father's roof. H. C., though dull and harmless, was a heavy-looking, boorish fellow, of rather slight build, standing 5 ft. 9 ins. high. He had coarse features, a sallow skin, and a head of a peculiarly conical shape owing to a marked projection in the neighbourhood of the posterior fontanelle. He had a receding forehead and chin. There was a thick crop of coarse, black hair. His chest was narrow

and covered with hair. His legs were straight, thin, and also very hairy. There was marked pes planus, with the part turned outwards. In short, there was little noteworthy about him beyond the fact that while his cranial peculiarities were the reverse of those that obtain in the subjects of rickets, his general appearance suggested to the most casual observer a lack of the average amount of intelligence. He was, however, not only able to get his living, but also to save a little money.

His father died some years back from pneumonia. His mother, who is alive and well, states that he was weakly from birth. He crawled on the floor till eighteen months, at which age he walked.

He had no trouble with his teeth and no fits. At eight he was considered by the doctor to be in "a decline."

From this union five children resulted. 1. H. C. C., was born in 1887, in the same cottage as F. C.

In September, 1887, the family moved to an old-fashioned farm-house originally built for people in better circumstances, situated about a mile from her previous residence, and 50 feet from the top of a hill rising gradually to 300 ft. above the sea level, on its south-eastern face. The house stands on the Wealden formation that is known as the Ashdown Sand, this bed being here represented in its entire thickness.

M. E. C. states that the symptoms, which subsequently became so familiar to her, were present in this child at the time of her changing houses. Of this, however, there is no evidence beyond the mother's statement, though, as will be seen, it is certain that the fifth child of this marriage showed signs of rickets at five months.

H. C C. was suckled for the first three months of his life, and then fed mainly on condensed milk, though occasionally cow's milk was given instead. This child at three years of age presented a picture of advanced rickets such as is seldom seen beyond the wards of a hospital in a large town He was emaciated to an extreme degree and quite helpless. He never walked at all. He died before he had reached the age of four of an attack of bronchitis.

2 J. H. C. (female), was born in 1888 in the same farm-house, and first walked when two-and-a-half years of age. At four-and-half she was a weak and wasting child with a large square head, pigeon breast large swollen epiphyses, and marked genu valgum. She was fed at the breast for the first twelve months of her age, bread sop being given in addition.

3. W. R. C. (male) was born in 1890 in the same farm-house. At three years of age he was unable to walk, but sat and crawled in the manner usual to a ricketty child. The fontanelle was unclosed. The epiphyses were large. He had not cut his back teeth. The tibiæ were bending outwards. There was a pot-belly, bended ribs, and pigeon breast. He was fed in the same way as H. C. C.

4. H. J. C. (male) was born in 1891 in the same house. At two years of age he was just beginning to crawl and cross his legs, and the usual accompanying curvatures were plainly commencing in the radii and tibiæ. The teeth were very backward. There was the ricketty chest, pot belly, and in addition a marked dorso-lumbar kyphosis. The fontanelle was widely opened. He was fed in the same way as J. H. C.

5. E. J. C. (female), was born towards the end of 1892 in the same house. At five months she showed well marked bending of the ribs, though no other signs of the disease were present. This child never subsequently presented such a picture of rickets as did the other.

Unfortunately none of these children were seen by me at birth, and there is no evidence as to the exact date of the commencement of the symptoms.

The eldest undoubtedly suffered the most severely, then the third, then the fourth, then the second, and then the fifth.

H. C. in June, 1893, committed suicide by hanging himself in a barn.

M. E. C. then went with her family to live in one of a long row of cottages situated about midway in point of distance between her two previous residences, and on a soil of similar formation to that on which her last house stood.

In 1896 she gave birth to another illegitimate child (female), the father being a strong, young labouring man well known to me. This child, M. C., now two and a-half years of age, is a sturdy, well-made little girl, and presents no sign of rickets. She ran well at 16 months, and began to cut her teeth at seven months. She was, like the others, fed at the breast for three months, and than given the bottle, which contained sometimes cow's-milk and sometimes condensed milk and water.

Shortly after this, M. E. C. married R. G., another labourer, and in 1898 gave birth to M. G., which child is now nine months of age.

M. G., though a pale, puny child, shows no sign of rickets. She is already suffering from an ailment supposed to be due to commencing dentition, though there are as yet no teeth discernible. She sits up well and likes to "feel her feet." Her food has been the same as that of M. C.

This woman, though it is true that her answers do not always tally, is certain that the feeding of her different families has never varied very much. Her circumstances, too, have been apparently much the same all through. She asserts most positively that she was no poorer towards the close of her union with H. C. than she was at the commencement, though she was naturally more tied, having so many children unable to run alone. There can be no doubt that she was vastly better off in the matter of house accommodation during the period of her residence in the farm-house, which was large, dry, and airy, than she was subsequently when she lived in the small cottage. Her own health was excellent; she had never ailed anything.

The family that preceded her in the farm-house where the four younger ricketty children were born, is well known to me, and all its members are well and strong.

Rickets is a disease by no means common in the neighbourhood, the climate of which (for England) is warm and dry. During several years of practice among the poor of the district only a few examples of the disease came across my notice, and I certainly did not see another case approaching in severity that of H. C. C.

Though the district is an entirely agricultural one, the poor as a rule give their children but little cow's milk, less indeed than do the poor of the towns in which I have lived, where milk is vended from door to door. The children are always suckled as long as possible, and, when the mother's supply fails, bread sop made with water is the usual substitute, to this is sometimes added condensed milk, and less often cow's milk finds its way into the mixture.

In this opinion that the children of the poor in rural districts are worse off in the matter of food than are those of the town-dwelling poor, I am supported by Dr. Palin, who, in an article on the "Etiology and Geographical Distribution of Rickets," writes: "The English town-bred ricketty child and its mother are, as a rule, better fed than the healthy child and wife of the agricultural labourer." (1)

This case suggests itself as an instance of Mills's oft-quoted joint method of agreement and difference.

We are apparently presented with five instances of the presence of a phenomenon (viz., rickets), which have only in common the presence of one other circumstance (viz., the paternity of H. C.), and three instances of the absence of the phenomenon, which have only in common the absence of this circumstance; hence we would be inclined to conclude with von Rittershain (2) that there is a causal relation between the father's health and the disease in the children.

The case, however, does little more than serve as an illustration of the dangers inseparable from such a method of inquiry, or rather of its unfitness to deal with such complex problems as daily present themselves before us. It is obvious that even if this woman were to continue multiplying instances of this kind, we could never have the assurance that they agreed in the presence and absence of this single circumstance of H. C.'s paternity and nothing else. We have only to conceive it possible that some change in the mother's health may have occurred at or about the time of her first marriage, and so have affected her offspring, and our case against the father falls at once.

In view, however, of the order in which these children were affected as regards the severity of the disease, of the certain fact that, under very similar conditions, she bore and brought up children free from rickets on a diet very similar to that which she gave to the affected ones, and when we bear in mind that somewhat similar cases have been observed (3) we are forced to conclude that the usual theories that obtain in this country as to the etiology of the disease do not cover all the ground, and we are reminded that other theories of causation have been formulated at Vienna and Berlin.

May not those assumed factors in the production of rickets—bad food, and what is probably of much more importance, want of sunlight, operate with greater force in children who have inherited from either parent a constitution unduly prone to be affected by their influence? And may it not be that in crowded cities, where the immediate causes of the disease (whatever they may be) must certainly very largely prevail, a less amount of such an inherited susceptibility is required in order that the phenomena of the disease may be provoked? Thus the hereditary element in causation would be least patent to those observers who have the greatest facilities for studying the disease.

That the susceptibility to the disease is transmitted from parents to their offspring rather than the disease itself, is rendered still more probable by the experience of American physicians that rickets is more prone to attack the children of aliens than those of parents who are indigenous to the soil. Haven, of Boston (4), noted that the disease was most prevalent among the coloured population, and that the majority of white rachitics of foreign ancestry were born of parents who came from the South of Europe where the disease is by no means common—thus emigrants from the "Sunny South" would appear to transmit in more uncongenial climes the necessary susceptibility to their offspring.

Whether this be ceded or no, we are still far from being able to say why the assumed causes of rickets act with such signal partiality, and why it is that in other quarters of the globe such as New York, where the conditions under which the children live, cannot be so very dissimilar from those that obtain here, the disease is said to be so strikingly less frequent. (5)

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(3) Diseases of Children. Vogel, 1884. P. 556.

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THE TREATMENT OF FEVER FOLLOWING DELIVERY,

WITH SPECIAL REFERENCE TO SERUM-THERAPY. (a)

By HERBERT SPENCER, M.D., F.R.C.P.,

Professor of Midwifery, University College, &c.

This subject includes the treatment of "puerperal fever (*i.e.*, fever during the puerperium caused by microbic infection from without) and fever in the puerperium resembling puerperal fever. From this point of view fever in the puerperium could be arranged in four classes. The first class had been styled "one-day fever" and was characterised by a slight elevation of temperature, rarely exceeding 120 degs. F., about the third day, and usually cured by the administration of a mild aperient The second class was due to complications which were not referable to the labour. Certain febrile diseases, such as influenza, scarlet fever, acute phthisis, and typhoid fever, closely resembled puerperal fever and deserved, therefore, special consideration. The diagnosis of influenza was sometimes used as a balm to the conscience of the practitioner who was not thorough in his application of antiseptics. Cases so diagnosed were often due to septic infection; nevertheless, he had seen undoubted cases during an epidemic and two of them terminated fatally, Septicæmia accompanied by a scarlatiniform eruption was often mistaken for scarlet fever. Acute phthisis closely resembled septic pneumonia and both forms of disease were equally unamenable to treatment. Typhoid fever presented great difficulties in diagnosis in cases in which the temperature rose in the early days of the puerperium. He had recently seen two cases; in both Widal's reaction gave positive results and as both terminated fatally the diagnosis was confirmed by the discovery of typhoid ulcers in the intestines. The third class of fever met with in the puerperium was due to infection from pre-existing lesions, such as ovarian and fibroid tumours, cancer, stone in the bladder, pyosalpinx, appendicitis, &c. The treatment of these cases consisted in the discovery and removal of the lesions during pregnancy. The fourth class was due to external infection and was what they understood by "puerperal fever." Recent bacteriology of puerperal fever showed that it might have its origin in a number of micro-organisms; important services in this department had been rendered by Döderlein, Strünckman and Whitridge Williams. The latter in investigating twenty-six cases found streptococci in eight, staphylococci in three, colon bacilli in six, gonococci in two, anærobic bacilli in four, diphtheritic bacilli in one, gas bacilli in one, and typhoid bacilli in one. Clinically, fatal puerperal fever was met with under three forms: acute septicæmia, which terminated fatally within a few days owing to the virulence of the poison; lymphatic septicæmia, the usual form, characterised by a rigor at the onset and septic peritonitis; and venous septicæmia, characterised by a succession of rigors and by septic phlebitis, and frequently by secondary deposits. Mild cases of puerperal fever were met with, as sapræmia —*i.e.*, poisoning by the chemical products of micro-

(a) Abstract of Paper read before the British Medical Association at Portsmouth, 1899.

organisms—and local infection of the peritoneum, the cellular tissue, and the veins. Coming to the treatment of puerperal fever the most important element consisted in prophylaxis. It was important to avoid all unnecessary injury during labour by too frequent examinations or unnecessary forceps operations; while, on the other hand, labour should not be allowed to be unduly prolonged. Careful management of the third stage of labour was most important and it was particularly necessary to make sure that no placenta or membranes or clots were allowed to remain in the uterine cavity. Döderlein's experiments showed that in normal cases vaginal injections rather favoured the growth of micro-organisms than otherwise, but in every case the vulva should be washed with soap and water, then rinsed with water, and afterwards swabbed with 1 in 1,000 perchloride of mercury. The practitioner's hands, wrists, and forearms should be carefully cleansed in the same way. The ideal clothing was some white washable material. The question presented itself whether it was necessary for a medical man who had attended a case of puerperal fever to abstain from practice for a time. Mere abstention from practice he believed to be no safeguard, but thorough disinfection would immediately enable the practitioner to attend another lying-in woman with safety. As regarded the actual treatment of puerperal fever the first necessity was to make a thorough examination of the patient and of the uterus. An intra-uterine examination should be made in nearly every case, and in his experience cases apparently hopeless had been saved by the detection and removal of putrid portions of placenta or sloughing fibroid tumours. In making this examination he urged the importance of wearing rubber gloves which could be obtained so thin as to cause little or no interference with tactile sensation. Generally speaking, the uterus should be completely emptied by the finger; occasionally large blunt-ended forceps might be used, but the curette should never be employed after labour at full term. He had known the finger to be forced through the wall of the puerperal uterus, and the danger associated with the use of a sharp instrument like the curette must be much greater. After emptying the uterus the cavity should be irrigated once with a solution of iodine (one drachm of tincture of iodine to one pint) or a weak solution of perchloride of mercury or carbolic acid. The treatment of general septic peritonitis had been much discussed of late years. It had been proposed to open the peritoneum either by the abdomen or the vagina, and even to remove the uterus, and a number of cases successfully treated by both methods had been published. If the presence of fluid could undoubtedly be recognised then he thought the peritoneum should be opened, but he was not in favour of removal of the uterus except in cases of carcinoma, or of fibroid tumours which could not be enucleated. Methods of remotely influencing puerperal fever by the nuclein treatment (which aimed at producing an artificial leucocytosis), saline infusion into the celluloid tissue, and intravenous injection of antiseptics, were not of much value. The same must be said of drugs. Tonics and stimulants were useful, but in his opinion antipyretics should never be employed; cold-packing was the best method of reducing the temperature. The administration of food at regular intervals and in quantity as great as the patient could take was very important, and alcohol could be given in large quantities with benefit. Coming to the serum treatment he said that since its introduction by Marmorek in 1895 a very large number of cases had been treated by this method. Some observers regarded it as beneficial, others as useless or harmful, and, speaking generally, it might be said that those who had the greatest experience were the least impressed with its value. *A priori* it did not appear to be a scientific treatment to administer, in a disease which was by no means generally associated with a streptococcus, an antitoxin produced by that organism. It might be useful in cases due to the streptococcus, which were the only cases for which Marmorek recommended it. Yet the committee of the American Gynæcological Society, which investigated the subject, showed that the mortality after its use was 33 per cent. It was doubtful if the natural mortality of the disease was greater than this. Some observers have reported that its use was not free from danger and had seen death apparently caused by it. Norris had seen it followed by erysipelas. The experience of the majority of observers was that the serum lowered the temperature, but exceptions even to this had been recorded. In judging of the effect of any treatment they must bear in mind the difficulty of prognosis in septic cases, the apparently hopeless sometimes recovering. The conclusions at which he had arrived were: (1) that as usually applied it had no scientific basis; (2) that it had not lowered the mortality of puerperal sepsis; (3) that it usually lowered the temperature and sometimes improved the general condition; and (4) that its use was not free from danger. It was possible that it might prove to be of value in pure streptococcal infection, but that the future must show.

URIC ACID AND THE CIRCULATION:

SOME NEW METHODS OF ESTIMATING ITS EFFECTS. (a)

By A. HAIG, M.D.Oxon., F.R.C.P.Lond.,
Physician to the Metropolitan Hospital, and to the Royal Hospital for Women and Children.

HIGH blood-pressure and defective capillary circulation are concomitant signs of the uric acid headache.

The headache is known to be due to uric acid, because all diet and drug treatment that relieves it diminishes the amount of this substance in the blood and urine. The headache is due to the effects of high blood-pressure on the cranial circulation.

If the explanation of these observed time relationships of signs and symptoms is, as I have suggested, that uric acid is the cause of defective capillary circulation and high blood-pressure, there ought not to be much difficulty in demonstrating the fact, and in this paper I shall bring forward some of the results obtained.

In the fourth and previous editions of "Uric Acid" I quoted a passage from Raynaud's writings, in which he says that in the disease which bears his name as much as thirty seconds may elapse before the colour returns in an area of skin rendered white by pressure; while in a piece of normal skin it will return in one or two seconds.

If Raynaud's disease is due to uric acid, as I have for years been suggesting, it follows that similar but less marked alterations in the rate of the capillary reflex (as I propose to call it) will be found corresponding with other and less marked alterations in the amount of uric acid in the blood, and this is what I now find to be the case.

After a good deal of experimentation I adopted an instrument that would give one a constant area of pressure, a known and measurable amount of pressure, and I measured the duration of the pressure, and the rate of the return of the colour, by means of a metronome beating half-seconds.

(a) Abstract of Paper read at the Portsmouth Meeting of the British Medical Association, August, 1899.

I further added to the test thus constituted an observation of the rate of disappearance of the "after-image," or fatigue image of the retina, as a measure of the good or bad capillary circulation in the retina. I also observed and recorded in curves either the size of the radial artery by Oliver's arteriometer, or the blood pressure by the Hill-Barnard sphygmometer, and the figures I now show were thus obtained.

A few months of daily observation proved that the whole of these things altered together; that slow capillary reflux went with high blood-pressure, or dilated radial artery, and with slow disappearance of the "after image" or *vice versa*.

Further, it showed that these results all followed exactly the well-known physiological fluctuations in the excretion of uric acid, the capillary reflux being slow in the morning and quick in the evening, and that these results corresponded with, and could be corroborated by the examination of the urine, the examination of the granules in the blood, and the relation of surface to deep temperatures as previously treated of in "Uric Acid."

In reference to drug action I soon found that, just as I had previously known that I could control the uric acid in the urine, the granules in the blood, and the relation of surface to deep temperature, so now I could control also with absolute certainty the capillary reflux, the retinal circulation, and the blood pressure, either from day to day or from hour to hour.

That this could be done only by controlling the uric acid; but that if I failed to control only the uric acid, I also failed to control the circulation and its results.

In pathology, again, the tests tell the same tale, and it is now possible by observing the capillary reflux (C.R.) to say in less than half a minute whether the patient in front of you has a raised temperature (in which case the reflux will be 3-4 half-seconds), or on the other hand, has high blood-pressure or Bright's disease (in which case it will be 7-8 or 10 half-seconds) and a dose or two of salicylate of soda will in a few hours convert the former rate of reflux into the latter with a simultaneous increase of blood granules.

The figures I give illustrate physiology and the effects on it of diet, weather, salicylates, and fever; but it is only possible to show a very few of my results.

Anyone can duplicate the physiological results on their own persons, as in everyone living the ordinary life of this country the capillary reflux is at its lowest some time in the morning, and at its quickest some time in the evening; but if the normal uric acid curves are altered, the capillary curves will follow.

These tests are singly or combined indices of the amount of uric acid in the blood and urine, and this in the case of the capillary reflux can be estimated by anyone without instruments, and in ten seconds of time, though for more accurate work the simple instruments shown can be used.

Fever on the one hand, and Bright's disease on the other, are thus easily and quickly discriminated, and in the case of Bright's disease and diabetes attention is at once drawn to what I have long regarded as the central factor of these diseases, namely, defective capillary circulation and its consequence—defective combustion.

These results show that the observed relation between migraine with its slow pulse, high blood-pressure, and defective capillary circulation and an excess of uric acid in the blood and urine, is not an accidental coincidence, but a single instance of a general law.

Uric acid controls the capillary circulation of the body, and any accurate record of such capillary circulation is thus an index of the quantity of uric acid in the blood and urine.

The Nursing Problem.

NURSES OF THE LATEST FASHION. A.D. 1899.

PROFESSIONAL EXPERIENCES IN SHORT STORIES.

By FREDERICK JAMES GANT, F.R.C.S.,
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IV.—THE INFANTICIDE NURSE.

In one of our metropolitan hospitals, famed for the nurses produced under its system of training, two sisters by birth had entered at the same time as probationers; at the end of two years to advance to the higher grade of full nurse or sister; when completely qualified, either to remain as ward sister, or to enter some nursing institution and practice her calling as a "certificated" nurse, or she may hold only a hospital certificate. It would be optional for a nurse, thus qualified and guaranteed by either certificate, to practice as a private nurse on her *own* account. When engaged in private nursing, something might here be said on behalf of the public welfare, in favour of a nurse who is *still* attached to an institution, rather than one who migrates in search of a situation, bearing with her the certificate she had earned, sometime since, and without any continued credential of what she is, as when engaged from an institution of recognised character. A nurse's own character may have changed since the day of her certificate, and is not followed up when she continues her calling—as private nurse—unattached.

The two sisters I have in view were separated by fifteen months only in point of age, but they differed in nature's gifts of mental endowments, moral nature, and bodily temperament. As they grew to womanhood latent inborn differences of character, nurtured in the earth of bodily temperament, began to assert themselves, declaring the duality of the sisters, Blanche, ardent, truthful, trustful, true, self-sacrificing; Beatrice, ardent, fallacious, furtive, fickle, self-loving, self-seeking, they yet clung together with the tenacity of almost twin-kinship; and thus it was Blanche and Beatrice entered, at the same time, the same hospital as (nurse) probationers.

A nurse is like some musical instrument, whose notes are touched in harmony by an invisible hand with the fingers of suffering humanity. And she possesses no less the qualities in common with other good women, but which are not more specially impersonated in her womanhood. *Purity* adorns her face with its own expression of loveliness, lit up with the light of *truthfulness*, which her felt sacred vocation imparts; and which are breathed in all her conversation and womanly gestures; *trustful* also is she in the confidential relationships of her office, even as she herself is faithful in the depths of a heart true to her calling. *Self-sacrifice*—in ever doing good to others, a most essential, and the crowning qualification of nurse-womanhood, is, indeed, quite a natural gift, educated, however, by training, for the relief of suffering humanity, at the cost of self, in ease, comfort, or even health.

I am certain that this is no ideal picture of nursing womanhood, toned down, however, in different personal representatives. Nurse Blanche approached nearly to the ideal in the course of her natural development and "training." In another ward Beatrice is on duty, so like a twin sister, and fashioned from childhood by the same domestic and social circumstances up to the time of entering the hospital as a nurse-probationer—will she develop her sister's beauteous qualities of young womanhood, or not? She is quite as devoted to her work, sharing equally the enthusiasm of Blanche's nature. But her ardour is not toned by sympathy, nor freighted and tempered with those other qualities of

character which would constitute her a model nurse. She lacks her sister's gentleness, loving kindness, and patience in her attendance on the sick; and with a turbulent temper, unable to govern herself, she speaks and acts with a domineering firmness of purpose which cannot smooth the pillow and ease the bed of sleepless suffering.

Beatrice indeed begins to feel her own unfitness for the duties of hospital nurse, and she realises a jealous comparison of Blanche's perfection. The unfit sister will never be able to honestly earn her living as a private nurse on her own account; and with her known defects of character, even now that she has finished her course of training, no institution would enter or retain her name on its list of "certificated" nurses. Sister Blanche has become a model member of that order of women.

Both sisters have quitted the hospital; the one, to the great regret of the matron, and bearing with her the high esteem of all her fellow-workers, bound together by that peculiar tie of affection which unites a body of nurses who have to share all the uncertainties of a calling subject to many chances and vicissitudes; a calling which cannot secure the permanency of engagement which may belong to another class of women, in domestic service, or in houses of business. A nurse at 50 years of age, who has done honour to her calling, in many engagements, is as much a floating, drifting woman as one of 25 years—launched on the vast ocean of human life.

But, with Blanche and Beatrice, their probable career would differ as widely as their characters. Blanche was readily recommended by her institution from one patient's case to another's, but having become a private nurse on her own account, she enjoyed a more lucrative practice; while her sister, having failed to become connected with any Institution, she floundered with the hope of finding some situation as a nurse, uncertificated; but in vain she offered herself; nor could she get a private testimonial from patient or doctor, Thus it was that Beatrice bethought herself of an expedient, in her dire necessity, to earn her living. Her flourishing sister, surely needed not her certificate, and could spare the document without loss to herself. The uncertified sister stole her sister's certificate; or rather, she forged one in her sister's name, and by this means was enabled to obtain employment as Nurse, bearing with her the credential of a certificate.

But, on one occasion, in answer to an advertisement it chanced – if by chance it was—that both the sisters offered themselves, as nurse, for attendance in the same case. In fact, no sooner had Nurse Beatrice with the forged certificate, entered the house and had been engaged, subject to hearing from the lady definitely after seeing other applicants who might present themselves, than her sister Blanche called for a like purpose.

This might have seemed only a certain coincidence to the patient, but it flashed across the mind of the sister as a possibility, a probability, she knowing something of the erring antecedents of her poor sister, and she immediately suspected Beatrice.

Those who know anything of the love-bond between two sisters, in many such instances of blood-relationship, will understand also the heart aching which *she* would feel, who to claim her own right must sacrifice her sister, by fastening upon the beloved second self the personal wrong she has done—and the crime of forgery! Better a thousand times to bear the heart-ache than rend two hearts asunder, killing both. Yet, stimulated by that curiosity which prompts or compels inquiry, Blanche sought her sister's present address, and the two met, face to face. In the confessional of that interview, love acknowledged the truth, a full and unreserved confession, which penitence in the mouth of halting, faltering fear would never have told. "Not a word more, dearest Beatrice," said Blanche, sitting close, with both her hands clasping the right hand of the forgerer, her tears falling as if to wash away the iniquity from the instrument which had done the deed, pardoned by a sister's love on earth and by trust in Heaven.

The beginning of evil-doing is like water spilt upon the ground, it cannot be gathered up again. So it was with Beatrice. She would not, could not, again use the guilt stained certificate which personated her sister Blanche. Thus her "private nursing" fell off, as she could no longer pass for what she was not; and she felt that to style herself nurse or nurse-attendant, without any qualifying credential, would be no less a falsehood—differing only in degree from holding a false certificate.

But the demon of evil still pursued her; although she had wrenched herself from his first grasp, he caught her again to make her his instrument in another form. The arguments seemed most plausible. She must earn her living, whoever might pay her wages, or starve! On a dark December day, when the wind whistled around, and the flakes of snow fell fast with a dull thud on the window panes of a little bed-room in a retired suburban house, a young lady lay on a couch in that room, which, with the adjoining sitting room had been hired on her behalf by a gentleman, who then left the house. The young lady bore, in her manner and conversation with the landlady, the evidence of birth and culture; while her pensive reticence and sadness of face gave expression to a singular beauty, and won sympathy for one who seemed to need no *special* sympathy.

Accompanying the young lady-lodger, there was another young lady; whether a relative, friend, or companion to the high-born invalid, no one could have told. On the third day, screams in the bed-room were heard all over the little house; and soon after these signals of suffering, fainter cries followed. The landlady alarmed, hastened to the room, but the door was locked; all was still, save now and then the fainter cries, no more than as crackling sparks of a fire, which at last died out. The young lady-friend, within an hour, quitted the house, bearing a bundle of clothes, a night dress, &c., for the "wash," at a residence of which she gave the landlady the address. It might have seemed strange to have the washing done elsewhere; and indeed the young lady, in delicate health, was amply provided with dress of every kind. When the landlady visited her in the bedroom, she gave, in explanation of her cries, the fact that she had suffered from "flooding"—to which she was subject. In a few days she felt that she would be quite well; and as the rooms did not suit her she must leave, paying, of course, the month's rent, for which time the rooms had been taken.

On the day of the young lady-friend's departure, the "husband" called to fetch his wife away. He had not called during the ten days of her absence, as he had received personal information from their young friend of his wife's health. He thanked the landlady for all her kindness and personal attention to the invalid, and gave her a present of a £5 note, in addition to paying the month's rent.

Thus, the mysterious lodger came, and went away. But an Unseen eye of justice, softened by mercy, had watched the destiny of that "bundle of clothes for the wash." It was traced to the young-lady friend's domicile. A coroner's inquest held, for some mysterious reason, compelled the attendance of *that* young lady, and somehow, the clothes which had not yet been washed, were produced. Within the bundle was concealed the remains of a newly-born child; a deep furrow around the neck betokened strangulation—as with a circle of strong string, or small cord, which still lay in the bundle.

The inquest was adjourned for a post-mortem examination of the infant; the lungs were found to have been fully inflated, and floated in water; an evidence conclusive in the absence of gas generated by decomposition—that the infant was born alive. Hence the infant's cries ere it was strangled to death. The death had now assumed the character of murder, and as the bundle containing the little body and cord was found in the possession of the young lady-friend, and as she was the only person present at the birth of the infant whose neck bore the cord mark of strangulation, the said young lady was clearly identified as the murderess. She, the witness summoned at the inquest, was none other than Nurse Beatrice.

The coroner's jury returned a verdict of murder, and the case went for trial at the Criminal Sessions. A true bill returned by the grand jury seemed to give the

prisoner no chance of escape. But, under the direction of the learned, and, certainly, merciful judge, the jury on the trial returned a verdict of "concealment of birth."

But the moral of the story is this: Nurse—with lately the forged certificate, and now guilty of murder, underwent a short imprisonment, and then resumed her private nursing, with liberty to again prove that *her* way of killing is no murder. And the poor bewildered mother, driven to extremity when pregnant with an illegitimate child, ready to risk her own life in the destruction of her offspring, as an accessory to the crime; she escapes scot free from the hand of justice.

What human judgment can *rightly* apprise the relative guilt of the mother and the confederate nurse in this crime of murder? The one, in *her* extremity, "to hide her womanly shame from every eye, and give repentance to her lover, if herself to die," the other, in *her* extremity, to save herself, possibly, from the spectre of starvation, by crime. The Unseen eye alone can adjudicate.

Clinical Records.

TWO CASES OF THE SUCCESSFUL REMOVAL OF A TUMOUR OF THE SUPRA-RENAL CAPSULE.

By Mayo Robson, F.R.C.S.,

Hunterian Professor of Surgery in the Royal College of Surgeons of England; Senior Surgeon to the Leeds General Infirmary.

At the Annual Congress of the British Medical Association at Portsmouth this month, the author related two cases in which he had successfully removed a tumour of the supra-renal capsule. One in a woman, æt. 47, operated in 1891, who died of recurrence of sarcoma exhaustion several months after the operation.

Case II. was that of a woman, æt. 62, on whom he operated in 1897, and who is still living and well. The tumour removed having been a struma lipomatosa supra-renalis described by Virchow. In the former case the supra-renal growth was so firmly fixed to the top of the kidney that that organ had to be removed as well, but in the latter case only a wedge-shaped piece from the top of the kidney was removed with the tumour. In the patient who is still living the removal of the tumour had not been followed by any pathological phenomena.

He also related a third operation, in which his colleague, Mr. Ward, had removed a sarcoma of the adrenal from a child, æt. 12 months. The child died from shock within a few hours.

The author gave a table of nine cases, of which five had recovered and four died. He believed these to represent the whole operative surgery of the supra-renal capsule.

He said that he thought the true secret of success lay in operating at an early stage of the growth as in his second case.

After describing the operation cases, Mr. Mayo Robson mentioned a case of sarcoma of the supra-renal capsule which he had observed throughout its whole course in 1875, and from this case and others that he had seen he drew attention to the following symptoms.

(*a*) Shoulder-tip pain, this was so well marked in all the three cases that he thought it could not have been a mere coincidence, but was probably dependent on the disease. It might be explained by the fact of small branches of the phrenic nerve passing to the semilunar ganglia,

(*b*) Pain radiating from the tumour across the abdomen and to the back, not along the genito-crural nerve.

(*c*) Marked loss of flesh.

(*d*) Nervous depression with loss of strength.

(*e*) Digestive disturbance, flatulence, and vomiting.

(*f*) Presence of a tumour beneath the costal margin, right or left, at first movable with respiration, but soon becoming fixed. It could be felt in the costo-vertebral angle posteriorly, and could be pushed forward into the hollow of the palpating hand in front of the abdomen.

(*g*) Absence of urinary and of gall-bladder symptoms.

Germany.

[from our own correspondent.]

Berlin, August 18th, 1899.

Soft Soap Treatment of Tuberculous Affections.

For the last thirteen years Prof. Albert Hoffa, of Wurtzburg, has been using soft soap inunction in all forms of local tuberculous affection, and in the *Munch. Med., Wochsch.*, 9/99, he reports on his experience. The soft soap inunction, it should be said, is always used as an adjunct to the ordinary general treatment. The case treated consisted of spondylitis tuberculosis of the hip, knees, foot and elbow, as well as of the glands and skin, and he claims that the effect has been good. It is said to be wonderful to observe the difference in the results obtained between cases treated with and those without the soap inunction. Under the influence of the soft soap treatment the general condition of the patient and the appetite rapidly improve, the tuberculous joint swellings rapidly become smaller, fistulæ close up quickly and glandular swellings subside. Wonderful results are seen, especially in the multiple tuberculous diseases of bones and joints, and children already much reduced. As regards the selection of the preparation of soap it is to be remarked, according to the author the only kind suitable is the sapo kalinvenali kept in the shops, which is prepared from linseed oil and crude caustic potash without spirits of wine, and which always contains a small excess of caustic potash and its carbonate. The author rubs in 25 to 40 grms. of this soap two or three times a week, and lets it lie on half an hour, at the end of which time it is washed off with a sponge and warm water.

As regards the mode of action of the soap the author confirms the ruling view, among others, that of Kollmann, that under the influence of the soap treatment the injurious lactic acid circulating in the system becomes neutralised, and that the alkalinity of the blood is increased. The increase in the alkalescence caused increased tissue change, and this acts favourably on the general condition and especially on the affected parts.

The Thyroid as an Antidotal Organ.

At the Society for Innere Medizin Dr. F. Blum, Frankfort a/M, gave his views and reported on his experiments in determining the true function of the thyroid body. Like most others he denies that it is in any way a gland, as it possesses no secreting organs. In his opinion investigators have been misled in their views, and have wrongly interpreted facts observed by them. The course of disease after removal of the thyroid has been the cause of much discussion. The disease varies very much, and oscillates principally between severe attacks and free intervals. If, when an animal is passing through an active period thyroid preparations are given

and a free interval follows, the belief obtained that the preparation was the cause of the free interval, whilst in reality the freedom from active evidence of disease would have taken place as a matter of course. Dr. Blum extirpated the thyroid from 100 dogs, 96 of which became diseased, whilst four remained healthy. From this it may be concluded that the thyroid body is a vital organ, but that occasionally reserve powers are retained in the body that compensate for its loss, four of the dogs remaining healthy. Of the 96 animals that became diseased not one could be kept alive by feeding with thyroid in any of its preparations.

According to these facts, therefore, the thyroid is a mere gland, but that it attacks something circulating in the system and renders it harmless. This harmful substance is a toxalbumin saturated with iodine. The iodthyrine is not profound in the thyroid. Iodine was found in the thyroids of all the animals. When potassic iodide was given an increase in the organic iodine combination took place. The thyroid holds its iodine very fast, as experiments had shown. The chief purpose of the thyroid was the imprisoning of the poisonous combinative, after its removal serious disturbances are set up which principally proceed from the central nervous system. For, according to Nissl the ganglion cells show constant changes, swelling of the cells from increase of the protoplasm and disappearance of the granules.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, August 19th, 1899.

TEST FOR MERCURY VAPOUR.

AT the meeting of Physical Medicine Kunkel drew attention to the imperfection of the present test for mercury vapour in the atmosphere, which was performed with gold-leaf, but owing to the condensation of watery vapour on the gold surface a constant error arises of a variable quantity. In addition to this error, another deviation from the truth is found in the mercury that is taken up by the nitric acid present and not deposited on the leaf.

The most recent method is to pass the suspected air over crystals of iodine when the mercury combines with the iodine to form the mercuric iodid. The *modus operandi* is to take a dry glass tube from two to three millimetres wide, into which are put a few fine crystals of iodine. Over these crystals fifty to a hundred litres of the suspected air is slowly conducted. The reaction in this test is so delicate that the one-hundredth of a milligramme may be detected by a glance at the colour. The mercury iodine tube is now washed out with a few drops of a solution of the iodide of potassium, and then filtered, which removes the iodine crystals completely. With the object of combining all the iodine vapour, hydrate of soda is added till all colour disappear. A stream of H_2S is then passed through the substance and mercuric sulphide formed, which may then be estimated by the colometric method. It should always be carefully borne in mind that the mercuric vapour to be examined should not be passed too quickly through the absorption tube, or a slight error might arise.

MYOTONIA CONGENITA.

Muller demonstrated a boy, suffering from a typical form of this disease, which is more familiarly known as Thomsen's disease. It is a congenital anomaly of the muscles, particularly the transverse striped muscle, which becomes stiff after a voluntary effort and remains in a state of contraction for some time before the will can relax it again or bring it back to a position of rest. In this case the duration of the stiffness lasts a few seconds, and occurred in light efforts as well as severe. All the voluntary muscles were affected as well as the tongue. The pharynx, larynx, œsophagus, and respiratory apparatus were unaffected.

According to Erb, this disease yielded to the reaction of electricity and mechanical friction, which might be tried in this case.

ALCOHOL AS A NUTRIENT.

The question still exists, "What influence has alcohol on the metabolism?" How does it affect the nutrition or changes in the respiratory system?

From the various examinations it is affirmed that it acts on the albumen and checks the metamorphosis. According to the experiments of Riess, von Jaksch, and Strassmann, the elimination of nitrogen is reduced by the use of alcohol; while Romeyn Keller, Ström, Stammreich, Miura, and Schmidt affirm the opposite, and do not think it a preserver of albumen. Neumann assured the Gesellschaft that the experiments on himself did not sustain the latter arguments, although the believers were numerically greater.

The whole time of experimenting was 35 days, commencing after 70 days abstinence from all alcoholic drink. This period he divides into six parts as follows:—

The first part consists of five days, in which was given 76 grammes of albuminoids, 224 grammes carbohydrates, and 156 grammes of fat, which would be equal to 2,681 calorics of nitrogen equivalents.

The second part consisted of four days in which the fat was reduced by 77 grammes, bringing the caloric force down to 1,959, but this was found to be insufficient, as the nitrogen supplied was too low.

The third part comprised ten days in which the 77 grammes of fat were supplemented by an isodynamic, equivalent of absolute alcohol being 100 grammes. The nutrition of the body was now found to be sufficient, probably from the activity of the alcohol. This addition brought the caloric force up to 2,677 again, giving a similar nitrogen equivalent as at first.

The fourth part embraced six days of the whole period in which were given the original amount of fat (156 grammes) with the 100 grammes of alcohol continued as in the preceding part, which would now give a caloric force of 3,401. The diet was now found to be excessive, the elimination of nitrogen not being proportionate to the intake, or on account of the alcohol is reduced.

The fifth part comprehended four days in which both alcohol and the 77 grammes of fat were withdrawn, reducing the caloric force again to 1,959. The diet was again insufficient, as the loss of nitrogen proved.

Finally, the sixth part was continued for six days, in which the original diet was resumed with a caloric force of 2,681. The equivalent expenditure of nitrogen was now re-established as in the first part.

In a tabular demonstration of his experiments, Neumann pointed out that in the second and fifth part of the experiment the nitrogen intake was 12 to 16; elimination 13 to 79. During the third part he found that

between the fifth and tenth day the nitrogen was equivalent, and must therefore be accepted as sufficient. In the fourth part the nitrogenous intake was 12 to 19, while the elimination was 10 to 84. It is to be noted that the first day of the third part of the experiment the nitrogen elimination was increased. This Neumann explained, was probably due to the long prior abstinence from alcohol and the sudden administration of large quantities of alcohol, which would act at first on the protoplasm as a poison, and thus increase the destruction of the albumenoid material. The figures in this case were 12 to 16 as intake, and 15 to 21 as elimination. As soon, however, as the system became acquainted with the toxic effects the disturbance subsided, and the alcohol afterwards acted as a nutrient or as the fat did before the alcohol was substituted. This opinion is further supported by the facts of the fifth part of the experiment, when both fat and alcohol were withdrawn, which shows that the alcohol must have supplied the deficiency of the fat. The fourth part is unassailable as a proof that alcohol retains the integrity of the albuminoid element.

Neuman finds that his first four days of the fourth part agrees with those of Miura and Schmidt, who did not continue their experiments longer. He concluded his remarks with an expression of his own conviction that the facts proved that alcohol was a dietetic, but he thought the toxic effect should be reduced to the minimum.

THIRD INTERNATIONAL CONGRESS OF GYNÆCOLOGY AND OBSTETRICS.

[FROM OUR OWN CORRESPONDENT.]

Amsterdam, August 8th-12th, 1899.

The Congress was inaugurated in the Hall of the University on August 8th. The President of the Congress, Professor Hector Treub, of Amsterdam, occupied the chair; whilst on the platform were the Burgomaster of Amsterdam, the Minister of Public Instruction, and the members of the Permanent Congress. After the introductory address by the President, and the report of the general secretary, Dr. Mendes de Leon, the names of the honorary presidents nominated by the committee were submitted to the meeting and unanimously endorsed. The delegates of foreign Governments and scientific societies addressed the meeting, viz., Dr. Engelmann for the United States of America; Dr. Jacobs for Belgium; Dr. Robert Barnes, Mr. Bowreman Jessett and Dr. Heywood Smith, on behalf of England; Dr. Fargas, of Barcelona, presented an invitation to the Congress from the Mayor and municipality of Barcelona, to meet in that city in 1902. Dr. Jonnesco, of Bucharest, presented a similar invitation on behalf of Roumania; Dr. Stockvis spoke on behalf of the Dutch Association for the Advancement of Medicine, Dr. Westermark for Sweden, Dr. Schonberg for Norway, Dr. de Rein for Russia, M. Pinard for France, and Dr. Pasquale for Italy.

In the evening two receptions were held; first, by the Burgomaster, at the Town Hall, and then by Prof. Treub, Dr. Mendes de Leon and Mesdames Treub and Mendes de Leon at the Maison Conturier. To the latter, ladies were invited, and a very successful gathering took place, enlivened by music and dancing.

Wednesday, August 9th.

The following papers were read:—

M. Delagènière (Le Mans), On the Shortening of the Round and Broad Ligaments in Retroversion of the Uterus. Discussion by Messrs. Jacobs, Reed, Goldspohn, Vineberg, and W. Alexander.

M. Doyen (Paris), The Treatment of Spontaneous and Post-operative Gynæcological Fistulæ.

Dr. La Place (Philadelphia), Demonstration of a Forceps for Intestinal Anastomosis.

M. Reynier (Paris), Total Abdominal Hysterectomy for Cancer of the Uterus. Discussion by Messrs. Doyen, Jacobs, Jonnesco, Bowreman Jessett, Pestalozza, and Jauvrin.

M. Heinricius (Helsingfors), On the Clinical Importance of Retrodeviations of the Uterus.

Dr. Ziegenspeck (Munich), On Operations for Stenosis.

Dr. Jonnesco (Bucharest), Total Abdominal Castration for Adnexial Affections, whether Septic or not. Discussion by Messrs. La Torre, Reynier, Stratz, and Hartmann.

Dr. Palmer Dudley (New York), Intra-Uterine Implantation of the Ovary.

At the afternoon Session M. Richelot, of Paris, introduced a discussion on the Relative Value of Antisepsis and Improvements in the Technique, in the results of Operative Gynæcology. In this discussion the following took part:— Messrs. William Alexander (Liverpool), Robert Bell (Glasgow), Hartmann (Paris), Jonnesco (Bucharest), Stratz (La Haye), Doyen (Paris), De Rein (Kieff), and Heywood Smith (London).

We append short abstracts of some of these communications.

Thursday, August 10th.

Mlle. Catharine v. Tusschenbrœk (Amsterdam), Ovarian Pregnancy. Discussion by Messrs. Meyer and Pinard.

Dr. Davis Edwards (Philadelphia), The Management of Labour in Abnormal Pelves.

Dr. F. La Torre (Rome), The Nomenclature of the Oblique Diameters of the Pelves, from the point of view of International Obstetrics. Discussion by Messrs. Davis, Treub, Rapin, Bar, and Pinard.

Dr. F. La Torre: The Morphological Classification of Contracted Pelves. During the discussion on this paper it was suggested that an International Commission should be appointed to revise obstetrical nomenclature; M. Pinard, the President of the Section, nominated for this purpose the following gentlemen:—Prof. Treub, President; Messrs. Bar, La Torre, Rapin, Queirel, de Rein, Davis Edwards, Simpson, and Freund. The commission at once elected M. Paul Bar as secretary, and it was hoped that the report of the Commission would be presented at the Obstetrical Section of the Paris Congress in 1900.

M. A. Favre (Chaux-le-Fonds), Labour and Nephritis.

M. Cosentino (Cattania), Demonstrations of Sections of the Cadaver.

M. F. Villar (Bordeaux), On Appendicitis in Women.

Dr. Oscar Beuttner (Geneva), (*a*) Experimental Researches on Castration-Atrophy; (*b*) the Use of Salipyrine in Gynæcology; (*c*) Vomiting of Coffee-ground Coloured Material after Anæsthesia in Gynæcological and Obstetrical cases where instrumental or operative interference has been resorted to.

M. E. Doumer (Lille), On the Use of Currents of High Frequency in Gynæcology.

M. J. L. Faure (Paris), Total Abdominal Hysterectomy in Suppurations of the Adnexa.

M. H. Duret (Lille), Colpohysterectomy in the Treatment of Irreducible Inversion of the Uterus. Discussion by Messrs. Dudley and Gutierrez.

Dr. A. Goldspohn (Chicago), Indications, Technique, and Results of the Alexander Operation in Aseptic Adherent Retroversions of the Uterus, when Combined with Inguinal Cœliotomy to Liberate the Organs and to Resect or Remove the Adnexa when necessary.

At the afternoon session a discussion was held on "The Influence of Position on the Shape and Dimensions of the Pelvis." This was opened by Messrs. Bué, Pinzani, and La Torre, and continued by Messrs. Kouwer, Nyhoff, Pestalozza, Ziegenspeck, Engelmann, and Pinard.

A series of preparations was exhibited to illustrate Mlle. v. Tusschenbrœk's paper on Ovarian Pregnancy

DEMONSTRATIONS.

M. Doyen (Paris), gave two demonstrations of various operative procedures by means of the cinematographe. The first demonstration, on August 9th, had reference to general surgery. By this means were represented amputation of the thigh, excision of the knee-joint, removal of the thyroid, excision of cerebral tumour, &c. The second demonstration, on August 11th, illustrated M. Doyen's methods of vaginal and abdominal hysterectomy.

M. Keiffer (Brussels), showed a number of microscopical sections illustrating the following subjects:—1, the structure of the normal uterus and its vessels; 2, the development of the ovum and the corpus luteum; 3, the development of fibro-myomata; 4, The uterine mucosa in successive phases of menstruation.

FRIDAY, AUGUST 11th.

The following papers were read:—

M. Delageniere (Le Mans), Total Hysterectomy in Cases of Fibromata Complicated by Albuminuria.

M. Gouilloud (Lyons), Force Pressure of the Uterine Arteries in Fibromata.

Mr. Bowreman Jessett (London), On the Treatment of Uterine Myoma.

Dr. Robert Bell (Glasgow), Medical Treatment of Fibromyoma and Ovarian Disease, and of Incipient Carcinoma of the Cervix.

M. Woskresensky (Kieff), The Principles of Treatment of Uterine Myoma.

M. d'Hotman de Villiers (Paris), A Case of Total Abdomino-Vaginal Hysterectomy for a Large Fibroma.

Mr. Doleris (Paris), The Treatment of Fibromata with Pregnancy.

M. Duret (Lille), Certain Special Operative Procedures in the Treatment of Fbromata.

M. Guttierrez (Madrid), The Surgical Treatment of Myomata.

M. Fargas (Barcelona), The Surgical Treatment of Myomata,

Dr. Treub (Amsterdam), Statistics of his Results of Operations for Fibroma during the last three years.

M. Schmeltz (Nice), a New Procedure for Abdominal Hysterectomy,

In the afternoon the question for discussion was "The Surgical Treatment of Fibro-Myomata." The discussion was opened by M. Doyen, of Paris, and the following members of the Congress took part in it:—Messrs. Delagenière, Reynier, Tuholske, Alexander, Carstens, Bell, Jacobs, La Torre, Giles, Engström, Galvani, Tournay, Jonnesco, d'Hotman de Villiers, Jessett, Villar, Heywood Smith, Heinricius, Pestalozza, Sinclair. Gordon, and Jaybe.

SATURDAY, AUGUST 11TH.

The following papers were read:—

Prof. Treub (Amsterdam), Antisepsis in Symphysiotomy and Cæsarian Section.

M. Chaleise-Vivie (Bordeaux), the Innocuity of Anaplastic Amputation of the Cervix in relation to Pregnancy and Labour.

M. Rapin (Lausanne), on Insufflation of Air into the Uterus as a means of Prevention of Fœtal Asphyxia.

M. La Torre (Rome), the Classification of the Positions of the Fœtus.

M. Queirel (Marseiles), Urology of Pregnancy and the Puerperal State.

Dr. Van der Velde (Amsterdam), the Elimination of Methylene Blue in Pregnancy.

M. J. L. Faure (Paris), Total Abdominal Hysterectomy for Cancer of the Uterus.

M. H. Hartmann (Paris), on the Operative Treatment of Salpingitis.

M. Laroyenne (Lyons), the Treatment of Cystocele by a New Process of Cysto-hysteropexy.

Dr. Jonnesco (Bucharest), a New Method of Sewing up the Abdominal Wall without Varied Sutures.

M. H. Brodier (Paris), on Periodic Intermenstrual Pain.

At the afternoon session the discussion on "The Relative indications of Cæsarian Section, Symphysiotomy, Craniotomy and premature Induction of Labour was introduced by Messrs. Pinard, and Pestalozza; and continued by Messrs. Arthur Giles, L. Meyer, Cosomilas, La Torre, Eugelmann, Nijhoff, Heinricius, Steyn Parvé, Treub, and De Rein.

We hope to publish abstracts of the most important papers above enumerated.

INTERNATIONAL OPHTHALMOLOGICAL CONGRESS.

[FROM OUR OWN CORRESPONDENT.]

UTRECHT, August 14th-18th, 1899.

THE Ninth International Ophthalmological Congress held its meeting last week at Utrecht under the presidency of Prof. Snellen. There were members from different parts of Europe and a strong American contingent, numbering in all upwards of 200, On Monday evening there was a public reception in the Town Hall by the municipality, followed by a concert and fireworks at the Tivoli Gardens. On Tuesday morning Dr. Argyll Robertson, who presided at the last congress held in Edinburgh in 1894, welcomed the members in a graceful address, paying tribute to the memory of Donders, who was one of the founders of the International Ophthalmological Congress, and who raised this branch of science to its high position, and complimented also his successor, Prof. Snellen, whose reputation extends to all countries. It was a happy thought of Prof. Snellen to divide the work of the Session into three sections, viz.: (a) Anatomy Section; (b), Biology and Optics; (c) Clinics and Therapeutics. Such an arrangement has become necessary to meet the demand of the ever-increasing numbers of members who offer to read papers, and to take part in the discussions. As an instance of the important papers may be mentioned Prof. Sattler (Leipzig) on Non Cataract; Professor Landolt's (Paris), Demonstration of a new Stereoscope to Exercise the Eyes for the Re-establishing of Binocular Vision; Mr. Treacher Collins (London), Demonstration of the Anatomy and Congenital Defects of the Ligamentum Pectinatum, with lantern slides. Professor Dor (Lyon), On the Treatment of Detachment of the Retina, followed by a very interesting discussion. Dr. Guttman, Berlin, cured some cases of detached retina by posterior sclérotomy; and Dr. Scheffels, Krefeld, had also two successful cases by the same operation, and maintained that now we cannot consider detachment of the retina as an incurable affection. Dr. Wolfe, Melbourne, late of Glasgow, was pleased to hear that his operation of posterior sclerotomy, which is well known in the ophthalmological literature, is gaining acceptance in the profession, and mentioned a case in which the successful result has now lasted upwards of two-and-a-half years.

The papers and the discussions were in the French, English, and German languages.

On Tuesday morning the members were photographed and a banquet given in the Tivoli gardens followed by a concert by the municipal orchestra

On Wednesday Dr. McKenzie Davidson (London), who has done such excellent skiagraphic work, and Dr. Grassman (Liverpool) gave demonstrations of localising foreign bodies in the eyes by the X-rays. Other lectures were given by Mr. Priestley Smith (Birmingham) on Strabismus; Professor Lebert (Halle) on the Nutrition of the Eye; Dr. Panas (Paris) on Paralysis of Different Ocular Muscles, caused by injury.

Dr. Knapp (New York) on Rare Tumours of the Orbit; Mr. Anderson Critchett (London) and Dr. Berry (Edinburgh) on the Treatment of Conical Cornea; Prof. M'Hardie (London), on the Designs of Hospitals.

A very important paper was read by Professor von Hippel (Halle) on the Lasting Effects of the Operations for High Degrees of Myopia.

Prof. von Hippel has operated upon a large number of cases by extraction of the transparent lens, during the last six years. Of these he has kept notes, and making the patients return to his clinique for examination. He finds the results satisfactory, one of the objections against the operation being that it is

followed by detachment of the retina, he maintains that comparing the number of myopes who have been operated on, with those not operated on, they prove pretty equal. Prof. Sattler (Leipzig), spoke in favour of the operation to which he resorts in suitable cases. He finds great advantage in making the section with Weber's hollow lance. Prof. Silex (Berlin), thought the operation required great caution as it is sure to do a deal of mischief. He, Prof. Silex, observed during a period of nine months in Berlin, twenty-three cases of detached retina after extracting the transparent lens, whilst during the same period there were only three detached retinæ in non-operated cases.

Dr. Wolfe (Melbourne), late of Glasgow, said that he operated in one case in which the lens had commenced to be opaque although vision was not affected, and in another case where the cataract had considerably advanced with satisfactory result. But he could recommend it only in exceptionally rare cases. Though he admitted that the operation is almost safe in the hands of Prof. V. Hippel and Prof. Sattler. operators of great experience with a precise and splendid operative-technique, and with an immense material to select their cases from, yet when reading the reports of some members of the speciality, of limited experience and less material at command, that they have extracted so-and-so many transparent lenses for myopia, he feels an oppression of the heart when he thinks that so many human eyes have been put upon the hazard, several of which must have exchanged their spectacles for total blindness. He had tried Weber's lance upon rabbits, and does not find it advantageous.

Excursions were given to members to Amsterdam, Baern-Soeztdijk, &c., and a pleasant time was spent, the weather being splendid.

Next meeting of the Congress in 1904 will be at Lausanne, Switzerland.

The Operating Theatres.

CHILDREN'S HOSPITAL, PADDINGTON GREEN.

Congenital Dislocation of the Hip Treated by Lorenzi Bloodless Method.—Mr. Burghard operated on a girl, æt. 3 years, who was the subject of congenital dislocation of the right hip. The affection had not been noticed until the child learnt to walk, when she was seen to waddle in the characteristic ungainly fashion. She was then brought up to the hospital. On examination there was a little over three-quarters of an inch shortening of the right lower extremity, the trochanter being that distance above Nélaton's line; there was free mobility in the vertical direction on pushing the limb up and down. While making forcible extension, the head of the bone could be felt to hitch against the acetabulum. Lordosis was well marked on standing, whilst the gait on walking was characteristic of congenital dislocation. A radiogram showed the acetabulum to be imperfectly developed, and the head of the femur out of place. The child was otherwise healthy and well developed. She was fully anæsthetised, and powerful extension was applied in order to bring the head of the bone well down opposite the rudimentary acetabulum. For this purpose a rolled up jack towel was passed round the perinæum by means of which an assistant made counter extension, whilst the limb was grasped with both hands above the knee by the surgeon, who then exerted very powerful extension, and after a few minutes was easily able to bring the top of the trochanter just below Nélaton's line. Forcible traction was also made in other directions, so as to stretch the adductors and flexors of the thigh, the limb being abducted and somewhat over-extended with this object, and the muscles thus put on the stretch being forcibly kneaded to aid their relaxation. After the muscles had thus been stretched and the head of the bone brought sufficiently down, the latter was got into position against the acetabulum by fully flexing the thigh on the abdomen and rotating the limb somewhat outwards. This procedure was accompanied by the characteristic click as the head of the bone went into position. In order to prevent a recurrence of the dislocation (which took place immediately the pressure was relaxed), the head of the bone, after being got into position, was kept firmly pressed against the rudimentary acetabulum by forciblyabducting the limb (which was still kept rotated outwards) to its utmost limit. This latter procedure occupied several minutes, as it was necessary to perform it very gradually and to knead and stretch the adductor muscles in order to obviate any risk of fracture. Finally, the limb in its position of full abduction and outward rotation was brought from a condition of flexion to that of slight hyper-extension, and held there whilst a firm plaster of Paris spica was applied, extending from below the knee (which was kept flexed) to above the iliac crests. As soon as the plaster had set, the patient was allowed to come to. Mr. Burghard said that he employed this method in preference to the open operation, because, on the whole, the results were preferable in children of the age of the patient in question. Provided that the child were quite young, but still was old enough to have learnt to walk, the prospect of the formation of a stable joint by the pressure of the head of the bone against the imperfect acetabulum was very good by this manipulative method, while at the same time the child run no risk from the shock and loss of blood entailed by the open operation, which, after all, only aimed at bringing about the same condition of affairs as that produced by the operation just performed. The objects of Lorenzi's manipulative or bloodless method were three in number. In the first place, the structures, chiefly the adductors, the hamstrings, and short flexors of the thigh, were stretched sufficiently to allow the head of the bone to be brought accurately into the cleft representing the acetabulum; secondly, the limb was immobilised for a considerable time in such a position that while the head of the bone was kept accurately *in situ*, the lax structures constituting the hip joint were allowed time to contract, at the same time the abductors became shortened to such an extent that any attempt to bring the affected limb parellel to its fellow resulted in exerting still further pressure of the head of the bone against the acetabulum. The third and most important object was, by allowing the child to walk after a lapse of a certain time to bring about a gradual deepening of the acetabulum by the constant pressure and friction exerted by the head of the femur against it in walking, and thus to establish a perfect joint. He pointed out that the operation just completed only fulfilled the first two of these objects. It would be his intention to leave the plaster casing untouched for about three months; the position in which the limb was placed, although irksome to the patient and causing some pain for a day or two owing to the stretching and tearing the muscles had undergone, would soon be tolerated. After three months the plaster of

Paris would have to be removed and a second one applied for a similar period; in all probability it would be possible when applying the second casing to diminish the abduction very considerably without any danger of the head of the bone slipping out of place, as it would then be held firmly in place against the acetabulum by the pressure of the contracted structures on the outer side of the thigh, and the knee would also be straightened so that it would be possible for the child to put the foot to the ground, although, owing to the abduction of the limb, the pelvis would necessarily be tilted; with the limb in that position the patient would be allowed to walk. In order to maintain the abducted position, a patten about an inch in height would be put on the boot of the sound side. In all likelihood, at first, the child would require crutches, but would probably soon be able to walk without their aid. After removal of the second plaster casing, which would be at the end of six months from the commencement of treatment, the patient would be allowed to walk without any splint, merely retaining the patten on the sound foot for a month or two. During all the time the child was walking, the third object of Lorenzi method (namely—formation of a stable joint by pressure and friction) would be proceeding. Of course, Mr. Burghard said the main essential in carrying out this treatment was that the head of the bone should be put accurately in place at the first sitting; should there be any doubt about this a radiogram should be taken, this can often be done through the plaster casing, but should the latter be too thick the patient should be put under an anæsthetic about a fortnight after the first operation, when the damage to the soft parts has subsided, the casing removed and a radiogram taken, and if necessary any faulty position corrected and the plaster re-applied.

Mr. Burghard afterwards showed a case which he had treated by the same method more than nine months previously with perfect success. The child walked with an absolutely normal gait, and could run about and play like other children; the hip-joint on the affected side was stable, and movement was perfect in all directions; the limbs were of equal length, and a radiogram showed the heads of the bones on the two sides to be in accurate position. This child, when operated on, was about the same age as the other. Mr. Burghard pointed out that the chances of success decreased after about the age of four, and in children of seven years and upwards his experience was that the alterations in the parts were so extreme that the operation was almost certain to fail, and it was better to have recourse immediately to the open operation. Even that, however, was not likely to be completely successful unless it were done before the child was nine or ten years of age.

The Mortality of Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Calcutta 21, Bombay 30, Paris 23, Brussels 15, Amsterdam 15, Rotterdam 18, the Hague 18, Copenhagen 17, Stockholm 20, Christiania 21, St. Petersburg 29, Moscow 41, Berlin 19, Hamburg 21, Dresden 19, Breslau 31, Munich 23, Vienna 19, Prague 24, Buda-Pesth 23, Trieste 23, Rome 16, Turin (ten days) 16, Venice 23, New York (including Brooklyn) —, Philadelphia 21.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 23, 1899.

NUISANCES AND SANITARY DANGERS.

A recent case in a London police court has emphasised the distinction between a "nuisance" and a danger to health in a somewhat instructive manner. In the mind of the multitude the two conditions mentioned constitute one and the same thing—that which is offensive to the senses must be insanitary and injurious. To take a concrete instance, the ordinary wood paving of the streets becomes in hot weather a most noisome factor of town life, and the average citizen does not hesitate to attribute to that source a long list of more or less formidable diseases, ranging from a mild ophthalmia up to a sthenic pneumonia or enteric fever. For all that, it may be questioned whether wood paving produces any more ill-effects than those that might with an equal amount of reason be attributed to the stone roadways introduced by Macadam. To put the matter in another way, bad smells do not necessarily imply a danger to health. Indeed, it may be said that in some instances an evil odour points to some degree of safety, inasmuch as it shows that the aromatic origin is open to the changes whereby nature destroys waste and dead organic matter. Many sanitarians are inclined to agree with Dr. Vivian Poore's proposition that all sewage matter should be returned to the soil, there to undergo the natural process of "humification" and fertilise the face of the earth. From that point of view the modern system of removal of sewage by water carriage is founded on a false principle, whereby the æsthetic sense of the community is saved from shock, but at the expense of the national wealth and the risk of the dangers associated with drains and sewers. The truth of the matter appears to be some-

where between the two extremes. Bad smells about a collection of houses, if they proceed from excremen titious material, are offensive and a nuisance, but are not necessarily a danger to health. If the decomposing stuff be lying about on the ground there must obviously be a risk of poisoning water and other essentials of environment. If, on the other hand, the offensive material be carried away, say in an open conduit, then the inhabitants will be safe from infection from that species of sewage disposal, however greatly it may stink in their nostrils. From the point of view herein indicated we heartily agree with Dr. Poore, and should hesitate to introduce any but open methods of sewage disposal into rural districts. From sewage to fried fish may seem a far cry, but the same principle of nuisance as apart from danger to health applies to each set of circumstances. In the case referred to at the outset of this article, the proprietor of what is often described by the newspaper reporters as a "fried fish emporium" was prosecuted for carrying on a business which was a nuisance and dangerous or injurious to health. An attempt was made to prove both general and specific injury to health, but apparently without any great measure of success. In a case of this kind it would be safer to trust to evidence, which need not be medical, as to the existence of mere nuisance. The æsthetic horror of a fried-fish shop would be testified by thousands, but, no doubt, quite as many worthy citizens would testify as to the solid comfort to be derived from that unsavoury quarter.

THE ALLEGED INCREASE OF LUNACY. IRELAND.—II.

In our issue of last week we skirmished in a tentative fashion about the battle-ground of insanity, and would now desire to come to a little closer quarters. We are driven irresistibly to believe that sooner or later the conclusion which will infallibly impress itself upon the public is, that insanity is not increasing. The increase being apparent, and not real, is due principally to the facility of registration, the comforts, not to say luxuries, by which of late years the insane have been surrounded, thus leading to the accumulation and prolonged living which congests our asylums—the reduction which has taken place in the unregistered by becoming registered, and thus members of the happy family of the in-door. As to the expenses they are truly formidable—£350,000 for 1897—of which £68,000 was for salaries alone, and nearly £10,000 for superannuation under the ludicrously liberal administration of an Act, of which everyone who can has hitherto taken advantage—no difficult matter—as would be rendered speedily evident were we favoured, in official shape, with the full facts and details of all pensioned off since it came into operation. This appears all the more unaccountable, seeing that the grant of the Treasury towards the total expenditure is nearly £140,000, approaching the half of the expenditure (£183,000), the remainder being levied off counties, &c., in the respective districts. It is true that somewhere about £7,000 is received from the friends of a comparatively few of the patients, which lightens somewhat the burthen, five or six thousand from the farms and gardens representing the much-vaunted utilisation of the patients, and about £2,000 from "other sources" of revenue; but, then, on the other hand, what, for example, is the outlay on the farm and gardens? nearly £11,000—repairs and alterations require £17,000—and it should be well borne in mind that this latter item is perfectly distinct from the expenditure on *new* structures—it is merely for patching up and repairing the old—a regular annual grant as a matter of course. The cost of such buildings as the new wings and new asylums now in progress in connection with nearly all the 22 district asylums (not including two brand new asylums in the north, and the tremendous effort of modern architectural genius at Portrane, near Dublin, intended in addition to the Grangegorman Prison to relieve the overcrowding of the Richmond Asylum, and so divert the influx of the patients thereto, as shall not only make it the standard asylum as regards its erections, patients, and staff, but bury the ghost of beri-beri which has troubled it so long), is defrayed out of funds procured by loan through the Board of Works, repayable by the respective districts in half-yearly instalments extending over 50 years, with interest at 3½ per cent. per annum. We are speaking, of course, of the immediate past, in regard to these distinct headings of expenditure, and only in a cursory manner, not thinking it necessary to give all the items—only the principal aggregates—thus the annual cost for the simple maintenance of the equipped asylums now reaches somewhat about £400,000, made up of a free Treasury grant, and levies off the districts—the estimates for which are prepared at the Castle. On the other hand, the entirely distinct and additional expenditure under the headings of buildings, land, and equipments has been always decided by the Board of Works and the Inspectors of Lunatics in the shape of the curious and little understood amalgam known popularly (or unpopularly?) as the "Board of Control"—now defunct—the District Committees being charged with the responsibility for the future, and we do not know at present time of writing of *exactly* how much of the remaining fiscal and financial arrangements, as differentiated, remains for the Castle department, which, as always an inspecting one on the best terms, should be now so, pre-eminently, if anything. To give *some* idea of the magnitude of the operations of the deceased Board of Control, we would refer those interested to a succinct statement appearing at page 32 in the 46th Lunacy Blue-Book, showing that during the decade ending in 1896 the cost of providing the already provided twenty-two elderly District Asylums with increased accommodation *still* in progress was nearly half a million, including purchase of land. There is also supplemented a return showing

the increase in accommodation provided in those asylums which have been built since 1895, and *still* in progress (five new institutions including Portrane) on an estimate of £631,600, that for Portrane alone appearing to absorb £248,600, £10,000 having been paid for the Portrane demesne. The expenditure is given to January 1st, 1897 (nearly 100,000 on the five works) and we believe the operations are still "progressing"—and as regards Portrane, we believe not yet finished—like a ball of snow gaining bulk, perhaps with the progress. We hope the committeee, whose predecessors created such a storm, will finish it! Now all this (the purpose of the present article), as bearing on the increase of insanity—a very elastic subject obviously—and equally obviously its *numerical* condition may be compressed or expanded, just as you think proper to deal with it. Mr. Corbet is going on the broad ground of a crusade in the cause of humanity. We recognise it simply as a question of expenditure and common-sense. Are we in Ireland rich enough for all this expenditure? The figures given above were given, we suppose, not so much—or not at all to show the cost—but to show the "improvements" under the new *regime*. Here we leave the question for this week.

HOSPITALS AND OUT-PATIENTS.

THE dead season for the newspapers having come with the prorogation of Parliament, various discussions are being started by the editors in order to fill the columns of their journals, and the *Times* has led the way by giving prominence to a question, the debate upon which will not fail to be profitable in many ways. We allude to the correspondence which is now taking place upon "Hospitals and Out-Patients." It was commenced by a correspondent drawing attention, in terms of high praise, to the system of visiting hospitals and reporting upon them adopted by the Prince of Wales's Hospital Fund. This correspondent asserts in proof of his statements that the hospital with which he is connected was visited by three representatives of the Fund, who were distinguished for philanthropy, medical eminence and finance respectively. Of the letter itself nothing need be said, save that it must have excited a good deal of envy among the hospital authorities, whose experience of the "inspection" accorded to their institutions had not been that of the writer's. We fear, moreover, that the tendency of the letter was to lead the public to assume that all the "inspections" carried out under the authority of the Fund were of the type to which the correspondent referred. As a matter of fact, however, we know of one important general hospital at which the inspection was of a most perfunctory character. At this "inspection" we believe the medical representative failed to put in an appearance at all. While of the two others, one was a stockbroker who could be scarcely expected to know much about hospitals, and the other was the chairman of a similar institution who could be scarcely expected to approach his task of inquiry with an unbiased mind. Nevertheless, we merely mention these facts for the purpose of expressing our entire agreement with the correspondent in question as to the value of the method of inspection adopted by the Prince of Wales Fund if it be properly carried out. Undeniably hospitals whose managers do their utmost for the institutions have everything to gain by courting the fullest inquiry into their concerns. Again, it would be the worst policy imaginable upon the part of the managers to resent such inspections. But on the other hand they have the right to claim when their Institutions are visited, with a view to being reported upon, that the inspectors shall discharge their duty thoroughly and not in a perfunctory manner. Obviously, unless this be the case throughout, some institutions must suffer at the expense of others. Presumably the object of the inspection is not merely to draw attention to instances of maladministration, and to expose faults, but also to give credit for matters worthy of favourable notice, and to commend where commendation is due. Unless, therefore, the inspectors do their duty in all instances, it is clear that well-deserving institutions might be unfairly reported upon. This point is one which we deem to be of great importance, and we trust that it will not be lost sight of by those responsible for the management of the Fund. In this connection it may be safely assumed that the more thorough and painstaking the work of the inspectors is, the greater value and respect will be attributed to their reports by hospital managers. Furthermore, there is no doubt that as soon as the public begin to understand that the Prince of Wales's Hospital Fund has by this means gained the confidence of the hospitals—a matter, be it said, of no little importance—the prosperity of the Fund in the future is certain to be assured. All, therefore, depends upon the manner with which the officers of the Fund discharge their duties; clearly their aim should be to honestly and without favour establish a *regime* for the benefit of hospitals which both the managers of the latter and the public can equally commend and endorse. There is only one other point to which allusion need be made, and that is with reference to the use made of the Inspectors' reports. Assuming that much time and thought is expended upon their production, we think that the documents should, after having been accepted by the authorities of the Fund, be handed to the various institutions to which they refer. Such documents would then be available for publication in the annual reports of the hospitals concerned, and could otherwise be made use of, under favourable circumstances, to bring the needs of the institutions under the notice of the public. By this means, no doubt, both the Fund and the various charities would eventually profit. At all events, this suggestion is one which might well be considered by the Fund. We shall refer to other matters in the *Times* correspondence in our next issue.

Notes on Current Topics.

The Plague in Oporto.

The exclusive information we were able to publish in our issue of August 2nd, as to the probable presence of the plague at Oporto, has been unhappily borne out only too fully by the result. Within the last few days many cases of this terrible malady have been reported, and the local civic authorities have failed in their attempts to hush up the matter by suppressing telegrams and by keeping up a cordon of special secrecy. Our paragraph of August 2nd was founded on first-hand information from a high official quarter, and referred to cases of fatal sickness that had occurred at least a fortnight previous to that date. It is, therefore, somewhat interesting to note that the *Daily Mail* on the 16th August announces, with much pomp and circumstance, the fact of the plague having reached Oporto. The *Globe* rediscovered this important item of news on the 11th, and thus anticipated the *Daily Mail* by five days. For our own part both journals are heartily welcome to the use of any news that may appear in the columns of the Medical Press and Circular, although, under similar circumstances, it is our own rule to acknowledge the source of the information. As to the gravity of the general position there can be no doubt. Oporto is a place where the most elementary canons of sanitation are set at defiance. The invasion of so highly infectious a disease as plague, therefore, cannot fail to be the forerunner of a disastrous epidemic. In our own country, happily, there is little need of alarm, because we have so set our sanitary house in order that there is no prospect of filth diseases like cholera and plague gaining any real footing upon our shores. It is far otherwise, however, with the hundreds of insanitary ports scattered along the seaboard of Turkey, Italy, France, Spain, Portugal, and Belgium. We fear that the outbreak at Oporto is simply ringing up the curtain for a greater tragedy.

Tuberculosis and Syphilis.

It is generally admitted, on clinical grounds, that syphilitic infection in an individual already suffering from tuberculosis tends to aggravate the prognosis, but this is not invariably or necessarily the case. In a recent number the *Gazz. degli Ospedal*, Dr. Monteverdi relates the case of a young man who presented well marked physical and bacteriological evidence of pulmonary tuberculosis. The patient subsequently developed a syphilitic rash, and the interesting feature of the case is that as the syphilis followed its evolution, the pulmonary symptoms subsided and ultimately disappeared. Six years have now elapsed, and no return of the lung trouble has taken place. As this is not the only case of the kind which has come under the author's observation, he urges that the generally received view, even if in the main correct, must not be accepted as absolute. Observations of this kind present a special interest, because it is quite possible that the human organism may prove the battle-field of antagonistic microbes, one of which is destined to oust the other. In this connection we may recall the suggestion, several times put forward, that an intercurrent attack of typhoid fever arrests the evolution of a previously existing attack of syphilis. We ourselves can recall one case in which this appeared to have happened, although the clinical evidence was not sufficiently conclusive to place the observation beyond the reach of criticism.

The Insanitary Pantry.

The too frequent repetition of late of fatalities attributed to the action of alimentary toxins gives a special interest to some remarks by Dr, Stainthorpe on the subject of prevailing defects in the installation of the pantry in the modern household. The pantry is usually located in a spot where it is readily accessible to dust, and the wire gauze or perforated zinc walls which admit fresh air and exclude flies, afford no protection against its entry. In many houses any odd corner which cannot be turned to some other useful purpose is allocated to the storage of food, and the space under the stairs or some equally ill-lighted and ill-ventilated place is thought good enough for the purpose. It is often damp, and has a characteristically mouldy odour. Frequently the closet, the dust-bin, and the coal cellar are close at hand, and every facility is thus offered for the prompt action of the agents of decomposition. This is a point which curiously enough does not appear to have received anything like adequate attention by sanitarians, but as recent events have given unenviable prominence to the question of food decomposition, architects may perhaps be induced to devote a little more attention to a not unimportant detail of house construction.

Hospitals as Matrimonial Bureaux.

A discussion which ought by rights to have been relegated to the silly season, has been carried on in one or more of the New York newspapers concerning the matrimonial propensities of the nurses employed in the large general hospitals of the metropolis, though it is not pretended that the practices complained of are by any means limited to this *milieu* The allegations in the main do not impugn the morality of the nursing fraternity, or shall we say sisterhood, but it is asserted that nurses and doctors "flirt and carry on," and that many nurses regard the hospital as a field for the matrimonial campaign. There is doubtless a certain amount of truth in this, for most of us can call to mind numerous instances of marriage between medical residents and nurses and even between nurses and their patients. Whenever a young man of prepossessing appearance is brought into daily and even hourly contact with a comely young woman, shown to advantage in a neat attire, who is not on principle averse from matrimony, there is always the possibility, *Dieu merci*, of a matrimonial sequel, and although a hospital ward is not an ideal *milieu* for Cupid's ravages, the very community of purpose and emotions paves the way to tenderer feelings. The rules at most institutions err, if anything, on the side of severity in the direction of repressing and reproving

any intimacy between medical officer and nurse, but though they may hinder flirting pure and simple, neither they nor any rules that female ingenuity, as represented by the matron, may devise, can be relied upon to stamp out this very human instinct—nor should we approve them if they did.

"In Charge of Women Lunatics."

SUCH is the title of an article in *Cassell's Saturday Journal* which is evidently meant as one of a series of educative articles on asylum management, and the life that is lead therein by nurses. We are not prepared to say that the articles are at all trustworthy, indeed, there is a tone of exaggeration in the one referred to which gives a very wrong conception of the real life that is lead in asylums by nurses. What is stated here may be perfectly true of one asylum in particular, but the manner in which the information has been obtained, expressively described by the writer, as the "back stairs" approach, is not, perhaps, the most trustworthy for information, and this may explain why a request for particulars has been refused by some well-known asylum. We cannot quite understand this, however, for nothing is more desirable perhaps in connection with asylum management than that the public should be fully informed as to the nature of asylum nursing, its advantages, and disadvantages. It would be well if the public could be brought to take a sympathetic interest in this work, and by judicious descriptions of asylum life, without any exaggeration or extenuation, something might be done to make the service more popular. In the article referred to in *Cassell's Saturday Journal*, we are told that the young woman interviewed remarked, "They call us nurses, but in many instances our position is more that of a wardress." (Perhaps she is in one of the old-fashioned asylums.) She observed also, "Many times have patients threatened to kill me. Said one big, raw-boned woman the other day, 'I'm only waiting; I shall be the death of you yet. I'm going to strangle you when the opportunity offers—but very, very slowly.' Have I ever been assaulted? Oh, some dozen times. Besides that, some lunatics take a fiendish delight in administering most cruel pinches whenever they get the chance. Of course, we all carry whistles to summon assistance in case of need. Sometimes a spirit of rebellion seems to break out all over the house, and you will hear the whistles going day and night." We think all this is exaggeration. We can scarcely conceive of such an asylum. It would be a perfect pandemonium from end to end. While there are some statements in the article, especially regarding strength of nerve and temperance required in nurses of the insane, which are perfectly correct, it is well to point out that hospital nursing is harder and a more severe strain on the nervous system than asylum nursing. In asylum nursing there is so much of the time in the wards fairly quiet and bearable, and there is not always the same severe tax of attention, observation, and intelligence as there is on the part of hospital nursing. The hours are certainly not any longer, and the relaxations and the leaves of absence are more frequent and appreciable than in hospitals. On the whole, therefore, we do not think this article is quite up to the standard that such an article should attain but it certainly will not be likely to do much harm though it will not do much good.

A Police Magistrate on Sanitation.

POLICE magistrates have upon many occasions made use of their official positions to give sound instructive advice to the persons attending their courts, and we think that the opportunity in this regard which Mr. Cluer had the other day of showing the necessity of sanitation might have been taken. But we regret to have to note that he not only failed to rise to the occasion, but he has also made it perfectly plain that upon this question he is himself sadly lacking in information. A house-owner was summoned by the local vestry for failing to provide a ventilating shaft to a soil pipe, and in the course of the case Mr. Cluer said that he understood that this arrangement was one of the prime requirements of modern sanitation, "but there," he added, "no one knows where we are in this so-called sanitary science." Again, after the sanitary inspector had pointed out that in consequence of the soil pipe not being ventilated sewer gas escaped into the house the magistrate remarked, "But you have to show me that the gas is dangerous to health. In twenty years time we may have the 'sewer cure'! In the district in which I live they ventilate sewers with gratings in the roadway, so that the gas blows into our windows and doors, and yet the district is considered healthy." It is really remarkable that anyone occupying the position of a police magistrate should inquire "Is sewer gas dangerous to health?" How can the lower classes, for whom abundant excuses can be admitted, be expected to pay regard to the ordinary rules of health, when a magistrate to whom, no doubt, they naturally look for instruction, expresses himself as Mr. Cluer did the other day upon the question of sanitation. Surely, Mr. Cluer cannot believe that sewer gas is harmless to life. But if he does think so we fear that some day he may find himself sadly mistaken.

The Nuisance of Dust Carts.

THE present antiquated dust cart used by contractors in London is a fertile nuisance for two reasons, in the first place should there be any wind much of its contents are apt to be blown into the thoroughfares into the faces and down the throats of the passers-by, and secondly, at this time of the year especially, the loathsome odours which generally emanate from it are beyond description. Only quite recently the stench emitted by a dust cart was such as to render a fashionable street in the West End almost impassable. In view, then, of these facts, we are glad to see that the London County Council have taken some action in the endeavour to remedy the nuisance. A short time ago they offered

a premium of £25 for the best design for a covered dust cart. We understand that the competitors for the prize numbered no fewer than 325. In the end the design approved of was one in which the vehicle had four sliding covers with longitudinal and transverse wind guards raised about eight inches above the covers, with screw tipping gear. A box seat is also provided for the driver, which is regarded as a great improvement. We trust that the County Council will lose no time in seeing that this improved dust cart comes into practical use all over the metropolis. The wonder is that the old dust cart, with all its abominations, has been tolerated for so long.

Professional Etiquette in France.

A counterpart to the remarkable subversion of ordinary, social, and judicial amenities which has of late disturbed public and private life in that country is to be found in what is now known as the Rennes-Doyen incident. On the occasion of the cowardly assault on Maitre Labori, at Rennes, M. Reclus, who is a distinguished surgeon and a member of the Academy of Medicine, was called in by the family and took charge of the case. Among those who shared in the excitement on the news of the attempted assassination reaching Paris was M. Doyen, a surgeon who, if not exactly famous, is certainly well known, thanks to his ubiquitous and assertive personality. On the strength of a chance acquaintanceship with the victim M. Doyen seized his case of instruments and took the next train to Rennes, where he arrived at 4 a.m. Later on he managed to obtain access to the patient, but the brief interview was not allowed to take a professional turn, though, in taking leave, "he placed himself at the patient's disposal." As may be imagined under the circumstances, M. Reclus availed himself of the earliest opportunity to express his forcible opinion of M. Doyen's curious conduct, in fact, he absolutely refused to recognise him or to allow him to examine the patient, either alone or in consultation. In fact, he administered a well merited snub to the too enterprising Parisian surgeon. If we allude to this matter at some length it is because M. Doyen is a not infrequent visitor to our shores, where he has hitherto been received with unfailing courtesy in English medical circles. After such a flagrant breach of professional usages however, it behoves us to consider whether, in justice, this gentleman should not be received with diffidence. Certainly an English surgeon who owned to such conduct in a case of peculiar difficulty and responsibility, would be ostracised by the profession, and we have no reason to condone it in a foreigner.

A highly successful Health Exhibition has been held in Lincoln, and has attracted such crowds as to be inconvenient, and sometimes, uncomfortable; 23,000 people passed the turnstile, and many hundreds were turned away.

Local Precautions against the Plague.

From provincial correspondents we learn that the local authorities in the seaports throughout the country are fully alive to the necessity of taking precautions against the possible inroad of plague infection. In many cases special vigilance is already being shown in the inspection of incoming vessels, and where the latter have come from plague-infected ports, a searching examination is made by the port medical officer of the crew and ships with a view to detecting any illness among the men which could be attributed to plague. Inspectors, also, of the Local Government Board have been detailed to make special inquiry into the arrangments obtaining at the various ports. It is evident, therefore, that even if a case of plague were to reach this country, everything would be in readiness to deal with it, both as regard detection and isolation. Some doubt, however, may be expressed whether the disease could, for climatological reasons, be conveyed to these shores.

"Tuberculous" v. "Tubercular."

Our contemporary, the *Lancet*, has very usefully opened its columns to a discussion upon the differential use and significance of the terms "tuberculous" and "tubercular." Till this correspondence began we were under the impression that a general agreement had at length been arrived at to the effect that "tuberculous" was a term to be exclusively used in connection with processes caused by the tubercle bacillus, while "tubercular" was only to be applied to diseases the physical conformation of which could be otherwise described as nodular. In other words, that tuberculous meant a specific pathological condition, and tubercular a physical one. The matter having apparently been thus satisfactorily settled, it was with much surprise that we read in our contemporary that a correspondent took exception to this application of the terms in question. In his letter he contended that "tubercular" and "tuberculous" should be used synonymously, and solely as expressive of disease caused by the tubercle bacillus, basing his argument in this regard upon philological grounds. It really makes no difference what philology or philologists have to say upon the matter. A philologist is not a pathologist, and pathologists have decided that for convenience, and in order to avoid confusion the word "tuberculous" should be exclusively limited to the description of diseases whose origin is due to the tubercle bacillus. Clearly it is obvious from this that the word "tubercular" then becomes free to be applied to the description of other diseases, not dependent upon tubercle, whose physical conformation is "tubercular," or nodular. The matter of nomenclature is thus usefully simplified and, philology, notwithstanding a confusion of terms, has been pacified. We may also add that to appeal to dictionaries in such a case is futile and pedantic. It is not to be doubted that if philological purists were to expend their energies upon criticising the names of diseases, which long usage has rendered convenient, their fault-finding would possibly not be

of a limited description. But, after all, is there any reason why we should strive after philological purism in regard to medical terms? All that is really required is a nomenclature which shall be thoroughly understood by medical men, leaving, as far as possible, no grounds for confusion, and in fulfilment of this object we consider that a great advancement has recently been made in differentiating the terms "tubercular" and "tuberculous."

The Baby Incubator Again.

IN spite of repeated protests, the rearing of babies in incubators at public exhibitions is being carried on with unabated and unabashed vigour. Another warning has come to the Earl's Court authorities in the shape of an inquest upon a child, one of triplets reared at their show. The manager of the company that provided the incubator asserted that the parents were dissatisfied because no money was paid to them. The deceased infant was eleven weeks old, and had been three weeks in the incubator. Medical evidence pointed to marasmus and inflammation of the bowels as the cause of death, and in the face of that finding it would be interesting to learn what diet is used for infants in the incubator. It is to be hoped that the Earl's Court authorities will in future do away with this most objectionable feature of their entertainment. The exposure of children under such circumstances we regard as a pandering to a morbid craving for sensation on the part of the public that is indecent, indefensible, and, moreover, open to a suspicion of inhumanity.

Restraint for Lunacy.

IN an interesting inquiry held on the 10th inst. in the High Court in London, it was decided that a lady who had been confined in a private asylum at Stoke Newington was, at the same time, mad and not mad. Her hallucination took the very usual and not unreasonable form of a belief that her relatives had shut her up in order to get her property. The evidence on their behalf showed that they could not have any such motive, inasmuch as her property was insufficient to support her in the asylum, and they had to subsidise her out of their own pockets. The eventual verdict was, that while she was too mad to manage her own affairs, and should not be allowed to do so, she was not mad enough to be put under restraint, and she was accordingly discharged.

Trade Roguery in Army Drug Contracts.

IN the Government Laboratory a series of examinations of samples sent in from the Army Medical Stores throughout the kingdom, have been conducted by Dr. Thorpe. He states that many of the samples were "markedly inferior." In one case ether supplied for anæsthetic purposes turned out to be quite inefficient, and, on examination, was found to have been made from methylated spirit, though the label bore a guarantee that rectified spirit was used. If there be no satisfactory organisation for the testing of Army drugs before acceptance there can be little doubt that drug frauds are being perpetrated, and that, when we come to war we may find the soldier in the same unhappy condition as regards medication as he was in the Crimea.

A Peril of Counter Practice.

LAST week an attempt to rob a South London open surgery was happily frustrated by the alertness of the medical man concerned. Two men were seen to peep into the surgery, and a little later one of them came in and said he had been advised by a friend to consult the doctor. He was invited into the consulting room, and the doors being open he was examined for the "severe pain" and swelling on his left side, of which he complained. At that moment the doctor heard a suspicious noise in the surgery, and looking out saw the second man in the act of rifling the till. The bogus patient prevented his medical adviser from rushing out, but he himself was promptly secured and handed over to the police, who are giving the case their careful consideration.

Alcohol in Aerated Waters.

FOR many years past it has been a notorious fact that not a few of the herb beers and kindred drinks sold as non-intoxicant, nevertheless contain a variable amount of alcohol. One of the latest forms of the fraud, for that is the practical outcome of the position, has been recently denounced by the *Medical Temperance Review*. The plan of campaign is as follows:—Each bottle of a certain extract of herbs, which is in reality a concentrated infusion of hops, is accompanied by instructions to add so much sugar, water, and yeast, and then to set the mixture aside to ferment. Clearly the result must be an alcoholic beverage, and every fair-minded man, be he temperance advocate or otherwise, will at once endorse the energetic protest entered by the editor of the journal referred to. We should be inclined to go a step further, however, and to summon the aid of the excise authorities in dealing with this palpable evasion of the law. Whatever the rights of private individuals in the matter of brewing may be in their own houses it is open to serious question whether any firm can legally act in the manner adopted by the herb-beer makers. At any rate the temperance party would do well to bring the matter to an issue by a test case. A little action of that kind would outweigh a ton of temperance theory.

Boracic Acid in Milk.

SOME time ago Dr. Alfred Hill pointed out a fact of considerable importance with regard to the use of boracic acid as a milk preservative, namely, that the drug may be added successively and independently by various persons, A case of the kind has been reported by Dr. M. K. Robinson, Medical Officer of Health of East Kent Combined Sanitary District. He was called upon to investigate a sudden epidemic which affected five out of seven inmates of a certain household. The attack was traced to a *blancmange*, and it was found that the cook had added to both morning and evening milk supply a preservative con-

taining boric acid. Furthermore, the milk delivered by the dairyman was found to be protected in a similar way. The cumulative strength of the acid was thus considerable, so much so that five out of nine fowls died when fed with a portion of the *blanc-mange*. In the face of such facts, it is difficult to avoid the conclusion that the addition of boric acid to milk constitutes a serious menace to health. It would be a valuable contribution to practical preventive science if some authority would make an exhaustive inquiry into the immediate and remote effects of boracic acid upon man.

Coming Congresses.

The meeting of the British Association for the Advancement of Science opens early in September, at Dover, under the presidency of Sir Michael Foster. A special feature of this meeting will be an interchange of courtesies with the French Association, which meets at Boulogne at the same date. The members from France will be officially received at Dover on September 16th, and the return visit will be made by the Britishers on the following Thursday. The municipal and military authorities at Dover and the scientific institutions are united in the effort to make the meeting a success. The various sections will be represented by the British and foreign scientists most distinguished in the subject. Marconi's wireless telegraphy and the Rev. Mr. Bacon's ballooning will be special features. The Congress of the Sanitary Institute will be held in Southampton from August 29th to September 2nd, under the Presidency of Sir William Preece, K.C.B., President of the Institute of Civil Engineers, the Chairman of the Reception Committee being Mr. G. A. E. Hussey, Mayor of Southampton, and its members include the whole of the medical profession and the leaders of the other professions in the locality. The Secretary is Mr. White-Wallis, F.S.S., who may be addressed at the offices of the Institute at the Parkes Museum, London, or at the Municipal Offices, Southampton. The members attending will be received on the 29th by the Mayor, in Hartley College, and a public luncheon will follow, after which the President will deliver his address and the Health Exhibition will be opened. Wednesday, Thursday, and Friday will be devoted to the work of sections, and on the evening of Thursday, Mr. Malcolm Morris, F.R.C.S., will deliver an address on Tuberculosis, and on Friday Mr. Bailie Dick will lecture on the Glasgow Infectious Hospitals. On these days there will also be a water trip round the Isle of Wight, and an evening reception by the Mayor, and on Saturday excursions through the New Forest and other places of interest.

Dr. F. O'Mara has been appointed Resident Medical Superintendent of the Ennis District Lunatic Asylum. Dr. O'Mara was for nearly seven years Assistant Medical Superintendent of the Limerick District Asylum. There were five candidates, of whom three were from England.

M. Labori's Wound.

The fertile resources of modern surgery are nowhere more welcome to the world in general than when they are called upon to counteract the deadly work of the assassin. At the present moment the eyes of Europe are fixed upon the distinguished French lawyer, Monsieur Labori, who, last week was shot in the back by a would-be murderer. Although the revolver used in the attempt was fired at close quarters, yet happily there is little fear of serious consequences. The immediate effects of shock and hæmorrhage were soon overcome, and the bullet has since been located by the aid of the Röntgen rays. In the hands of the French surgeons there is no room for doubt as to the early extraction of the bullet and the avoidance of septic processes in the wound. Under the circumstances, one may confidently predict the speedy return of the distinguished advocate to his duties. An interesting parallel case is the shooting of the late President Garfield. After death the bullet was found lodged in his spine, and had the Rontgen ray and aseptic methods been available at the time, the United States need not have been plunged into grief at the lingering and fatal illness of their President.

Medical Men and Repayment of Income Tax.

There is no difficulty in medical men obtaining the repayment of income tax. All the necessary information in connection therewith will be furnished by the surveyor of taxes for the district. It is true that the matter can be placed in the hands of agents who will apply for the money direct, but the charges of the agents amount to at least twenty per cent. exclusive of postage. We know of one instance, at all events, in which a practitioner obtained a repayment of £18, but the agents deducted £3 from the sum as their commission. Medical men, therefore, would be well advised to make the claim themselves and so save cost.

The Coming of Age of the Irish Medical Schools' and Graduates' Association.

The above flourishing Association has just attained its majority, and the Council has decided to mark the occasion by a *conversazione* at the Hotel Cecil on or about Nov. 23rd next, after the annual dinner. Judging from the great success of the previous social functions of this Association, it may be assumed that special efforts will be made by the officers thereof to add still further to their laurels by making the contemplated "coming of age" *conversazione* a record entertainment.

The *London Gazette* announces the appointment of Fleet Surgeon Alfred Gideon Delmege, M.V.O., M.D., to be Honorary Physician to H.R.H., the Prince of Wales, *vice* Sir Alexander Armstrong, K.C.B., deceased.

All Egypt has been declared infected with the foot-and-mouth disease. According to the veterinary report there have been 1,827 cases since the 18th ult.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

THE NORDRACH AND FALKENSTEIN TREATMENT OF TUBERCULOSIS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The leader on this subject in your issue of May 31st last might well have provoked more discussion than it has. When it is considered how important are the points raised—important not only in view of the many hundreds of persons who to-day are seeking sanatorium treatment, but also of the immediate prospect of a large crop of sanatoria in this country. For these latter it is especially urgent that some definite idea should prevail as to which school of treatment should be taken as a model.

If we analyse the comparison which your leader gives us we find there are not any differences in theory. We must however, first eliminate some errors into which the writer has fallen in describing the Nordrach system. First, the statement that windows are removed.

This Dr. Mander Smyth and Dr. Walther himself have denied.

Second. That wet clothes are allowed to dry on the body. This is only a partial truth, the fact being that Dr. Walther teaches that it is less serious for a patient to get wet than to hurry to avoid rain, and I believe I am correct in saying that he does not advocate the retention of the wet clothes, as your leader-writer would have us believe.

Third. The obligation of patients to eat what is set before them. This is true of only two meals a day on week days, and of none on Sundays, and it must be read altogether in the light of the fact that Dr. Walther judges of each case on its own merits, is at the table himself, and supplies each patient with the quantity he considers desirable. These constitute the "Spartan" character of the Nordrach treatment.

It is greatly regrettable that your leader-writer should have mentioned under the "Falkenstein" method "the graduated walking exercise, to medical order," and "absolute rest in bed when temperature is above normal," and ignored them when summing up the Nordrach treatment; because these are especially two points in which the teachers and followers of "Nordrach" are in advance of the "Falkenstein" school. Dr. Walther insists upon absolute physical and mental rest till fever has all gone, whereas the "Falkenstein" school hold that some cases do well to be up and outside, even when the temperature is still above normal. I should like to add here that the latter teaching did not hold good in my own case, nor in any other of the number I watched.

Further, it is the "Nordrach" school which lays so much stress upon graduated exercise, and gives specific directions as to distance and pace; whereas the "Falkenstein" authorities are apt to dismiss the question with "Oh! walk a quarter of an hour twice a day." So analysed it amounts to this, that both schools advocate fresh air, plenty of food, graduated exercise, and rest for fever.

Let us inquire how these are carried out in the two classes of sanatoria. *Fresh air* at the Hohenhonnef, *e.g.*, is taken on lounges placed within four feet of one another, in Liegenhalle, which are roofed over and permanently closed in on three sides, and often more or less on the fourth. How the dining halls are closed at meal times, your leader-writer has told us correctly. I might add that I have seen all the windows closed on a warm summer's day.

Food.—Plenty of good food is, truly, placed before patients in the sanatoria of the Falkenstein class, but who sees that it is eaten? Who encourages the weak appetite, who regulates the quantity offered? Nobody, and I have often seen the trays removed with the food almost untouched.

Graduated exercise and *rest* for *fever* have already been mentioned.

The graphic description in your leader of the airiness of the "Nordrach" dining-room needs no comment. One may add that closely placed lounges in closed-in Liegenhalle are unknown, while as to the *food* the personal influence exercised by Dr. Walther and his school is all in favour of food being consumed, not sent away untouched.

The sneer that patients at Nordrach must if sick go outside to vomit and return to more food is hardly fair, because *in the first place* many patients lose their sickness with their fever, and *in the second place* it is true that, as Dr. Walther teaches, plenty of good nourishing food is the cure for sickness. I have proved this on my own person, and I think that great credit should be given to him for what is a distinct advance in our methods of feeding in phthisis.

If then, sir, these are the essentials which go to make up the so-called sanatorium treatment, I submit that in addition to what your leader-writer has confessed as to the failure of Falkenstein and Hohenhonnef to carry out the fresh air rule, my own observations during an experience of several months in a sanatorium of the Falkenstein class show that the other three rules are not thoroughly observed. The balance of evidence seems to show that all four points are well attended to at Nordrach, and I cannot refrain, therefore, from expressing my hope that the managers of the sanatoria now being built and designed in this country will carry out all the principles laid down at both classes of sanatoria with a thoroughness and enthusiasm imitative of Dr Walther, and not of that policy which your leader-writer so deliciously calls the "milder *régime*," which might, however, equally justly be called the "go-as-you-please" or "happy-go-lucky" *régime*.

I enclose my card.

I am, Sir, yours truly,

ANOTHER M.D.LOND.

MODERN IMPROVEMENTS IN DIAGNOSTIC APPARATUS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—With many of the statements contained in your leader of the 16th inst. upon the above subject every open-minded practitioner will probably agree. It would be well, however, to accept with some amount of caution your emphatic assertion that "Fortunately the antipyretic wave has passed its apogee, and practitioners are beginning to employ these powerful and even dangerous drugs with caution." Passing over the editorial *lapsus calami* that leaves to the acuteness of the reader to find out by inference what drugs are meant, we may pass on to consider what was evidently the writer's intended proposition, namely, that antipyretic drugs are not only dangerous, but are actually falling into disuse.

Now, after nearly a score of years passed in the active practice of medicine, I can only say that for my own part I should feel myself deprived of a trusty weapon at the bedside if my antipyretic drugs were taken away. Everyone knows that long-continued high temperature is invariably fatal. Everyone knows, also, that quinine lowers temperature quickly and safely, and I can recall at least half a dozen severe cases of enteric fever in which recovery was to be attributed, so far as human judgment can decide, to prompt and full dosing with quinine.

At the same time I admit that of late years I have trusted far oftener to antipyretic measures, such as the bath and cold sponging.

The old system of dosing patients with narcotics I condemned from an early period of practice, as it seemed to me illogical to narcotise the nerve centres while leaving the *fons et origo mali* untouched. The use of antipyretics, however, is founded on a rational system, for it checks the ill effects of high temperature condition upon the muscular structures of the heart and other important organs.

Trusting you will pardon these few words from one who is content usually to play the part of an onlooker,

I am, Sir yours truly,

MEDICUS IGNOTUS.

Folkestone, Aug. 20th, 1899.

[We are afraid our correspondent has been inclined to devote his criticisms rather to one particular sentence than to the drift of the whole article to which he refers. In the main we have no difficulty in endorsing his views.—Ed.]

Obituary.

PROFESSOR BUNSEN.

Robert William Bunsen, of Heidelberg University, passed away on the 15th inst., at the ripe old age of eighty-eight. His name and reputation are perpetuated by the universally used Bunsen burner and the electric battery which he invented, but his chief work and success were in the field of chemistry. He it was who discovered that precipitated ferric hydroxide is a certain antidote in arsenical poisoning, and his work on Cacodyl compounds of ammonia and arsenic opened up a new area for the inquirer. His great work was in spectrum analysis, which, with the aid of his colleague Kirchoff, he brought almost to perfection. He was born at Gottingen in 1811.

Literature.

MEDICAL GYMNASTICS. (a)

This handbook is the second edition of a work which is already well known to those who make this subject a special study. It has been translated into several languages and has been adopted as a standard at many institutions where attention is devoted to the treatment. The author first describes the principles which underlie the various coordinated movements described in detail, and explains the simple apparatus required for them. He then proceeds to discuss the diseases and deformities in which carefully graduated gymnastic exercises have proved beneficial, and it is to this part of the work that we would especially direct the attention of our readers. It is indispensable that the medical adviser should be in a position, not only to select cases likely to be benefited thereby, but also to direct the nature and degree of the movements required in each individual case. That is especially the case outside our large towns, because in country districts skilled assistance is not usually available, and the medical man must not only advise but must himself teach the attendants to carry out his instructions. From this point of view Dr. Wide's book will be found exceedingly useful. The author points out incidentally that the benefits accruing from methodical exercise of this kind are not limited to actual disease or deformity, but may advantageously be had recourse to as a means of overcoming the tendency to plethora and obesity which characterises persons addicted to sedentary occupations, and too generous a dietary. The illustrations are numerous, and are sufficiently explanatory, though they can hardly claim to rank as works of art. The English, too, is occasionally halting and ambiguous, in fact, the "get up" of the work is not altogether on a par with the value of the work as a guide and a valuable method of natural treatment. It is published by Sampson, Low, Marston, and Co., at 10s 6d. net.

NEW BOOKS AND NEW EDITIONS.

The following have been received for Review since the publication of our last monthly list:—

Baillière, Tindall and Cox (London and Paris).

The Röntgen Rays in Medicel Work. By David Walsh, M.D. Second edition. Pp. 258, with 103 illustrations. Price 10s. 6d.

Cure prompte et Radicale de la Syphilis. Par le Dr. J. F. Larrien, Laureat de la Faculté de Medecine, Paris. Pp. 134. Price 4 francs.

Bale, Sons, and Danielsson, Ltd. (London).

Essays and Nature Studies. By W. J. C. Miller. B.A.Lond. Edited by H. Kirke Swann. Pp. 220. Price 10s. 6d. net.

Blakiston, Son, and Co. (Philadelphia).

Pulmonary Tuberculosis, its Modern Prophylaxis and Treatment. By S. A. Kropp, M.D. Pp. 342. Price 3 dols.

Cassell and Co., Ltd. (London).

The Cerebro-Spinal Fluid: its Spontaneous Escape from the Nose By St. Clair Thomson, M.D., M.R.C.P.Lond., F.R.C.S. Pp. 140. Price 5s.

Intestinal Obstruction, its Varieties and Treatment. By Frederick Treves, F.R.C.S. New Edition. Pp. 565. Price 21s.

Henry J. Glaisher (London).

Asthma: Recent Developments in its Treatment. By Ernest Kingscote, M.B., L.R.C.S., Ed. Pp. 184. Price 5s.

Charles Griffin and Co., Ltd. (London).

Atlas of Urinary Sediments, with Special Reference to their Clinical Significance. By Dr. H. Rieder. Translated by Dr. F. C. Moore, and edited by A. S. Delepine, M.B., C.M.Ed. Price 18s.

Lewis, H. K. (London).

Extra-Uterine Pregnancy: A Clinical and Operative Study. By John W. Taylor, F.R.C.S. Pp. 205. Price 7s. 6d.

Skiagraphic Atlas of Fractures and Dislocations. By Donald J. Mackintosh, M.B. Demy quarto, 12s. 6d. net.

Enlargement of the Prostate, its Treatment and Radical Cure. By C. Mansell Moullin, M.D.Oxon., F.R.C.S. Pp. 212.

Longmans, Green and Co. (London and Bombay).

The Value of Electrical Treatment. By Julius Althaus, M.D., M.R.C.P.Lond. Pp. 165. Price 3s. 6d.

Macmillan and Co. (London).

A System of Medicine by many Writers. Edited by Thos. Clifford Allbutt, M.D., LL.D., F.R.C.P.Lond., F.R.S. Vol. VII. Pp. 937. Price 25s. net.

Kegan Paul, Trench, Trubner and Co. (London).

Evolution by Atrophy in Biology and Sociology. By Jean Demoor, Jean Massart, and Emile Vandevelde. Translated by Mrs. Chas. Mitchell. Pp. 322. Price 5s.

Young J. Pentland. (Edinburgh and London).

The Relation of the Nervous System to Disease and Disorder in the Viscera. By Alexander Morison, M.D., F.R.C.S.Ed. M.R.C.P.Lond. Pp. 132.

Rivington, Messrs. (London).

The Essentials of School Diet. By Clement Dukes, M.B., B.S.Lond. Pp. 212. Price 6s.

Scientific Press (London).

Medical Gymnastics. By Axel v. Grafstrom, M.D. Pp. 138.

(a) "Handbook of Medical Gymnastics." By Anders Wide, M.D., of Stockholm. 8vo., 381 pp. Price 10s. 6d. net. London: Sampson, Low, Marston, and Co. 1899.

Medical News.

Vital Statistics.

The deaths registered last week in the thirty-three great towns of the United Kingdom corresponded to an annual rate of 24·3 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of this year.

Birkenhead 18, Birmingham 27, Blackburn 14, Bolton 19, Bradford 20, Brighton 23, Bristol 17, Burnley 26, Cardiff 19, Croydon 19, Derby 21, Dublin —, Edinburgh —, Glasgow —, Gateshead 21, Halifax 16, Huddersfield 13, Hull 21, Leeds 21, Leicester 20, Liverpool 33, London 23, Manchester 32, Newcastle-on-Tyne 22, Norwich 23, Nottingham 28, Oldham 21, Plymouth 36, Portsmouth 27, Preston 24, Salford 28, Sheffield 30, Sunderland 17, Swansea 17, West Ham 28, Wolverhampton 19. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 2·6 in Sheffield, 2·8 in Burnley; from whooping cough, 1·0 in West Ham; from fever, 1·2 in Wolverhampton; and from diarrhœa, 5·2 in Leeds, 5·3 in London and in Hull, 5.4 in Derby, 5·7 in Croydon, 5·8 in Bristol, 6.1 in Leicester, 6·4 in Norwich, 6·5 in Sheffield, 6·8 in Birmingham, 7·0 in Nottingham, 8·3 in Burnley, 8·4 in Manchester, 8·7 in Bolton, 9·3 in Liverpool, 9·8 in Plymouth, 10·4 in Portsmouth, 11·1 in West Ham, and 11·2 in Salford. In none of the large towns did the death-rate from scarlet fever reach 1·0 per 1,000. The 75 deaths from diphtheria included 26 in London, 8 in West Ham, 8 in Sheffield, 6 in Leeds, 3 in Leicester, 3 in Salford, and 3 in Blackburn. One death from small-pox was registered in Hull, but not one in any other part of the United Kingdom.

Notices to Correspondents, Short Letters, &c.

☛ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

K. K. W.—1. What is the exact nature of the malady? In a case of the kind you describe it is impossible to advise merely upon general information. 2. You had better consult a specialist. 3. We can supply you with a list of books, but you will do better to consult the Librarian at the Royal College of Surgeons when next you visit London.

DR. HARTROP.—Sea-bathing is not likely to do any harm under the circumstances you mention.

W. D. (Bacup).—We cannot give medical advice, but may say that a good plan of administering cod-liver oil is to give it in milk just before going to bed. Why not try Scott's, or some other good emulsion?

JUST TO SPITE THE DOCTORS!

CHAMPBAUDET had a doctor friend who had formally forbidden him to smoke in the interest of his health. The two friends fell out, as so many others have done, over the Dreyfus business, and now whenever Champbaudet meets his doctor friend he ostentatiously lights a gigantic cigar—just to spite him.

QUÆRENS (Folkestone).—The late Sir George Humphry reported some observations that bear on your questions. He made notes on forty-six centenarians, of whom one only consumed alcohol in large amount, whereas fifteen of them were total abstainers, and twelve of the fifteen had not taken alcohol at any period of their lives. Of the remainder, twenty-four took very little, while six were moderate drinkers. It is hardly necessary to point out that statistics of this kind want careful handling. Much injury has always been done to the cause of temperance, which is in itself most excellent, by over-statements on the part of zealous advocates. *Verbum sap.*

ALLY SLOPER IN STRANGE PASTURES.

WE have not, so far, included "Ally Sloper" among our exchanges. Judge then of the editor's surprise at receiving by post, *franco*, a certificate conferring upon him the membership of "Sloper's Club," which, we gather, meets on the pavement in front of the office. In addition to other privileges, membership of this club confers the right to make use of the letters M.O.S.C., but we have doubts as to the admission of this "distinction" to the pages of the "Medical Directory."

LAYMAN.—The preparation is a secret one, but any analytical chemist would doubtless be prepared to analyse it on payment of his fee.

THE LEICESTER GUARDIANS.

The forty-five Guardians of Leicester,
Have plainly determined to fester—
In the heat and the gaol
Of the town whence they hail,
Their conscience, 'gainst vaccine's a tester.

WESTRALIAN.—Human rumination is a well-known condition, but no constant anatomical lesion has been found to be associated with it. For the most part, it is neurotic in its origin, while heredity plays an important rôle in this connection. No special treatment of the disorder has proved of use, though when it depends upon indigestion lavage may be strongly recommended.

GUARDIAN (Calcutta).—Every information will be found in our forthcoming students' number, to be published on September 13th next.

HOUSE PHYSICIAN.—We shall be glad to have the notes of the case.

SURGEON.—The man might possibly be able to recover some sum as damages under the Workmen's Compensation Act.

F.R.C.S.—Our correspondent will find the information which he seeks in our editorial columns.

PSYCHOLOGIST.—We are not aware that such a work has been published, but will cause inquiries to be made into the matter.

LOCUM TENENS.—Our correspondent must first be sure of his facts; but if he has trustworthy reasons for supposing that the gentleman named is unqualified, and is yet in sole temporary charge of the practice, we think that his duty would be to report the matter. He should communicate the facts to the secretary of the Medical Defence Union.

Appointments.

BISSET, F., M.B., Ch.B., has been appointed Resident Physician to the Aberdeen Royal Infirmary.

COATES, C. J. A., L.R.C.P. Edin., L.F.P.S.G., Medical Officer for the Tenth Sanitary District of the Wycombe Union.

COTTON, WILLIAM, M.A., M.D., C.M.Edin., D.P.H.Cantab., *pro tem.*, Honorary Medical Officer to the Royal Victoria Home, Brentry.

CLAYTON, W. A., L.R.C.P., L.R.C.S., L.F.P.S.Glasg., Medical Officer for the Sharlston and Crofton Sanitary Districts of the Wakefield Union.

DODD, A. M., M.R.C.S., L.R.C.P.Lond., Assistant Surgeon to the Liverpool Dispensaries.

GORMAN, E. S., M.B., Ch.Irel., Assistant Resident Medical Officer to the Workhouse Infirmary of the Parish of Birmingham.

HODSON, T. G., M.D.Durh., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Fourth Sanitary District of the South Stoneham Union.

JOYCE, Dr., Officer and Public Vaccinator for the Cymmer Sanitary District of the Pontypridd Union.

MEAKIN, ETHILDA B., M.B.Lond., Assistant Medical Officer to the Grove Hospital, Lower Tooting (Metropolitan Asylums Board).

MELDRUM, W. P., M.B., Ch.B., B.Sc.Edin., Assistant Surgeon to the Liverpool Dispensaries.

MILLARD, C. KILLICK, M.D., D.Sc.Pub. Health, Medical Officer of Health for the Borough of Burton-on-Trent.

MORETON, R., L.R.C.P.Lond., M.R.C.S., Medical Officer for Wymondham Sanitary District of the Melton Mowbray Union.

O'MARA, F., L.R.C.P., L.R.C.S.Irel., Resident Medical Superintendent for the District Lunatic Asylum, Ennis, co. Clare.

PROUDFOOT, F. G., M.B., C.M.Edin., Medical Officer for the Sanitary District of the Oxford Incorporation.

ROWLAND, F. M., M.D.Cantab., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Workhouse of the Lichfield Union.

STORRS, R., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer for the Thorncombe Sanitary District of the Bedminster Union.

SUTHERLAND, A. W. M., M.B., Ch.B., Resident Surgeon to the Aberdeen Royal Infirmary.

Vacancies.

Belmullet Union, Knocknalower Dispensary District.—Medical Officer. Salary £130 a year, with £10 a year as Medical Officer of Health, together with Vaccination and Registration Fees. (See advertisement).

Berry Wood Asylum, Northampton.—Senior Assistant Medical Officer for five years, unmarried. Salary £200, rising to £250, with board, lodging, and washing, &c.

Brighton and Hove Lying-in Institution and Hospital for Women. 76, West Street, Brighton.—House Surgeon, unmarried. Salary £80 per annum, with furnished apartments, board, gas, coals, and attendance.

Denbighshire Infirmary. Denbigh.—House Surgeon for twelve months. Salary £100 per annum, with board, residence, and washing.

Durham County Asylum, Winterton, Ferry Hill.—Assistant Medical Officer, unmarried. Salary £120, with apartments, board, and attendance.

Manchester Children's Hospital.—Junior Resident Medical Officer for six months, unmarried. Salary at the rate of £80 a year, with board and lodging. Apply to the Secretary, Dispensary, Gartside Street, Manchester.

Metropolitan Asylums Board.—Assistant Medical Officers at the Fever and Small-pox Hospitals, unmarried. Salary £160 per annum for the first year and, subject to the direction of the Hospitals Committee, £180 the second year, and £200 the third and subsequent years, with board, lodging, attendance, and washing subject to statutory deductions). Applications to the Clerk to the Board, Norfolk Street, Strand. (See advertisement.)

Rochdale Infirmary and Dispensary.—House Surgeon, unmarried. Salary £90 per annum, with board, residence, and laundry.

Royal Halifax Infirmary. Assistant House Surgeon, unmarried. Salary £50 per annum, with an extra allowance of £9 2s. 6d. per annum, and residence, board, and washing.

Tubercurry Union.—Analyst to the Board of Guardians. Application to the Clerk of the Union. (See advertisement).

Victoria Hospital, Folkestone. House Surgeon. Salary £80 per annum, rising to £100, with board, residence, and washing.

Westminster Hospital, S.W.—Pathologist. Salary £250 per annum, and £80 per annum will be allowed for expenses, including the services of an Assistant.

Births.

TAYLOR.—August 18th, at Kidlington, Oxon, the wife of Frederic H. A. Taylor, M.R.C.S., L.R.C.P.Lond., of a son.

Deaths.

HERRON.—On August 11th, at Southwark Bridge Road, James Herron, M.D., Medical Officer of Health for the parishes of St. Saviour and Christ Church, Southwark, aged 42 years.

HICKS.—On August 14th, at Longmead, Buntingford, Francis Edward Hicks, F.R.C.S., in his 90th year.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, AUGUST 30, 1899. No. 9.

Original Communications.

THE PATHOLOGY OF RENAL GROWTHS. (a)

By T. N. KELYNACK, M.D., M.R.C.P.
(Manchester).

IT was in 1883 that Mr. Paul, of Liverpool, with the co-operation of several British and American pathologists attempted to formulate a scientific classification of new growths arising in connection with the urinary system, The record of this private collective investigation acted as an immense impetus to the more thorough examination of renal growths, and it is but seemly that we should now review the results which time and numerous workers have brought us.

And yet in spite of much research we have still to deplore the meagreness and uncertainty of our conclusions. The great bulk of published cases are rendered practically useless for pathological purposes from the only too cursory and superficial nature of the examination or description of the histological characters of the growth. Clinical records are not lacking in completeness, but only too frequently they are not associated with detailed pathological descriptions. Even recent cases are in too many instances accompanied by only sparse or unreliable histological particulars, and the days of loose nomenclature are not yet passed. Only by an exhaustive investigation of every case of renal growth can sufficient material be accumulated to furnish data for formulating a trustworthy classification which shall indicate not only the genera of these growths but their respective clinical features.

CLASSIFICATION.

It is manifest, therefore, that any grouping must still be more or less tentative. A desirable division should be such that while pathologically correct it may be clinically useful. It must indicate (1) the structural characters; (2) the seat of origin; (3) the period of development; and (4) the local and general tendencies of the growth.

In attempting to arrange any convenient classification of renal growths, it is essential to recognise such long established facts as the following:—

1. A certain number are of congenital origin, while the majority manifest themselves subsequent to birth.

2. Some few are simple or benign in character, while the majority are malignant.

3. They may be solid or assume cystic forms,

4. Histologically they conform to the two great tumour groups: (*a*) those of connective-tissue type; and (*b*) those of an epithelial type; but complex forms not infrequently occur.

5. They vary considerably as regards their seat of origin.

It is, moreover, necessary in arranging any complete classification which may be satisfactory clinically to recognise the further fact that certain growths arising in connection with extra-renal structures cannot, at least in the majority of cases, with our present knowledge, be distinguished during life from true renal growths.

For some time to come we shall probably be compelled to rely mainly on structural arrangement as a basis for systematic grouping.

The following may, I venture to think, be submitted as at least a convenient and tentative classification which shall pave the way to a more perfect grouping.

1. True renal growths.
   1. Originating from inter-tubular connective tissue ... ... — Benign — Fibroma, &c.; Malignant — Sarcoma
   2. Originating from renal epithelium ... — Benign — Adenoma; Malignant — Carcinoma
2. Pelvic growths, generally malignant papilloma.
3. Capsular growths, generally sarcoma.
4. Hilum growths, generally sarcoma.
5. Growths from adrenal inclusions.
6. True adrenal growths — Benign — Adenoma; Malignan — Sarcoma
7. Peri-renal growths — Fibro-lipoma; Sarcoma

GENERAL CONSIDERATIONS.

Primary renal growths are by no means common. I find from an examination of our Manchester records that they are met with in a little less than ½ per cent. of all cases submitted to autopsy. This seems to be in accord with the experience of pathologists elsewhere. In my experience they form from 2 to 3 per cent. of all cases of primary malignant disease. Even secondary growths of the kidney are far from common. From our hospital reports I estimate that they occur in about 8 per cent. of all cases of carcinoma, and over 14 per cent. of all cases of sarcoma.

Renal sarcomata seem to be the commonest form of abdominal growth met with in children.

Comparatively little is known regarding the causation of renal growths. They are shrouded in the mystery which more or less envelopes all true tumour formations. Strong evidence, however, is forthcoming to suggest that some may be accounted for by embryonic defects such as a faulty segmentation of the pro-vertebral somites, development of heteroplastic remnants of the Wolffian bodies, or, perchance, from adrenal inclusions.

Hereditary predisposition is not a marked feature of these cases, and traumatism although claimed by some writers, is probably of little or no influence as a cause. Attempts have been made to show that there is an ætiological connection between renal calculi and growth, similar to that which undoubtedly exists between gall-stones and carcinoma of the gall-bladder, but apparently this is not the case.

Renal growths occur in all races, in both sexes, among all classes and at all ages. Several have been met with in negro children. Most authors claim that males are more frequently affected than females. From an analysis of a large number of cases I find

(a) Abstract of an Address introductory to a Discussion at the Annual Meeting of the British Medical Association, Portsmouth, August 3rd, 1899.

that there is practically no difference in the two sexes. In the growths met with in childhood girls would appear to be a little the most liable. As to the influence of sex in connection with the various forms of growth our present data are comparatively worthless.

The influence of age is very striking. From an analysis of 160 collected cases I find that 84 or over 52 per cent. were met with below 10 years of age, and of these no less than 74 were met with below 5 years. It has been conclusively shown that renal growths may arise during intra-uterine life.

From the standpoint of age renal growths may be conveniently classified into:—

1. Fœtal or congenital growths.
2. Growths in infancy and childhood.
3. Growths of active adult life.
4. Growths arising in declining life.

The pathological importance of this division will be evident later.

Little need be said here respecting the general character of renal growths. These are best referred to when the individual forms are under consideration. As regards actual size there is every variety. The sarcomata often reach immense proportions. The carcinomata are usually much smaller. The average weight of sarcomata in twenty-four whose average age was three years, was over 124 ozs.

In perhaps the majority of cases the reniform shape is retained. The variations in colour are mainly dependent on the varying vascularity of the growth or the occurrence of degenerative changes. The consistency also varies greatly, the sarcomata and malignant trabecular cystomata being usually soft and friable, while the adenomata and carcinomata are generally more or less firm and dense. There is practically no difference in the frequency with which the different kidneys are affected; in the sarcomata particularly the striated forms met with in infancy a bilateral involvement is frequent.

GROWTHS OF A CONNECTIVE TISSUE TYPE.

We may now proceed to consider the different growths which are conveniently classed as those of connective tissue type. These may be divided into —(1) the simple or so-called benign forms, and (2) the malignant forms or sarcomata.

SIMPLE OR BENIGN GROWTHS.

These are extremely rare and of little or no practical importance. They are usually of a fibro-lipomatous nature.

A *Fibroma* occurs as a firm, small rounded nodule. Some of those recorded may possibly have been adenomata. Several cases are on record where large fibro-cystic or fibro-lipomatous growths have been removed by operation. Probably some of these were really peri-renal in origin.

A true *lipoma* of the kidney is exceedingly rare. Some of the so-called lipomata have been shown to be developments of aberrant adrenal tissue. Undoubtedly some of the fatty renal growths on record have been developed from circumrenal structures.

Curious *angiomatous* growths are occasionally met with. In some instances they closely resemble in general structure the cavernous angiomata of the liver. Occasionally more complex forms are met with. Some of the trabecular cystomata may present a strikingly vascular appearance. The other forms of simple growths of the so-called connective tissue type are mere curiosities, and call for no special note.

THE RENAL SARCOMATA.

The great bulk of growths of the kidney belong to the malignant connective tissue type. These sarcomata may perhaps most conveniently be divided;

1. According to the age of the subject in which the growth develops.
2. According to the seat of origin.
3. According to the histological characters.

They vary greatly in their form and general appearance. Some are solid throughout, but others tend to a cystic formation. Usually they grow rapidly and tend quickly to destroy life.

SARCOMATA CONSIDERED WITH REGARD TO PERIOD OF LIFE.

Fœtal Sarcomata.—It is now generally recognised that renal sarcoma may originate during intra-uterine life. Probably a number of those met with early in infancy commence their development before birth. The rhabdo-myomata, as they are called, certainly often commence their growth at a very early period.

The Sarcomata of Infancy and Early Childhood.—The first five years of life are peculiarly liable to malignant disease of the kidney, and I believe the form of tumour is nearly always of a sarcomatous type. From an analysis of a large number of cases I find that over 46 per cent. of those met with in childhood occur under three years of age. My numbers also tend to show that girls are a little more liable than boys. If this proves to be the case it raises an interesting embryological point. In about half of the cases the kidneys are involved bilaterally, thus conforming to what seems to be more or less a general tendency as regards paired viscera. They grow rapidly, and often assume enormous dimensions. Usually they give rise to but little pain, and urinary symptoms are generally inconspicuous. The ureter is not often invaded, but the veins are almost always encroached upon, and secondary deposits may occur in the lungs, liver and lumbar, mesenteric and vertebral glands.

The Sarcomata of Adult Life.—Although specially associated with the first few years of life, sarcoma may develop at any age. Strange to say it is very rare during the period of youth when general development is rapid. The years from five to thirty are peculiarly free from the tendency to malignant renal growth. From my collected cases I find adult females distinctly more liable than adult males.

SARCOMATA CONSIDERED ACCORDING TO SEAT OF ORIGIN.

This is a practical grouping, and one of much interest both to pathologist and to the surgeon.

I think we may recognise the following:—

1. Capsular and sub-capsular.
2. Intertubular.
3. Hilum.
4. Peri-renal tissue.

1. Sarcomata arise in connection with the renal capsule in much the same way as they do in connection with the capsule or periosteum of bone. Unless a renal sarcoma is met with in an early stage it may be difficult to venture an opinion as to its precise seat of origin. There, are, however, several cases on record and several in our public museums which conclusively show a growth originally in the capsule, and with the kidney displaced or flattened and sometimes separated from the growth by fibrous tissue. In these cases the growth may spread beneath the capsule, encroach on the renal cortex, or perforate the capsule and envelope the kidney.

2. The intertubular sarcomata arise in the connective tissue of the cortex and medulla, or perhaps in some cases from the peri-vascular and peri-lymphatic structures.

In this form the growth infiltrates the kidney substance. The capsule in early forms can be readily seen covering the growth. Often kidney tissue can be detected surrounding or extending over the tumour.

The sarcomata met with in adults seem generally to belong to this class.

3. The growths originating in the hilum constitute a most important and interesting class. The connective tissue around the pelvis and calyces form the starting-point. A large number of the sarcomata in children develop from these elements. This class has been more particularly studied by Mr. Targett.

The growth at first lies without the renal substance, and it is only after some time that the kidney becomes encroached upon, expanded, replaced, or flattened out so as to be rendered almost unnoticeable.

4. The *peri-renal sarcomata* although strictly extra-renal, may perhaps be best briefly referred to here. Clinically they very closely resemble true renal growths. They originate in connection with the connective tissue elements of the fatty capsule of the kidney, and often consist in great part of lipomatous tissue, with variable amount of fibrous tissue, but generally presenting more or less evident sarcomatous cells. They usually develop slowly, often reaching an enormous size.

Sarcomata Considered in Relation to Their Structure.

This is perhaps the most interesting and instructive division, and certainly the most fascinating to the student of morbid histology. It suggests relationships and affinities, and already we can recognise clinical differences according to structural arrangement. The complicated combinations not infrequently met with still make the question one of considerable perplexity and uncertainty.

1. The majority of the sarcomata consist of *round* and *spindle* cells in varying proportion. The round seem to be the most rapidly growing and malignant in character.

2. The striated cell sarcoma often spoken of as the *rhabdo-myoma* is met with almost exclusively in the fœtal forms and those arising during infancy. Indeed, this variety is by some spoken of as "congenital sarcoma." Mixed with the round cells are elongated and transversely striped cells. They are generally smaller and thinner than true muscle cells and have no sarcolemma. Much variation in size and degree of striation occurs.

It has been suggested that this peculiar form of cell arises from inclusion of muscle elements, due to faulty segmentation of the primitive muscle plates. Some believe that the striated cells are derived from the muscle tissue of the renal pelvis. Others think the fibres are not to be looked upon a muscle elements at all but merely ribbings in the surface of a tissue which is not contractile. It is suggestive to note that this type of cell is met with especially in hilum growths.

These growths as already indicated are very frequently bilateral, although one kidney may be much more involved than the other. I recently had the opportunity of carefully investigating a striking example met with in a child one year old. The right kidney formed a huge mass 9 ins. by 8½ ins., and weighed 108 ozs. The left kidney was much smaller and weighed 28 ozs.

In many of these so called myo-sarcomata curious duct-like structures are met with. In some cases they appear like sections of tubules lined with columnar epithelium. Apparently they are derived from the renal tubules, and some observers have considered them as stranded uriniferous tubules encroached upon or surrounded by sarcomatous tissue.

3. Very vascular growths or angio-sarcomata are occasionally met with. I am inclined to believe that they arise more particularly in connection with the perivascular tissue. They sometimes seem to arise in the hilum and encroaching on the pelvis give rise to profuse hæmaturia.

4. A certain number of the sarcomata present a distinct although variable amount of glandular like tissue mixed up with the true sarcoma cells. These *adeno-sarcomata* constitute a very definite variety. The gland-like elements usually occur as groups of tubules, lined by well defined cubical or columnar epithelum, and more or less closely resemble the tubules of a fœtal kidney, but sometimes the epithelial elements have a less definite form and arrangement. They certainly occur in young subjects. Striated cells are also sometimes present.

5. *Complex forms* presenting a complicated arrangement occasionally occur.

Alveolar sarcoma has been described, and is thought to arise in connection with the endothelial lining of lymphatic or vascular channels.

Myxo-sarcoma is simply one of the ordinary forms in which myxomatous degenerative changes have occurred.

Lipo-sarcoma has been described, but I am inclined to think that most of these are really of peri-renal origin.

Melanotic sarcoma is always secondary. The kidneys are frequently involved when general dissemination takes place,

Growths of an Epithelial Type.

These include the adenomatous growths and true carcinomata.

The *simple adenomata* form a small and unimportant class. They may be met with as single or multiple nodules, limited in extent and usually in size. According to their structural arrangement solid or grandular and cystic forms may be recognised. Some pathologists further divide them into papillary and alveolar varieties.

They occur as small nodules in the renal substance, varying in size from a pin's head to a small marble. The proportion between amount of cells and stroma is variable.

The *trabecular cystomata* are perhaps best classed in this group. Transitional forms are not infrequent. Some have thought that they have affinities to the growths of adrenal origin, but this seems doubtful. These simple forms appear as an aggregation of minute cysts. Each cyst is lined with cubical or columnar epithelial cells.

The *papilliferous cystomata* present malignant characters, and must be regarded as closely related to the true carcinomata. They show more or less extensive papillary ingrowth, each covered with a single layer of columnar or cubical epithelium. The varying complexity of the papilliferous formation depends probably upon rate of growth, and adaptation to the adjacent tissues. The vascular character is often very conspicuous. Sometimes an almost angiomatous appearance is assumed. They appear to originate in connection with the convoluted tubercles, and are liable to degenerative changes. Dissemination occurs. I recently had the opportunity of examining such a growth in a woman, æt. 33. The liver presented enormous masses of growth which closely recapitulated the structure of the growth in the kidney.

Carcinomata.

Until recently our nomenclature has been so indefinite that it is exceedingly difficult to make any use whatever of the old records respecting "cancer" of the kidney. Undoubtedly many of these were really sarcomatous. Of recent years the sarcomata have almost monopolised the attention of pathologists. The study of the carcinomata has been greatly neglected. We are thus left with inadequate material for satisfactorily classifying the varieties or forming anything like a complete description of this class of renal growth.

Indeed, at the present time, it is almost hopless to

attempt to do more than indicate approximately the general characters of the carcinomata.

They probably never occur in early life. Certainly they are uncommon before middle age. After 50 they increase in frequency.

They seem to occur in two chief forms. (1) The glandular type or true carcinoma, originating in connection with the urinary tubules; and, (2) the surface form or epithelioma, springing from the lining epithelium of the pelvis and calyces.

The true renal carcinomata may assume either a nodular or an infiltrating arrangement. Usually they are of a soft cellular variety, although scirrhus and colloid varieties are described. In the most typical forms an adenomatous arrangement is most marked. There is irregular proliferation of the tubular epithelium and other irregular accumulations of cylindrical cells. Degenerative changes seem to be of common occurrence, but extreme cystic formation is not often met with. In size they are generally much less than the sarcomata, and seem usually to develop more slowly. They tend to extend into the pelvis, and hence hæmaturia is usually a marked symptom. They are always unilateral.

Secondary deposits are not generally formed until late.

The papillomata occurring in the renal pelvis seem to be almost always of a malignant character. A number have been met with associated with calculi. They generally appear as very vascular villous growths, much resembling the forms met with in the urinary bladder. As might be expected severe hæmaturia occurs often associated with attacks of pain resembling renal colic. Squamous-celled epithelioma has also been described. Sometimes the pelvic growth leads to the production of a certain degree of hydronephrosis.

A number of these growths have been subjected to operation of recent years.

RENAL GROWTHS AND ADRENAL INCLUSIONS.

Hitherto I have not referred to the intensely interesting but most perplexing class of growths which it is supposed originate from included supra-renal tissue. Adrenal "rests" have been found in the peri-adrenal fat, in the tissues around the solar plexus, in the mesentery, in the broad ligaments, and within the kidney capsule.

Is there a relationship between certain forms of kidney tumour and aberrant adrenal tissue? This is answered by many pathologists unhesitatingly in the affirmative. It certainly is a fascinating view but the facts on which it rests are still meagre, and I cannot help but think that the judgment of some is only too apt to be captured by a suggestion so attractive. We have need for diffidence and caution in treading on such new ground.

Still one is compelled to admit that there is undoubtedly a group of renal growths which present a structure closely resembling the zona fasciculata of the supra-renal. Although of adenomatous appearance they have affinities with the sarcomata rather than the carcinomata.

The number of cases on record which may fairly be considered as belonging to this class are probably under 40 in number, and hence it is dangerous to attempt any conclusions.

We are quite in the dark as to the influences which leads a so-called "rest" to take on indefinite growth.

The growths are commonest in males, and usually occur in elderly adults. In 32 cases the ages averaged, males 50, females 45. Tumours considered as belonging to this class have been met with in children. Certainly curious adenomatous growths do occur in young subjects, but I have not been able to convince myself that they are of adrenal origin. Usually only one kidney is affected. Generally they seem to develop slowly, and long remain local. Secondary deposits occur in many of the cases. Several believed to belong to this group have been removed, and not followed by recurrence.

Some pathologists consider that the so-called endotheliomata and endothelial sarcomata and probably certain forms of angio-sarcoma are closely related to this class.

There is certainly no group of renal tumours needing more thorough investigation than the adenomatous group.

ADRENAL GROWTH.

Closely associated with the consideration of true renal growths are the tumours of the adrenals.

Clinically they are more or less indistinguishable from renal growths proper.

Pathologically they closely resemble some of the growths met with in the kidney, and by a study of the one light is thrown on the character of the other.

The benign or simple growths occur as the so-called "Adenoma." They occur either as (1) multiple nodules or (2) large single forms.

Microscopically they present a structure closely resembling the normal adrenal tissue. There is generally an abundant fine fibrous stroma with epithelial-like cells arranged in masses or in columnar form. Sometimes spaces occur lined with cubical cells, and occasionally presenting papillomatous ingrowth.

Fibroma, lipoma, and angioma have been described. The malignant growths, or sarcomata, I have fully described elsewhere. (*a*)

In these necessarily condensed remarks, while endeavouring to indicate what has been accomplished, I have more especially desired to insist on what yet remains to be done—the necessity for additional unravelling of the structural details of these growths. Each genus must receive individual study, for since each has its own particular structure it may be reasonably expected that each will present more or less definite signs and symptoms. Possibly the time has arrived when a collective investigation might do much to further our knowledge by the gathering together of specimens, the comparison of cases, the consideration of possible relationships, the correlations of clinical histories with exact pathological features, and the sifting of literary material.

Of this we may be certain that if any true progress is to be made in the early recognition and effectual treatment of renal growths, more precise pathological information must be forthcoming, especially regarding the consideration of structural features in association with clinical manifestations. Only by the accumulation of precise data can we hope to formulate rules whereby the surgeon may know when he may hopefully undertake surgical interference, or when he will most benefit his patient by staying his hand.

TWO CASES OF PTOMAINE POISONING FOLLOWING THE INGESTION OF MEAT.

By G. BURBIDGE WHITE, M.D. Univ. Dub., F.R.C S.I., Dipl. State Medicine, T.C.D.

HISTORY repeats itself in medical as well as other mundane affairs; unfortunately records of ptomaine poisoning are of late years too frequent. Not long since I described in these columns cases of severe and continued illness resulting from the ingestion of

(*a*) "Renal Growths: Their Pathology, Diagnosis, and Treatment." 1898. Chapter XVI., pp. 162-186.

lamb in hot weather, which proved to be New Zealand lamb, which is considered a luxury at the present time. Now I have to record one case of poisoning from New Zealand lamb, and another case from eating tinned corned beef:—

Case I.—On Sunday, June 4th, 1899, Mr. C. and his family, resident in Dublin, partook of forequarter of New Zealand lamb for dinner at 2 p.m. Mrs. C. again ate the lamb cold on Monday following. The members of the family afterwards suffered from the following symptoms, and in the following order:—First, the cardinal common symptoms were prostration, general malaise, vomiting, vertigo, headache, diminished action of kidneys, and others. Second, they were affected in the following order: Mr. C. was affected on the Sunday afternoon and next Monday; the governess was affected the Monday following and next Tuesday; Mrs. C., Tuesday following (and, it may be added, she was most severely affected); lastly, the children suffered from diarrhœa. The history of the cases and the order in which the different portions of the meat were eaten explain the foregoing facts, thus: Mr. C. was first helped and ate the outside ribs; the governess the next portion; the children got in order the next portions; and, finally, Mrs. C., who carved, ate the neck part. On consideration it will be seen that those partaking of the most exposed portions were most quickly and severely affected, and more is to be learned from the idiosyncracies of the individuals themselves. Mr. C., who has a most irritable stomach, suffered first; the governess, who is a chronic dyspeptic, was second to succumb; Mrs. C., not dyspeptic, was not affected for three days: and the children, whose power of elimination is so much quicker than adults, were the last to be affected. Mrs. C., who took in most of the poison, was laid up for a longer period and has not yet completely recovered. A careful inquiry as to the articles of the diet previously, and at the time, led to a negative result as to whether the illness was caused by anything else.

At what period of its transit decomposition set in in this lamb cannot be determined, it may have been before shipment, or after arrival in England. The antiseptic gauze wrapper may have been torn, or some such accident. The finger of caution is pointed towards this class of meats, viz., imported dead meat, especially lamb, as a food, and the question as to whether these meats are safe and wholesome food is one that should be solved in the interest of public health.

Case II.—Mr. H., an English gentleman, æt. 54, passing through Dublin on the night of Saturday, June 24th, 1899, ate for supper some tinned corned-beef, bread, and a little salad, and drank some ale with the supper. Next day, Sunday, I was summoned to see him as he felt very unwell and had not been able to take breakfast. I found he suffered from prostration, general weakness, irritable stomach; he had no headache, but later on he had, physical examination revealed furred tongue, quick, irritable pulse, tympanitis and dilation of the stomach, with feeble cardiac action—the most remarkable sign was to be seen in connection with the skin. An eruption of a patchy character, varying from the size of a finger nail to that of a small plate, covered the trunk and extremities, of a deep purple hue, and very itchy. Next day œdema of the eyelids and œdema of the mastoid and cervical regions supervened, and temperature ranged to 101 degs. F. There was also marked diminution of urine, which was not, however, albuminous. He put his attack down to some salmon, which he had three days before, but on a careful consideration of the food he had partaken of, up to the onset of his illness, there was nothing to the charge of which it could be laid save to that of the tinned meat. Under suitable treatment and diet, the poison which had evidently gained access to his system was gradually eliminated, and the rash and œdema very gradually disappeared, but, nevertheless, were very persistent, and after an interval of about ten days the patient was pronounced convalescent. Numerous cases of poison by these tinned meats have already been recorded. It seems that there is still room for improved methods of preserving this class of aliments, so as to effectively prevent incipient decomposition, wherein lies the occult danger, as a bad smell is seldom present in this stage to act as a warning, and the taste, if such be present, is generally concealed by condiments, &c.

THE SURGICAL TREATMENT OF FIBROMYOMA. (a)

By Professor SCHAUTA,
Vienna.

Schauta contributes the result of his personal experience founded on 424 cases of operative treatment of myoma uteri with opening of the peritoneum, in a number of 2,263 peritoneal operations performed by him.

General Indications.—Tumours are only to be treated surgically in cases where all other treatment has failed. When they merely exist without causing pain or any other symptons it is not justifiable to operate.

Palliative Operations.—Curettage and castration. These should be generally set aside as inefficient and very often dangerous, and only be resorted to in cases of very small intramural tumours that cause no plastic changes in the uterine cavity.

Schauta performed castration 45 times with three deaths, two from interior hæmorrhage, after the ligature had slipped off, and one from peritonitis.

Vaginal Radical Operations.—Removal of submucous pedunculated tumours, or of those with broad implantation, through the dilated cervical canal.

There is little to remark about the first, the way being clearly shown. It is always a legitimate treatment, even in cases where there is evidence of tumours in utero, on account of its absolute freedom from danger and pain, and because hæmorrhage ceases after the ablation.

With broad-based submucous myomata it is necessary to dilate and sometimes to cut open the cervix. Enucleation is only indicated when part of the tumour is born. The operation must on no account last longer than one *séance*, on account of the danger arising from possible sepsis or gangrene.

Interstitial or sub-peritoneal tumours, when isolated, and not larger than a man's fist, may be treated by vaginal cœliotomy and enucleation, the bed of the tumour being stitched up afterwards.

This operation forms the transition to intraperitoneal treatment for tumours, which consists in discission of the cervix, detachment of the bladder, opening of the peritoneal cavity, sections of the capsule, enucleation of the tumour and stitching-up of the wound and the uterine wall. The uterus can also be left alone, or if there is any danger to be feared from secondary hæmorrhage or infection treated extraperitoneally between bladder and vagina.

Vaginal Total Extirpation.—By principle this should be preferred to all other operations for myoma. The suitability for this operation should be determined by the upper limit of the tumour, which should not extend above the umbilicus, and upon whether it can be pushed into the small pelvis; 148 cases with five deaths, of which two could not be considered as result-

(a) Presented to the International Congress of Gynæcology and Obstetrics at Utretch, August 1899.

ing from the operation, *i.e.*, one from intestinal stenosis, and one case of putrid myoma; of the remaining three, two were lost by secondary hæmorrhage, and one by peritonitis.

Schauta's technique is so far different from the usual method, that after anterior and posterior opening of the peritoneum he stitches their edges to the corresponding edges of the vaginal walls. The broad ligaments are secured by ligatures, and he then amputates the cervix as high as possible. He does not employ forcipressure.

Abdominal Radical Operations. Abdominal Enucleation for the Removal of Pedunculated Myomata by Laparotomy.—Enucleation is called for, only in cases of isolated tumours, not larger than a man's fist; the indication is therefore of rare occurrence. The same is to be said for pedunculated tumours, as they are seldom found isolated, and their removal demands amputation, either supra-vaginal or total extipation. Schauta performed enucleation 25 times with five deaths of which three were from *embolism* and *pneumonia*.

Supra-vaginal Amputation. Extraperitoneal Treatment of the Pedicle.—Schauta, formerly a partisan of this operation, practises it now only, in exceptional or urgent cases. About the technique need only be mentioned, that amputation of the uterus does not take place, before having stitched the peritoneum of the pedicle, underneath the ligature, to the parietal peritoneum of the lower angle of the wound, as a preventive to infection of the peritoneal cavity by the contents of the uterus. On 78 similar cases, 13 deaths, two from pneumonia, one from fatty degeneration of the heart, and one from rupture of a pyosalpinx with peritonitis.

Intraperitoneal Treatment of the Pedicle.—As an advocate of abdominal total extirpation Schauta only applied three times intraperitoneal treatment of the pedicle, twice with fatal results. He admits the primary advantages of this method, but considers the frequent occurrence of exudation, and the possibility of malignant degeneration of the stump, of far too great importance to be overlooked, and therefore searched for a better method.

Abdominal Total Extirpation.—The only objection to this method is its difficult technique, whilst it may also be considered that the rate of mortality is slightly higher than with extraperitoneal treatment.

Schauta obtained the following results:—On 106 operations, 12 deaths. *i.e.*, 15 per cent. There were, however, but 10 of the number that could be considered as the direct result of the operation, bringing the percentage to 9·4 per cent., the others were due to complications, as paralysis of the vagus, serious anæmia, embolism, &c.

Schauta employs the following technique:—After eventration of the tumour, the broad ligaments are secured on either side by forceps, two on each side; he then makes the incision of the serosa and detaches the bladder as far as the insertion of the vagina, the parametria, quite near the uterus, are clamped and the incision of the uterus made. Two clamps are likewise placed right and left of the lateral vaginal pouches, and the vagina opened right and left. The tumour now hangs to a narrow bridge formed by the anterior and posterior vaginal walls. This bridge being in a similar way secured by two curved volsellæ, the uterus is severed. To the clamps are substituted ligatures, which are not cut short, to be used for drainage, and finally the peritoneum of the bladder is united with that of the posterior vaginal wall. Whether the ovaries should be removed or not, is a question which gives rise to great difference of opinion, and which requires a long course of careful observation in order to be solved.

Schauta is no advocate of *forcipressure*, having lost seven patients on the forty cases, when they had applied this method to vaginal operations, nearly all the deaths being due to secondary hæmorrhage after removal of the clamps.

Drainage is recommended, as well as in cases of total abdominal extirpation. The supravaginal wound cavity is for this purpose left open towards the vagina, the threads, which are left long, perform the drainage.

CONCLUSIONS.

1. Operative treatment for fibroid tumours is not legitimate except, when they are the cause of troubles that are not to be conquered by other means.

2. Vaginal total extirpation should be considered as the safest, and in the long run, most successful operation. It should be performed in all cases when the tumour does not extend above the level of umbilicus, and when it can be easily drawn into the small pelvis.

3. For large, not easily movable tumours, wholly or partially intraligamentary, abdominal total extirpation should have the preference.

4. Supra-vaginal amputation with intra-peritoneal treatment of the stump, gradually should be set aside in favour of abdominal total extirpation, although the immediate results of the former are sometimes more favourable; it has been proved that there are more chances for absolute recovery, when no part of the cervix has been allowed to remain.

5. In emergency cases, supravaginal amputation with extraperitoneal treatment of the stump, may be, as it affords facility for speedy and absolute extraperitoneal execution, an advantage not to be underrated, in cases of extreme anæmia, asphyxia, weakness of the heart, and suppuration or necrosis of the tumour.

6. Vaginal enucleation of broad based, submucous tumours, either by way of the dilated cervix, or by the vaginal fornix, after anterior or posterior colpotomy, with or without opening of the peritoneum, should be only resorted to in cases where there are special indications. Myomata being generally multiple, it would not be likely that the operation would afford durable results, and therefore cannot be considered as less dangerous than the radical operation, with removal of the uterus.

7. Curettage should be looked upon as an uncertain mode of treatment, neither is it wholly free from danger, and should be limited to rare cases of beginning myomatous development.

8. Castration should be strictly objected to on the ground of its not bearing comparison with the radical operations, with regard to reliability and immunity from danger. In quite exceptional cases, when it is not possible to perform supravaginal amputation with extraperitoneal treatment of the stump, it may now and then be resorted to.

9. It is not to be thought that the methodical use of forcipressure affords the patient advantages superseding the use of ligatures, except in so far, as they facilitate a speedy operation, in typical cases. In cases of emergency or danger their use is certainly to be justified.

10. The full value of drainage of the supravaginal wound for furthering throughout the chances of asepsis, and for the avoidance of exudation, in abdominal as well as in vaginal total extirpation, should be always kept in mind.

11. The question, if removal of the ovaries should be performed, with vaginal or abdominal total extirpation is not yet decided. "Ausfall-erscheinungen" (Climacteric Symptoms) have been observed either way.

If the ovaries are removed they appear immediately, if left back, after weeks and sometimes months.

INTESTINAL ANTISEPTICS. (a)

By BURNEY YEO, M.D., F.R.C.P.Lond.,
Professor of Medicine at King's College, London; Senior Physician to King's College Hospital.

INTESTINAL antiseptics and evacuants have for a long time been in use without the *rationale* for their use being known. The old blue or calomel pill, together with the black draught which dissipated the spleen and the vapours for our forefathers are instances to the point. I intend to consider the subject under four headings: (1) What is the scope of antiseptics? (2) What is the scientific basis for their use? (3) Under what conditions are they applicable? and (4) what are the means of applying intestinal antiseptics? With regard to (1) the medical use of antiseptics is different to the surgical use. The surgeon nowadays aims rather at asepsis than at antisepsis. But in medicine, as concerned with the intestinal contents, asepsis is impossible. We must, if possible, prevent, or at any rate antagonise, auto-intoxication—*i.e.*, intoxication of the organism with the products of digestion. With regard to (2) it must be remembered that certain bacilli are only harmful in the presence of putrefaction or other abnormal condition. The bacillus coli, for instance, is a normal inhabitant of the intestine, and under ordinary circumstances is harmless. If, however, the bowel becomes abnormal in any way owing to catarrh, long-continued constipation, or sometimes injury, the bacillus coli seems to take on a virulent action. When associated with the bacillus typhosus it has the power of intensifying the virulence of the latter. The experiment of Dieulafoy with the bacillus coli when taken from an appendix, the cavity of which had got shut off from the rest of the bowel, and the same organism when taken from the normal mucous membrane of the bowel, show that the former is virulent, the latter not so. As, then, the virulence of intestinal bacteria depends upon their environment, so by modifying that environment it is reasonable to suppose that we can modify their virulence. With regard to (3) intestinal antiseptics are indicated in gastric catarrh and fermentative dyspepsia. Grangé recommends in cases of summer diarrhœa the use of plain boiled and cooled water. He claims that the use of this dilutes the toxins. There are many other conditions to which fermentative dyspepsia and auto-intoxication give rise. Such are dyspepsia, chest pain simulating angina pectoris, vertigo, aphasia, and anæmia. Even pernicious anæmia had been considered by some observers to depend upon some toxin which exerted a hæmolytic action. There are three other diseases in which the use of intestinal antiseptics is rational - namely, cholera, dysentery, and typhoid fever. Of the first two I have had no practical experience, but with regard to typhoid fever I have for some years advocated and practised the use of intestinal antiseptics. Typhoid fever often exhibits symptoms of being due to a mixed infection, and this may explain the extraordinary variations in the severity of cases. I can recall instances in which the use of a chlorine and quinine mixture given every two or three hours has been attended with most marked results for the better in cases of typhoid fever. So, also, in some cases of indefinite febrile affections accompanied by rise of temperature, furred tongue, and foul-smelling stools the use of thymol by the mouth, together with irrigation of the large bowel by eucalyptol, olive oil, and soap-and-water administered in the knee-chest position, had rendered the patients well. I am not able to say to what exact disease this condition was due, but I think that whether the original infection had been by typhoid fever or influenza that the condition which I was called upon to treat was due to the action of the bacillus coli in an abnormal environment. With regard to (4) the various intestinal antiseptics are: water boiled and cooled, calomel and salines, both of great value in the *early* stages of typhoid fever. Salicylate of bismuth and carbolic acid are both useful. As to the latter I remember a case published recently in the *Lancet* by Dr. G. Williams, where a patient suffering from typhoid fever took by mistake one ounce of carbolic acid. He had, of course, to be treated for the toxic effects, but recovered from them with his typhoid fever symptoms much lessened. Salol is very uncertain. Eucalyptol and thymol are both good and irrigation of the large bowel in such cases as I have mentioned was a necessity. Patients, especially in typhoid fever, must not be overfed. I would conclude with a warning against the production of the modern manufacturing chemist who sets up to teach the clinical physician.

(a) Abstract of paper read before British Medical Association, Portsmouth, August, 1899.

ON THE

PREBALNEAR TREATMENT OF HEART DISEASE,

AND ON THE

USES OF THE INHALATION OF CARBONIC ACID IN CARDIAC DYSPNŒA AND ANGINOID PAIN (a).

By WM. EWART, M.D.Cantab., F.R.C.P.Lond.,
Physician to St. George's Hospital, London, and to the Belgrave Hospital for Children.

THE treatment carried out during the last two years consists in the inhalation of carbonic acid for varying periods (from five to twenty or thirty minutes) three or four times daily in cases of broken compensation with heart hurry, cardiac dyspnœa, angina, or pain, &c., and in cardiac neuroses or neurasthenia, at stages when the Nauheim treatment is inapplicable. Carbonic acid, as is well known, being harmless when inhaled for limited periods in proportions less than 15 per cent., relief to the heart and respiration and to the subjective distress is gained without any risk, the action of the remedy being mild as well as immediate, and the after effects of any overdose (a contingency which has not come under observation) being purely transitory.

By reason of this mildness and of the ease with which the amount can be regulated (by watching the bubbling of the gas through the water of a wash bottle) there are hardly any cases of cardiac distress in which it may not be tried; and there have been but few in which it did not afford relief either when inhaled alone or in association with oxygen.

As implied by the name, the treatment is in many cases a preliminary to the Nauheim treatment, for which it prepares the way when used independently, or in association with medicinal adjuncts. It is a test for the suitability of doubtful cases for a course of the baths, and for some cases which are absolutely unsuitable for the latter, it is a valuable substitute and instalment of treatment. When cases have so far improved as to be submitted to the Nauheim treatment, the inhalation as a separate measure becomes superfluous, carbolic acid continues to be inhaled in a modified way in connection with the baths. The action exercised upon the rate and strength of the pulse being relatively slight the inhalation of CO_2 is specially welcome in the treatment of aortic regurgitation, of mitral stenosis, of cases with four valvular murmurs and in anginoid conditions or angina, where digitalis is either inad-

(a) Abstract of a paper read in the Section of Medicine at the Annual Meeting of the British Medical Association, Portsmouth, August, 1899.

missible or subject to caution. Notes of some of the many cases which have been treated with benefit, including cases of mitral regurgitation, of tricuspid regurgitation with cyanosis, and of dilatation of the right side of the heart, &c., were submitted with the paper.

The Nursing Problem.

NURSES OF THE LATEST FASHION. A.D. 1899.

PROFESSIONAL EXPERIENCES IN SHORT STORIES.

By FREDERICK JAMES GANT, F.R.C.S.,
Consulting Surgeon to the Royal Free Hospital.

V.—NURSE GOSSIP AND SCANDAL.

THE first-named species of nurse may not be a distinct character, apart from some other nurse-forms of "the latest fashion"; but she is specially distinguished by her confidential communications—that, "they *do* say"—of others; whatsoever probably she knows her own self to be—as if in them.

Nurse-scandal, sometimes taking form as the "obscene nurse," the latter species is more often distinctly specialised, and more surely a disclosure of the woman's own depravity.

But an unbridled tongue is a traitor to more than its possessor. A high authority on nurses and nursing, Georgina Scott, late matron of the Sussex County Hospital, writing on the golden beauty and value of silence, remarks that "Perhaps no one is more behind the scenes of life than is the sick-nurse; perhaps no one else comes into such close contact with the sacred and secret concerns of life as she does. Doctors, lawyers, and clergymen have many revelations, many insights into the recesses of family secrets. They know of sins and strange complications little dreamt of by the outer world. Still, their visits are limited compared to those of a nurse, who spends day after day and night after night in the house of sickness, hearing much and seeing more than many may at first sight suppose. Much is told to the doctor, lawyer, and clergyman; but the sick-nurse has even more confidence given into her charge. She can see, as well as hear, many details of many a sad and complicated life. Nurses should keep these confidences as faithfully as they would have their own private affairs treated. They must hold all such knowledge gained in their work as sacred, covering it with *silence*.

"Again, it is hardly good taste to talk to patients of our (nurses) professional work, or to give them details of cases and their treatment; nor is it honourable to discuss the merits of one medical man compared with those of another. Recluses we may not be. Careful conversation, or discreet silence need not strip us of sympathy, nor make us lack interest in the joys and sorrows of our fellows creatures. But secrets, once discussed, must take their course; there is no calling them back tgain; penitence has no power to make good a broken faith. Regret for hasty and foolish words, sorrow for gossipy and scandalous conversations, remorse for having given into the confidence of another the secret thoughts of our *own* soul, come to us alike; and in the darkness and stillness of the night, with no one to see or hear, we have blushed and then grown cold with the recollection of the weak and erring utterance of our tongue."

VI.—MASSEUSES.

Quite modern medicine has demonstrated the remedial efficacy of friction, rubbing, and kneading various parts of the body in the treatment of diseases to which they are subject. This method of mechanically relieving pain, restoring muscular power and movements, and of regaining sensibility—in many nervous and muscular affections, especially, has received the name of *massage*. The advance of women all along the line of human progress, and notably in the march of medicine—like a huge wave on the ocean of our social life—has brought up a considerable number of women-*masseurs*, whose profession is *massage*.

When properly trained in the school of medicine, it cannot be doubted that such women are valuable *adjuvants* to the practitioner of medicine and surgery. The manual dexterity, combined with firmness and lightness of touch, with which the hand of woman is endowed, and when perfected by practice, will enable any such feminine manipulator to exercise a mechanical art more effectively than most male competitors. And, if in addition, a naturally womanly character, coupled with the delicacy and refinement of culture, moves with the hand in the performance of her duties, the masseur-woman will be a valuable member of Society.

She is akin to the *properly* qualified nurse, in her professional relationship; and like her is fitted to attend private cases (of massage) under supervision of the medical practitioner; or the two callings may be *united*.

It is easy, however, to imagine the woman, the lady-masseur or masseuse as she styles herself, whose untrained hand, and defective tone of moral character, would reverse the picture of the rightfully named masseuse. Which may be most harmful, her hand or her heart, when its resources are brought into play in *private* practice?

The public, in many cases, could answer this question from personal experience of the masseur-woman, and the unpublished memoirs of family life. The disclosure would traverse most of the careers of which glimpses have been seen in the private nursing of the untrained and uncertificated, unregistered; or some other "Nurses of the Latest Fashion." If we could not track "Satan in Petticoats" in some portions of her dark life history. we might certainly discover the "husband-huntress and trapper"; or find the "husband-seducer masseuse"; or encounter the "breach-of-promise lady-rubber." She rarely appears, perhaps, as the "dangerous widow"; nor does the said lady ever belong to any "religious order of women." Nor can the species of woman known as masseuse be classed with the "unfortunate" nurse, who mostly commences her career as a hard-driven exile from home, more sinned against than sinning. The fair but frail masseuse is a distinct species, having a double occupation in a life which lends itself to both. In her proper professional capacity the lady masseuse passes for a sort of "doctor-nurse."

Nigh round the corner of a fashionable square at the West-end of London, where luxury and rank smile, each admiring the other's beauty, stands a small house which, as a lean-to to the adjoining mansion, seems to be an offshoot from that abode of bliss—not perfect, of course, as no human condition can be.

A lady-rubber took the useless small tenement for one year's trial in the practise of her art. Painted of a cream-white colour, like the tenant, it looked a pretty little box, with its large brass-handled door, and the pure white lace curtains drawn across the window, except at an interval formed by two blue satin sashes, which presented an almost complete blind to any intrusive gaze over the railings of the little area. This room was the lady-masseuse's first sanctum: a recess at the back, without any window, and which was furnished with a luxurious couch, provided accommodation for any elderly or crippled patients to derive the benefits of rubbing without having to ascend the stairs to a bedroom above. The lady herself rivalled the remaining upholstery in her dress, that of a nurse, but more expensive, if not more becoming.

She distributed her "card" all over the neighbourhood, announcing herself "Miss ——, Masseuse, P—— Place. Her hours, "at home" in the morning, 11 a.m. till 2 p.m., "afterwards by appointment," as she had her out-patients to attend at their houses. She drove a brougham hired from the livery stables attached to the stabling of the square.

Occasionally, some elderly gentlemen, or it may be a lady, called, and the hall door having been opened by a well-appointed maid, the patient was taken in and done for by the massage treatment. Each sufferer's rubbing in the hands of this skilled manipulator, as she seemed

te be, would occupy an hour, more or less, ere the fee, 7s. 6d. or half a guinea was duly earned; and as a course of treatment was generally recommended, the practice was not unremunerative. So massage, in hands which the owner knew how to work, might have grown into a flourishing concern.

But, besides the patients who came and went, the domicile was visited by others who might have been grateful recipients of the treatment, who called just to show themselves as trophies of the system which had restored them to health and strength; there were gentlemen in the prime of life, whose vital powers needed no replenishment; they bore the steady-going manners of middle-aged married men, for whom loving eyes would watch their coming home to dinner, and look brighter when they came; and besides these "patients" there were elderly clubbites, who called on the way to their home. All these visitors to the lady masseuse called in hansom cabs — never in private carriage — and they never drove up to the door, but alighted round the corner in the square. So altogether a pretty deal of business went on in the white cream-coloured little domicile; the lady at home had her hands full of subjects for rubbing, &c.

Whisperings from the wagging tongues of neighbours began to report their suspicions. That massage cases were treated by her in her elegant sanctum, and in the bedroom overhead, there could be no doubt from the testimony of those who had undergone the cure, and who moved in the best society. Still the whisperings grew into something like a complaint that the house was a sort of nuisance. Then the attention of the Vestry was directed to the business of the fair masseuse. The Board were very reluctant to interfere, unless some definite complaint was brought to their notice; and by a written application, signed by some half-dozen neighbours. They, however, declined the invitation. Then the Board sent two vigilant policemen; but they saw—nothing.

The lady having heard, somehow, of some imputation against her skill as a masseuse, or her manner of using the treatment, she threatened any informant with legal proceedings. She would go instantly to her lawyer, who knew her well, or as well as any man can know a woman, or one of a kind never to be known.

The wave of rumour still rising, and spreading; or say, the fire smouldering, at length broke out into a blaze; until the house, and the lady occupant would have been sacrificed to the clamour of her neighbours in the side street. The noble inmates of the house immediately adjacent dwelt serenely unconscious of *their* neighbour; two young daughters sitting in the conservatory, separated only by a partition wall twixt them and the massage couch, and bed-room above; could they have dreamed of anything wholly outside the happy experience of innocent young womanhood?

The lady masseuse was about to flee away from her uncongenial surroundings, and open a *modest* establishment elsewhere, in some fashionable watering-place, the resort of London's rheumatic, or nerve-worn, invalids, and other break-downs, in the battle of pleasure and pain, among those who live too much in the charms of Society and its atmosphere.

But the lady's career, in her present locality, had now reached its climax. The landlord was informed that the house was not so clean and pure as it looked. He knocked at the door, and an unsuspected visitor was instantly admitted by the maid, as probably another case of her mistress's art. He passed the lower sanctum, and made direct for the bedroom. There lay the lady masseuse, and there also what he saw he believed. Within an hour the tenant was ejected; her luggage following this accomplished feminine-rubber up to date.

VII.—THE MIDWIFE AND THE MONTHLY NURSE.

In concluding the present series of representative "Nurses of the Latest Fashion," there yet remain several other types whose living portraitures lie in a state of suspended animation in my escritoire.

Thus, only to mention the "Night-brawling Midwife," with one of her nurse-girls of the same breed; the one holding a "three months' certificate" of qualification from a certain lying-in hospital; the other, "one month's qualification" for her duty. Here is an authoritive description of the latter nurse-species, as expressing her personal qualities.

"She has not in her the making of a nurse; she is utterly selfish and cruel. Whenever she would have a holiday she would leave her charge in a dying state to keep her appointment with her man, who is waiting round the corner."

She sallies forth, wearing an unfortunate dress from head to foot. Having doffed her nurse attire, see her thus: Hat surmounted with huge white ostrich (?) feather, &c., purple blue cloth gown, bespangled with silver filigree; an open, frilled chemisette, arranged to disclose that which the wearer affects to conceal. A front longitudinal fold in the dress, buttock-tightened, guides to her conformation below; while nameless shoes with buckles invite attention to her ankles.

This midwife-nurse returns to her patient too late for duty; and being shut out (to call again in the morning), she reappears, *armed* with the aforesaid brawling midwife. After repeated thundering rapping at the street-door, accompanied with bell-breaking ringing, the midwife's voice is heard under patient's bedroom. The husband, alarmed for his poor wife's safety—and himself a great sufferer, as she with the hat and feather well knows—the husband in his night dress is now at the dining-room window, shutters and window fly open, a crowd with a hundred midnighters, headed by a policeman (388 F.) meet his dazed eyes. "This job"—shouts the midwife—"will cost you some pounds, besides a good hotel bill for this girl's bed and breakfast" (at the house of the deliverer from the pains and perils of child-birth).

A small fee—half-a-crown, ready money—at once sufficed to discharge all the husband's liabilities, and silence the *threats* of this lying-in woman.

Note.—this glimpse of a midwife, and of her girl, both up to date, will supply any additional evidence touching the Registration of Midwives, for the next deputation to lay before the Lord President of the Council.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, August 26th, 1899.

Fibroma of the Uterus.

M. Doyen read a paper before the International Congress on Gynæcology on the treatment of uterine fibroma. Those tumours, he said, should be removed each time that they increased in volume and that they produced grave accidents—phlebitis, albuminuria, intestinal occlusion, malignant degeneration of the uterus far from being counter indications, constituted, on the contrary, imperative indications to operate. Ablation, of an isolated tumour, either through the vagina or by laparotomy, with preservation of the uterus, was only indicated in very rare cases. Hysterectomy should be performed when the fibromata were numerous. When the uterus was mobile and could be easily drawn forward, the operation might be done through the vagina. The same method should be followed in case of great obesity which rendered laparotomy particularly difficult. In every other case the abdominal operation should be preferred.

Since the speaker employed the écraseur and substituted ligatures for forceps *a demeure*, he had operated fifty-two cases of hysterectomy for fibroma, of which twenty-seven were through the vagina, all successful, while of the remainder he only lost one case, that of a patient who had suffered from phlebitis of the lower limbs and from appendicitis.

M. Villars said that he believed that certain fibroma should be respected, for it was abundantly proved that those tumours were frequently well supported.

Dr. Giles (London) thought that it was not necessary to operate tumours provoking no morbid manifestation. On the other hand hæmorrhage, compression, degeneration of the tumour necessitated radical intervention. Palliative treatment was not only useless but dangerous.

CÆSARIAN OPERATION

M. Pinard established a comparison between the Cæsarian operation and symphyseotomy, craniotomy and artificial delivery.

The abdominal section, he said, was a simple operation, easy to execute and the dangers of infection and hæmorrhage were greatly diminished, thanks to the application of antiseptics and of sutures. As to the child, it was placed beyond the reach of all traumatism. While the Cæsarian operation permitted the immediate termination of the delivery, section of the pubes with consecutive dilatation of the pelvis constituted a preparatory intervention permitting the child to traverse the outlet without having to struggle against the osseous wall. The soft parts, vagina and vulva, should be afterwards dilated so that the child could be expelled or extracted per *vias naturales*. Symphyseotomy was also an easy operation, as the statistics of the Baudelocque Clinic proved, for out of 100 cases practised between 1892 and 1899, 88 mothers recovered and 87 children were born alive. Twenty-two of these women became pregnant for the second time, and sixteen were delivered naturally, while the remaining six had to submit to a second operation. Craniotony in which the child was considered as a foreign body was rarely sufficient in itself, crushing and dislocation of the head were nearly always necessary. Out of eighty-one craniotomies practised in his wards within the last fifteen years, seventy-two of the patients recovered. Premature artificial delivery, which consisted in the interruption of the pregnancy at a period where the fœtus is viable and at the moment when its dimensions do not exceed that of the pelvis, should suppose a precise knowledge of the age of the pregnancy, of the degree of the narrowness of the pelvis, and of the dimensions of the fœtal head. These desiderata were rarely realised in clinical practice, if one were to judge by the best statistics by which were shown that the fœtal mortality exceeded 30 per cent.

As regarded the indications and counter indications, the principle should be laid down that the accoucheur should be a doctor in all his acts; the obstetrician had always before him the duty to protect the child as well as the mother. Applied to the therapeutics of pelvic deformity, that doctrine excluded provoked delivery as well as embryotomy on the living child. If before the era of antisepsis, at a period when the Cæsarian operation or symphyseotomy were usually followed by death to the mother, premature delivery had been recommended and adopted, it was no longer the case in these days. When a woman cannot be delivered on account of malformation of the pelvis, and the child was living, two operations alone were possible, dilatation of the outlet or abdominal section.

M. Pestalozza said that premature artificial delivery was without danger to the mother when the rules of antisepsy were scrupulously observed, but it exposed the child to several accidents immediate or remote. It was particularly indicated in young women in their first confinement.

Symphyseotomy should be reserved for those who had borne several children on account of the inextensibility of the tissues in the primipara.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, August 25th, 1899.

GUAIACOL CARBONATE AND CREOSOTAL IN THE TREATMENT OF DISEASES OF THE RESPIRATORY PASSAGES.

FROM the proceedings of the Tuberculosis Congress held in Berlin, we note a paper on the above-named subject by Dr. Fr. Holscher, of the Dreikönigen Hospital, Mülheim.

Dr. Holscher, who is physician-in-chief of the hospital named, claims that these two allied remedies have already taken the first place in the treatment of all pulmonary diseases. A dietary rich in albumenoids is desirable, as the guaiacol and creosote absorbed from their carbonates effect an increase in the decomposition of the albumens of the body. The remedies further this rich dietary by increasing the appetite and stopping abnormal putrefaction processes.

In giving full doses of these remedies, the urine is often observed to become dark, but this it is claimed is no sign of any poisonous action.

The remedies are said to effect a largely increased body weight, disappearance of fever and night sweats after several weeks' treatment, diminution of cough and expectoration, and their final disappearance. The tubercle bacilli are also said to diminish in number Creosotal is also extremely useful in pneumonia, causing a fall of temperature within twenty-four hours of its first administration; if the drug is continued the temperature is said to remain normal.

MODERN MYOMA OPERATION.

At the Medical Society Dr. Czempin read a paper on this subject, prefacing his remarks with the observation that operations for myoma were not looked upon with great favour by the practitioner, and that this view was partly due to an over-estimate of the harmlessness of such tumours; and to the possibility of their spontaneous retrogression after the menopause.

As regarded the latter point, he observed that among his seventy-two cases of operation, eight of them were in women between fifty and sixty years of age.

Palliative treatment was insufficient. Currettement of the mucous surface, which was very proper in hæmorrhage from myoma, gave good results frequently, but he had had two disagreeable experiences.

Operations were of two kinds, one in which the myoma was removed and the uterus left, and the other in which the uterus was removed along with the tumour, and the operation for either form might be vaginal or abdominal. Dilatation with laminaria, and attempts on the tumour by this route he rejects, and if adopted everything should be in readiness for proceeding by the abdomen in case of need, as where the uterus wall is per-

forated or torn. In twelve of his cases the tumour was partly expelled. In case of firmly seated myoma in virgins Duhrssen had proposed a new way. The uterus was separated from the bladder. After carefully ascertaining the exact site of the tumour it could then be cut down upon and enucleated. The wound was then closed. He showed a preparation obtained in this way. In cases of multiple tumours, all of which could not be removed vaginal total extirpation of the uterus was called for. The *morcellement* invented by Péan, of Paris, and introduced into Berlin by L. Landau, was a distinct advance. The speaker had, however, been less fortunate with this operation, which demanded great dexterity, The patient died of sepsis from a misfortune occurring through tearing out of the vulsellum forceps. Since then he had abstained from *morcellement*.

The abdominal method could be either conservative or radical. In six cases he had cut down upon the tumour, shelled it out, and closed up the wound with sutures with a good result. Up to a few years ago the mortality of hysterectomy for myoma was 30 to 33 per cent. Using all the modern means for prevention of sepsis he had operated in eighteen cases with seven deaths. Martin extirpated the uterus along with the tumour from the abdominal cavity. This was the most ideal method; it afforded the safest technique, avoidance of accident and rapid recovery. He had in this way operated twenty-two times without a death. The vessels were ligatured or clamped, the tumour rolled out, the round ligaments cut and ligatured. The bladder was treated next, an anterior flap was formed on the uterus, and the bladder separated. If the bladder were now pushed away the uterus would only have on it the remains of the ligaments. Some authors took no notice of the uterine artery. Landau always ligatured and severed it. The speaker always sought for it and ligatured it. After cutting through the vagina and removing the uterus, nothing was left but an anterior and posterior flap which should be brought together and united by suture. The results of this method were positively brilliant. Care must be taken in selection; tumours growing in the broad ligament, and which necessitated extensive, opening of the connective tissue, often did not do well on account of infection. In the speaker's five cases general infection of the peritoneum took place in three. He had never seen good results from castration; even in old women the hæmorrhage does not quite cease.

His conclusions as a whole were: The prognosis in case of myoma when no bleeding was present was upon the whole favourable. Myoma should not be treated lightly in view of possible malignant degeneration, and of the troubles that frequently attend them. On the other hand, operation affords a better prognosis than it did ten years ago, especially the new vaginal and abdominal total extirpations gave ground for favourable results. One could, therefore, persuade patients to have the operation performed before they fell victims to permanent illness that always follows in the wake of typical hæmorrhages.

Vomitus Gravidarum Perniciosus.

Hyperemesis gravidarum, according to Sajaitski; *Deutsch. Med. Zeitung*, 50/99, is not a neurosis but a simple reflex phenomenon caused by irritation of the peritoneal coating of the uterus from enlargement of its cavity. It occurs in cases in which the lower segment of the uterus does not increase in size *pari passu* with the upper portion, where the hyper-extension is too rapid, as in the cases of hydatid mole, hydramnios, &c., or when some hindrance to normal development is present, as from chronic metritis, interstitial or submucous myoma, &c. In addition to the local irritation of the peritoneal covering of the uterus, which is always the original cause, increased irritability of the nervous system contributes largely to its occurrence.

As regards the infrequency of the affection the author observes that the wombs in which it would be likely to occur are generally sterile, and that many of the diseases that cause it improve on pregnancy taking place.

The treatment of hyperemesis gravidarum is as varied as its ætiology. Most of the remedies employed or recommended for the disease are useless, the sole remedy lying in the appropriate local treatment of the affection of the womb that causes the vomiting. If this does not succeed nothing remains but to interrupt the pregnancy. In some desperate cases this radical measure takes place spontaneously. When it has to be resorted to artificially it is without danger, if carried out in accordance with the principles that govern modern surgery.

Professor Aug. Bier, of Kiel, gives an account in the *Zeitsch. f. Chirurg*, of attempts he has made to produce extensive areas of local anæsthesia by injecting cocaine into the spinal canal His attempts were made on himself, his assistant, Dr. Hildebrandt, and five patients. Quincke's lumbar punctures of the cord were made when the cocaine solution was injected, the largest amount given being ·01 grm. The result was said to be mostly satisfactory, or rather satisfactory in one direction. The local anæsthesia desired was produced, so that the whole of the lower half of the body was rendered insensitive to pain, and in this condition major operations were performed on his five patients, but the bye effects were by no means satisfactory. Even with the doses given headaches were caused, which lasted a whole week, whilst nausea, vomiting, and giddiness were so severe as to compel a horizontal position in the bed. Whether his intended further investigations on animals will shed further light on the subject is rather doubtful. Enough has been determined to show most surgeons that the game is not worth the candle.

Austria.

[from our own correspondent.]

Vienna, August 25th, 1899.

"Heilserum."

In the last two sanitary reports issued by the Imperial Office the kingdom of Galatia has been represented as only using the anti-diphtheritic serum in 16 per cent. of the cases, which was given as a reason for the high death-rate in that country.

Latest reports prove that the serum has been more widely used than in other places and are pointed to as examples of the "heilserum." The complaint now is that the serum has been indiscriminately used, which accounts for the high death-rate! These revelations have all been disclosed since the Kassowitz discussion in the "Gesellschaft," when this country was jubilantly pointed to as conclusive proof of the efficacy of the serum. Raczynski (who is an authority

on diphtheria) contributes an article to the "Przeglad lekarski" to show how difficult it is to diagnose a truly diphtheritic case from an ulcerous process in the pharynx, and relates how every clinical feature was so well marked in this case, that every expert declared it to be a genuine case of diphtheria—even the bacilli diphtheritically proved the case to all observers, and the serum was used. Raczynski cultivated the alleged bacilli and found them nothing more than those met with in any case of angina sclerosa!

From this he reasons that many of our so-called cures accomplished by the use of serum, are fanciful and not real. He is inclined to lean more on clinical facts than bacteriological examinations for a differential diagnosis.

DUSTALS OR GUAIACOL [CARBONATE.

The drugs prescribed for tuberculosis are now so numerous that the more scientific must resort to feeding on air alone under she shadow of a big company concern. Still there are a few who cling to the real article yet and deprecate the company promoter as a charlatan. Eschle confidently believes in attacking the disease internally and locates his operation to the correction of the alimentary canal. Some believe in the treatment of our ancestors, others are content with disinfecting the lung, others again would attack the blood, while Eschle assures us on scientific proof that no treatment of tuberculosis can be successful that does not aim at the first cause—viz., the changes that takes place in the bowel. He has devoted several years to the examination of the carbonate of guaiacol (Duotals) and concludes that it is the most effectual disinfectant of the alimentary canal extant and therefore an antidote for tuberculosis. The advantage of Guaiacol is that it plays a double part in disinfecting the blood as well as the contents of the alimentary tract by simply increasing the dose till the drug is eliminated by the rectum, which can be accomplished without danger, detriment, or any disadvantage to the patient, When given in small doses the drug is absorbed in sufficient quantity to disinfect the blood, but the bowel is not completely aseptic till the drug is passed unchanged.

Cures in abundance are adduced to prove the correctness of Freund's theory long since announced that the low state of nutrition in consumptive patients is due to the decomposition usually present in the bowel which forms the pabulum and induces the growth of the bacilli in all tuberculous conditions.

TETANUS AND SERUM INJECTIONS.

Leyden relates an interesting case of a woman, æt. 29, who fell on the cellar steps and produced an abortion, which was followed by tetanus on the tenth day. On the sixth day of the disease she was taken to hospital, where a subdural injection of 1·0 gramme of Behring's serum was made, along with one subcutaneous injection of 2·0 grammes of Tizzoni's serum. With these injection 0·1 of morphia and 2·5 grammes of chloral were given during the first 24 hours. In the second 24 hours after admission a subcutaneous injection of Tizzoni's serum, consisting of 3·0 grammes, was administered. On the third day two subdural injections of 0·75 gramme of Behring's serum was injected. On the sixth day 2·0 grammes of Behring's serum were used.

The subdural injections were borne favourably although the temperature rose very high. The patient is certainly better. Though Leyden considers this a success he is unwilling to speak in favour of the treatment.

INFECTIVE CHARACTER OF ARTICULAR RHEUMATISM AND ITS CONNECTION WITH CHOREA.

Wassemann and Malkoff relate the history of a young woman, æt. 19, who was suddenly attacked with chorea at the close of a severe illness from articular rheumatism.

Shortly after the chorea commenced she became delirious, the temperature rising to 41·2 degs. C. (106·16 deg. Fah.), and subsequently collapsed and died.

A few hours later the post-mortem revealed general hyperæmia of all the internal organs with a fine endocardial deposit on the mitral valve and very recent parenchymatous nephritis. Nowhere was pus to be found. In the blood, brain, and cardiac valves a streptococcus was present, which, when cultivated and injected into animals produced high fever and multiple joint affections mostly ending in death.

This seems to be the first clinical testimony of demonstrating a micro-organism in chorea immediately after rheumatism and its affinity with chorea.

South Africa.

[FROM OUR OWN CORRESPONDENT.]

CAPE TOWN, Aug. 12th, 1899.

FALSE DEATH CERTIFICATES.

THE case of Dr. Anthony, the American sanatorium practitioner referred to in my last communication, who was charged with giving certificates of death for the purpose of covering one Tate, an American negro, convicted of illegal practice, was decided at the late session of the Supreme Court. It was made clear that Dr. Anthony had, in several cases, given certificates for cases which had been attended by Tate, but had not been seen by himself. In defence, however, it was urged that these cases being coloured children, and Dr. Anthony doing a large dispensary practice among that class, he could not be expected to remember the cases for identification, and that he had been under the impression that he had seen them. In support of this it was sought to prove that medical men in the Colony are largely in the habit of giving certificates for cases they have seen only once, and that perhaps a considerable period before death. A number of certificates given on these lines by medical men in the neighbourhood were adduced in evidence, and this view weighed with the jury, and the prisoner was acquitted. It is only fair to mention that all medical men find great difficulty in fulfilling the strict requirements of the Registration Act, especially those who practice much among the lower classes, or do out-patient work at hospitals. The callousness of many of the colonial people, white as well as black, about the ailments of their children is remarkable, and they constantly have recourse to the medical man solely for the purpose of relieving themselves of legal responsibility. A child is suffering from bronchitis or gastro-enteritis. It drags on without help for some time; then the parent takes it to an out-patient department or to a consulting room. It is prescribed for, and despite the warnings of the medical man, that is the last he sees or hears of

it until, perhaps, three weeks afterwards somebody turns up, says a child is dead, and that a certificate is wanted. Prolonged inquiry and search in your case book (if you have one, which is too often not the case) elicits the fact that on a certain day a child with a particular name was attended for such a disease. You cannot in such a case give a certificate that is worth anything, and yet it is difficult to refuse. The general practice, however, is to decline to sign the regulation certificate, and to give a note stating the facts, which the registrar may or may not accept, as it pleases him. As a matter of fact, some, at least, of the "certificates" quoted in defence of Dr. Anthony were simply these informal letters, and it was unfair to the prosecution that this was not stated, and grossly unfair to the writers. The local branch of the British Medical Association has appointed a committee to go into the whole of the case, as it is felt that, apart from the certificate business, grave suspicion of flagrant "covering" lies against Dr. Anthony.

Failure of the New Medical Bill.

The Premier's amended Medical and Pharmacy Bill, from which much was hoped, has proved an abortion. Its most important clause, one stating that the fact of a man being a licensed chemist and druggist should be no defence against a charge of illegal medical practice, has been abandoned in deference to action taken by the chemists, and now we are face to face with the extraordinary anomaly that whilst the "practice" not merely the assumption of a title implying the right of practice, of medicine, is illegal for everyone else, a chemist can practice medicine to his heart's content. In deference to the same trade, a provision insisting on every shop being under the "constant" supervision of a licensed chemist, has been altered by substituting "bona fide" for "constant." Altogether the Act now contains only one provision of any importance, the imposition of a penalty for wilful uncleanliness or neglect on the part of all persons who attend midwifery. Under the old Act, the medical man or the licensed midwife was subject to punishment, the unqualified woman could do what she liked. It is remarkable that only one medical member of the House spoke on the Bill, and he very feebly. As a matter of fact, although we have quite a large proportion of our fraternity in the Legislature, they quickly lose all fellow-feeling with the profession. Perhaps it is not to be wondered at. As a medical legislator said to me the other day, medicine in South Africa, whatever it may be elsewhere, is not the sort of thing to command the devotion of any man of intellectual calibre and honourable instincts.

The War Scare and the Medical Profession.

The Medical Congress which was to have been held here in September, has been postponed to next year, on account of the war cloud hanging over the country.

Nursing at the Cape.

The Medical Council has lately commented in very strong terms on the lack of training given to nurses at the New Somerset Hospital. At the last examination not one nurse got near half marks, and this is not to be wondered at when we are told that the only training they get is obtained from the Matron.

The Operating Theatres.

CHELSEA HOSPITAL FOR WOMEN.

Separation of Adhesions and Ventro Fixation of the Uterus in a case of Chronic Retroversion with Fixation.—Dr. Arthur Giles operated on a married woman, æt. 40, who had been under his observation for nine months. Her symptoms were chronic pain and menorrhagia. When first seen the uterus was found bound down in a position of retroversion. A course of treatment by means of glycerine tampons and vaginal douches failed to lessen the immobility of the uterus, and the symptoms persisted. She had been curetted four times at different hospitals, but these procedures had not diminished the menorrhagia. In the opinion of the operator, therefore, the bleeding was due not so much to a pathological condition of the endometrium as to the fact that during menstruation the normal uterine contractions were interfered with by fixation. In view of the failure of palliative treatment Dr. Giles advised freeing the adhesions and ventro-fixation of the uterus by abdominal section. This operation was eventually carried out after a preliminary curettage. On opening the abdomen the fundus was found lying in the pouch of Douglas, and firmly attached there by adhesions, the appendages were likewise bound down, but were otherwise normal. With a little difficulty the uterus and appendages were freed and brought up into normal position. By means of two silkworm gut sutures passed through the anterior surface of the body just below the fundus the uterus was attached to the margins of the abdominal incision, the suspensory ligatures passed through peritoneum and fascia on each side. The wound was closed in three layers. Dr. Giles pointed out that the alternative to the treatment here performed was simply to let the patient continue with her symptoms unrelieved. As regards other operations for the purpose of curing uterine displacements he remarked that they would not have been applicable in this case, for instance, Alexander's operation was only practicable when the uterus was free because traction on the round ligaments would probably result in their rupture when the fundus was held down; vagino-fixation had its advocates, but he thought that especially when adhesions were present it was better to operate through the abdomen partly in order to more clearly see the condition of the appendages, and partly in order to work by sight as well as touch in the freeing of adhesions. Unless the separation were carried out in such a case with the greatest care, there was considerable risk of injury to the rectum or to the sigmoid flexure. With regard to the question of the influence of the operation on subsequent pregnancy, he said that many cases had now been reported in which such pregnancy had gone on normally to term and ended in natural labour; this result was favoured by passing the uterine stitches through the anterior surface rather than through the fundus. When passed in the latter position the uterus was hindered from rising into the abdomen in the first half of pregnancy, and miscarriage might occur. Theoretically it might be supposed that the attachment of the uterus in its new position would lead to bladder disturbances, but this was not found to be the case in practice; evidently the bladder readily adapted itself to its new conditions and distension took

place laterally rather than vertically. Among the benefits resulting from the operation was, he remarked, to be noted the frequent improvement in the condition of the bowels; in its faulty position the uterus often increased the tendency to constipation or led to irritation and straining; the pressure once removed it was nearly always found that the action of the bowels showed marked improvement; some patients stated that for years they had not experienced a satisfactory action of the bowels until after the operation.

It is satisfactory to record that the patient left the hospital three weeks after the operation quite well and with the uterus in good position.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 30, 1899.

DEATH CERTIFICATION.

THE value of a well devised system of certification of death to the community is none the less essential because, it is to a great extent, self-evident. One of its primary functions undoubtedly tends towards the protection of the life of the individual. Another result of vital importance to those engaged in the scientific study of public health is the furnishing of detailed statistics of mortality whereby the incidence of disease and the progress of preventive measures may be ascertained with some considerable approach to accuracy. In the columns of a medical journal however, it is hardly necessary to enter into the advantages accruing from a well considered system of death certification, for the subject in its practical aspects is constantly before every medical man during the whole of his active professional career. It will be noted that we have spoken of the good to be derived from a sound system of registration of deaths, and have carefully abstained from alluding to specific laws as at present imperfectly administered. To make a short statement, the attitude of the medical profession towards the system as t stands is one of strong condemnation. The death certificate is unsatisfactory as an evidence of decease, because there is no obligation on the part of the medical practitioner to view the body, and the identification of the deceased is of a superficial character, or is absolutely wanting. One of the chief causes of laxity is the readiness on the part of the local registrars to accept certificates from midwives, chemists, and other persons who are not legally qualified to practice medicine By issuing stringent directions to refuse all such testimony the Registrar-General would by a stroke of the pen do much towards perfecting the present system. At the same time, however, something would have to be done in order to make inquiry by the coroner, and a post-mortem examination obligatory in all cases. Official discretion is a valuable thing in its way, but in the matter of death registration there is reason to think it has gone a long way towards pithing the marrow of the whole proceeding. In cases of illegitimate children the danger of accepting a midwife's certificate is increased a hundredfold, and abundant opportunity is thereby afforded to the child murderer. A simple way out of the difficulty would be to insist that no corpse should be buried without the certificate of a duly qualified medical practitioner. If he has not attended the deceased during life then he shall grant his certificate on the strength of a post-mortem examination, and in the latter case his evidence shall always be given before a coroner's court. The only further essential needed is that the death certificate should be paid for by the State. There is no other profession that could be induced to grant responsible documents without recompense in the shape of a suitable honorarium. There is some reason to hope that within the next few years some amount of attention will be bestowed upon medical matters by the Legislature. If so, the question of registration is one of the most urgent, and every medical man in the United Kingdom will do well to make himself acquainted with the bearings of this issue, which, although comparatively simple, yet has a wide influence on his professional career.

HOSPITALS AND THE OUT-PATIENT INQUIRY SYSTEM.

THE method of appointing inquiry officers in the out-patient departments of hospitals is at present on trial in London, and some remarks upon the subject by Mr. C. S. Loch, Secretary to the Charity Organisation Society, published in the *Times*, seem to call for consideration. It was in 1897 that the Hospital Sunday Fund intimated to the various hospital authorities that they were desirous of seeing the inquiry system adopted, and in fulfilment of this expression of opinion many hospitals proceeded to appoint inquiry officers in the out-patient department with a view to the detection and checking of abuse. Mr. Loch in his communication refers to the last annual returns in this regard, which the officers have furnished. These are not

without interest. Perhaps one of their most noticeable features is the diversity which they show. For example, at one hospital with an annual roll of about 109,000 out-patients, the inquiry officer was only able to discover, during last year, fifty-four out of this number who were unsuitable for charitable relief. On the other hand, at another hospital which deals with nearly 37,000 out- and casualty-patients in the year, out of 12,562, 1,069 were inquired into and 335 (or 31 per cent.) were rejected. Again at a third hospital the rejections reached 28 per cent. We doubt, however, if Mr. Loch is quite fair in these percentages, assuming that they are his. It seems to us that the percentage of abuse should not be based upon the cases of rejection, among those especially inquired into, but upon the whole number of patients who present themselves for treatment. The aim and intention of the inquiry system is to ascertain the extent of the abuse, and obviously the only way of arriving at a definite conclusion upon the matter is to furnish the figures showing how many patients attended at a hospital, and how many, out of that number, were deemed to be unsuitable for charitable relief. According, however, to Mr. Loch's estimate, only the percentages are given, which show the rejections among those into whose circumstances special inquiry was made, and it is clear that these figures are destined to give a false impression of the abuse which existed. But in discussing these figures of the inquiry officers, Mr. Loch complains that they show the inadequacy with which the system is being carried on, apparently basing this opinion upon the fact that the returns indicate that it is not usual to inquire into the circumstances of every applicant who comes for relief. In this connection he maintains that if in all the cases attending at the hospitals dealt with in the returns investigation had been made, the rejections would have been very considerable. Surely however, it is not the intention to make this inquiry system develop into a "detective method of procedure" by which the deserving poor will be called upon to render a full account of their domestic affairs whenever they present themselves at a hospital. We cannot believe that it is at all necessary to carry the system to any such extent, nor can we believe that Mr. Loch is correct in his assumption that if inquiry were made into every applicant's affairs that a large increase in the number of rejections would be the result. It seems to be quite possible that a competent and experienced inquiry officer should be able to tell at a glance whether an applicant at a hospital was or was not seeking to abuse the charity; in short, in all cases in which applicants are clearly poor persons no inquiries should be made into their circumstances. It is not to be supposed that the poor are insensitive to the demand made upon them to divulge their domestic affairs; they would not be human if they did not feel resentment under the circumstances. Clearly, therefore, they are thoroughly entitled to consideration in the matter, and we submit that to injure their feelings by asking unnecessary questions under the inquiry system, is equivalent to carrying that method to an unwarrantable and mischievous extent. There is no doubt that abuse of medical charities exists, but a greater abuse of another kind would soon come into existence were every hospital to become the arena of detective procedures compelling the poor to divulge in all cases when applying for relief the privacy of their homes. Again, this system, conducted upon these lines, would further, we believe, have another deleterious influence. It would undeniably tend to destroy the self-respect in the deserving poor, for whom, after all, hospitals are maintained. Altogether, we think that much harm may be caused both to hospitals and the community unless the newly introduced inquiry system be conducted reasonably, with circumspection, and upon lines of expediency.

THE ALLEGED INCREASE OF LUNACY. IRELAND.—III.

To resume from last week. At page 31 of the Inspectors' 46th Report, these gentlemen state with considerable self-gratulation: "The accommodation, when first constructed, was little "better than in prisons—they are now comfortable "places of abode with easy provision for the proper "care and treatment of the inmates, and, so far "as is reasonable for their comfort and recreation, "to the influence of *which attractions may be ascribed* "*in no small degree the increased population of* "*these Institutions.*" The italics are ours, as emphasising an admission of permanent significance, and is corroborated by their statistics—the number of lunatics set down as resident during the gloomy epoch of decadence in the District Asylums being 13,000 (round numbers), and 19,590 in 1897—that is as much as saying we suppose that the living therein is so pleasant and attractive—the ideal of the *dolce far niente*, that not only will the inmates accumulate but the outer ones will be attracted. Now as we inquired before, how are the 5,000 at large known to be lunatics—and is it a certain fact that the 20,000 are all insane, fairly chargeable to their respective Districts, especially to the Metropolitan, upon which we have shown such huge sums of money have, and are being expended. Where is the Treasury, or other actuary to ascertain this? A report was printed some years ago pointing out means by classification of asylums and otherwise for putting things on a right basis. Why, at least, was not so much of that report enforced? The assumption that lunacy is not really on the increase in Ireland is further favoured by the fact that its registered increase among the better classes remains practically stationary, the stock causes alleged in producing it being the same in variation as in those in the Public Asylums (see pages 52 and 84 of the last published Report—the 47th). Further, while the "causes" are common to both classes, the modes of admission and antecedent circumstances are quite different. The average now standing in the Private Asylums would appear to be 677, based on the returns of the last three up-to-

date years, being registered respectively as 663, 676, and 691, as derived from the Blue-Books—so far back as 1880 the number was 622, and the average, based on the series of years, subsequently to 1895, is 632, so that for twenty years the number registered has not got out of the six-hundreds—we think a deduction, unless shown to be inaccurate, showing most conclusively that the development of the public asylums is responsible for the registered increase; in other words, that they are luxurious refuges for the poor and destitute, fortunate to escape there from their squalid surroundings and the opposite being the rule in the better classes. We have already expressed our doubts as to the accuracy of the deductions drawn from official statistics upon abstract subjects, respecting which all sorts of ingenious and complicated groupings may be devised, especially as regards insanity by faddists, having a turn that way. It seems to us almost as difficult to reduce its kaleidoscopic manifestations to figures, as those of genius, poetry, or any other mental determination. In justice to the compilers of some of the recent Irish Lunacy Blue-books, it should be admitted that they present the various registrable aspects of insane statistics through the old grooves in the fullest and clearest manner, withholding nothing calculated to enable students of the subject to see how it actually stands and form their own opinions—certainly affording a marked contrast to the jumbled and incoherent statistics presented through the medium of the voluminous Blue-books of some previous decades, which were utterly destitute of point or method, and looked as if they were distilled from the seething brain of a person mad with figures. But these are occasionally spontaneous admissions, apparently the outcome of an *enfant terrible*. We only regret that, as pointed out in a letter to the *Nation* of 3rd last April, the practical subject of expenditure is not fully given under the headings of salaries, allowances, and pensions, as showing all the consequences in addition to those we have touched on, of the tremendous increase in registered insanity. There would then be a nearer approach to a complete case being stated. It must certainly be also admitted that so far as we have searched we cannot find that the inspectors commit themselves to a positive opinion, or indeed any opinion at all, as to whether insanity is really increasing or not; they give full data, according to their light, and apparently leave others to find conclusions. There are in Ireland 20,000 registered and 5,000 unregistered lunatics, or thereabouts. We therefore presume that the latter are as dangerous to society as the former, and have as much right to asylum treatment, that there are in the asylums many who have no right to be in such costly structures, and many outside who have. What therefore should be done? It is a question for intelligent physiological experts, men of the world with a profound knowledge of human nature, and single-mindedness, not for Commissions, Treasury economists, with their complacent second-hand utterances in the best Queen's-printers' type, or self-seeking place hunters. All the alleged lunatics both inside and outside should be subjected to some filtering process, and as stated in the *Nation* letter, we think suggestively, such tests should be applied by zealous and competent authority, as would indicate individually the exact stage below the "sound mind in the sound body" where such insanity begins and responsibility ends as warrants the restraint and treatment of its victims in expensively equipped institutions. If this were practicable it would bring the whole matter to such a test as would produce definite results, and we think the attempt should have been made before the shekels were expended. Within the last twenty years a Commission took the view that lunacy *directly* under the Local Government Board, would have met every exigency of the case. There were then special *personal* reasons. It had no result. Some years later an ardent Scotch specialist changed all this, and inspired different views, equally futile as regards a settlement of the *question*. *Now* we have the new Local Government Act essaying to deal with it as best it can on an entirely financial basis, with meagre data, instead of having it under its own Board of Administration, so that we suppose insanity will go on increasing, until the exigency of the money question becomes acute. We have already referred to the appearance of the English Report; we await its Irish reflection.

Notes on Current Topics.

Golf and Neurology.

It has been said that every other man in America is now so addicted to Scotch ways and habits that he wears heather-tweeds, plays golf, drinks "Scotch," and says "Hoot's mon." Of such must be Dr. Irving C. Rosse, Washington, who contributed to the American Neurological Association a paper on golf from a Neurological view-point. Medical men have their hobbies in sports and pastimes, and these are sometimes regarded with a professional eye and with a bias in their favour which is largely due to the man's own aptitude and predilections. We are told that here we have a royal road to physical exhilaration in a game that can be played all the year round, independently of atmospheric vicissitudes, during all the seven ages of man, by delicate young girls as well as by strong athletes, and even by decrepit old men, whose declining powers do not admit of severe exertion. We must, however, dissent from the statement that there is absolutely no danger attached to the game, and that consequently no accidents ensue. Dr. Rosse is evidently new to the game and knows little of its history, even its latest history, or he would know that fatal accidents have occurred, at least in Scotland, from golf ball strokes. There is a great deal to be said in favour of golf for those suffering from heart lesions, arterial calcification or certain hysterical conditions, and undoubtedly as a medical adjunct it is not to be

despised. Dr. Rosse, while enjoining moderation, alleges that benefit has been derived in some cases of cough, nervous asthma, and in affections of the bladder and prostate; but it is pre-eminently in functional nervous disease that our great Anglo-Saxon game is to be recommended both as a prophylactic and curative. As to its being a certain remedy for insomnia, there may be some doubt as we have met, within the last few days on the golf course, a golfee, who despite his golf exercise, suffered from insomnia. A great deal might be said in favour of golf as a mental and nervous tonic, but not to the exclusion of other sports which have many of the same advantages. Undoubtedly it is a good thing for the physician to know from his own actual experience the physical requirements of different games, and their physiological uses. The use of golf as a remedy in the treatment of nervous ailments of a functional character, whether they affect the mental or visceral spheres, is worthy of all consideration.

The Workhouse Doctor as Undertaker's Help.

It will be recollected that the guardians of North Uist, in Scotland, had got themselves into serious trouble by their persecution of their medical officer, Dr. Lamont, whose case was brought before Parliament and elicited most sympathetic assurances from the Lord Advocate. The guardians have now retorted on him by charging him with savage conduct in coffining the body of a pauper. At present we are not concerned with the truth or falsity of these charges, but we should like to know whether in North Uist or elsewhere it is any part of the duty of a medical officer to act as undertaker's help in coffining deceased paupers. It seems incredible that any self-respecting medical officer would allow such a filthy function to be imposed upon him.

The Block Against Domestic Legislation.

We have frequently commented upon the difficulty—the almost impossibility—of obtaining reforms of the laws or system which govern domestic or class interests unless the objects aimed at seem to be large enough for the Government to take them up as part of their political programme. Legislation on the initiative of private members is practically dead, and as all the bills which affect the medical profession are of this class, progress or reform in our laws is practically blocked. This fact is illustrated by a recently published return of the number of bills promoted in last Parliamentary session. Out of the total of 117 days during which the House sat, the Government seized 98, leaving only 19 for consideration of all private bills. Needless to say, not more than one in a dozen of such bills ever got beyond a first reading, and not more than one in fifty got through its stages. Really, as the phrase goes, something should be done to afford a chance for legislative reform of defective laws on domestic subjects. The Government, we submit, has not discharged the whole of its duty by passing one or two great contentious bills in the Session. If the time expended in debating the London Government Bill, for which the nation cared little or nothing, had been given to domestic legislation, a host of such bills which never had a chance could have been disposed of. As the matter stands, the "hope deferred" has made the hearts of private members sick, and they are giving up even the demonstration of principle implied by the introduction of a bill.

Enteric Fever in the Indian Army.

The subject of typhoid fever in the Indian Army like the poor, is always with us. Early in the present month a brief and unsatisfactory statement upon the point was made by Lord George Hamilton in the House of Commons. The main fact of the position is that of late years the disease has increased rather than diminished. An experience of that kind is directly the reverse of what usually happens in any community of average sanitary enlightenment. What preventive administration could explain away the awkward fact that in several Indian stations enteric fever is now admitted to be endemic? With practically no limit to the amount of reasonable expenditure within their command the long continuance of enteric fever in a particular station brands the responsible local administration as hopelessly incompetent. The truth appears to be that the Indian Medical Service is lamentably behind the times. The spirit of militarism regards advanced scientific methods with suspicion, and woe to any junior officer who attempts to advocate the latest and most approved plans of investigation and prevention. At the recent Portsmouth meeting of the British Medical Association an Indian Medical Officer was able to boast of the fact that three distinguished scientific civilians had been given official posts. The concession is doubtless a forecast of coming events, but the candour of the speaker would have been more conspicuous had he not omitted to add that the appointments had been made only within the past few months.

The Superstition of Spitting.

The habit of promiscuous expectoration is an uncleanly, disgusting one, but how curious it is that it should be environed with so much superstition. In days of antiquity spitting was resorted to in order to ward off dangers, and up to the present time luck is wooed and misfortune avoided by the process of spitting. Newborn children are treated to a lavish expectoration by midwives in certain parts of the country; fishermen spit upon their hooks after baiting them, and it is considered to be absolutely essential before washing in the same basin in which a friend has washed, to spit into it, for otherwise a quarrel would be sure to follow. But it is on the Continent that the superstition of spitting seems to reach its worst degree. In Oldenburg, for example, the loathsome custom prevails of always spitting three times into the kneading trough. Again, babies in Hungary are especially singled out as objects of the superstition; the custom there is to spit into the babies' faces in order to bring them good luck. Imagination almost fails to picture the filthiness

and danger of such a disgusting act as this. In Silesia and Bohemia, persons generally spit three times when they meet an old woman, but it is quite difficult to conceive why the presence of an aged female should thus call for such a profligate evacuation of the salivary secretion under these circumstances. Again, in Sweden, a great deal of superstitious spitting seems to take place. Persons, for example, spit into their beds before retiring; playing cards are spat upon when the luck is bad, and every new suit of clothes is made the object of a gross expectoration, but for what reason it is quite impossible to imagine. Superstitions are said to die hard; and it would seem, from the above facts, that the one under discussion has been endowed with a phenomenal vitality. Despite its absurdity, filthiness, and unhygienic character, it has still survived; whereas, on sanitary grounds, it should, without further loss of time, be "coffined" and confined beyond all reach of resuscitation.

The Operative Treatment of High Myopia.

ONE of the special features of the recent International Congress at Utrecht was the grave warning given by Dr. Wolf of Melbourne (formerly of Glasgow) and Professor Silex of Berlin against the indiscriminate extraction of transparent lenses for the cure of high myopia. Passing by the consideration that the operation destroys the accommodation, and *pro tanto*, injures near vision, these very capable critics pointed out that of itself the operation of removal of the normal lens has always been recognised as a specially difficult and dangerous one. The chief ground of objection is the probability of detachment of the retina as the result of the manipulation in an eye which for years had been subjected to chronic sclero-choroiditis. Dr. Wolf considers this danger so real that he warns the profession that a wholesale performance of the procedure would mean a wholesale sacrifice of eyes, and he urges that it should only be done in exceptional cases. Professor Silex confirmed this warning by the statement that in an experience of nine months he had observed twenty-three cases of retinal detachment after extraction of the normal lens, and only three cases without such operation. On pathological grounds the contention of Dr. Wolf and Professor Silex seems to be justified.

Cockle-Typhoid.

A SIMULTANEOUS outbreak of enteric fever in different quarters of Exeter has recently been investigated by the Medical Officer of Health. As a result of his inquiries, it was ascertained that all the persons included in one group of notifications had visited Exmouth and there had eaten raw cockles gathered from the mud-flats close to a sewage outlet. In the absence of other apparent source of infection, the local authorities seem convinced that the origin of the epidemic may be traced to the infected shellfish. It has been suggested to the Exmouth Council that the sale of cockles taken from that particular part of the foreshore should be in future prohibited. Fortunately for the public, cockles are rarely eaten in an uncooked state, or infection from that source would be doubtless a far more common event. In the case of oysters, there are solid gastronomic reasons why they should be eaten raw. Who that has known the delicate English "native" fresh from his watery lair would thereafter hear of that toothsome tit-bit being stewed or roasted? Such devices of the kitchen may be needed for second-rate foreign oysters, but not for the aristocratic British mollusc. But henceforth let every sane inhabitant of the United Kingdom who wants to eat cockles see that they are boiled.

Sunbonnets for Horses.

IT is now two years since the above subject was introduced into the columns of THE MEDICAL PRESS AND CIRCULAR. Our remarks thereanent commanded the widest popularity, and were even immortalised in the pages of *Punch*. The suggestion was at the time received with some amount of sarcasm and incredulity, but the summer covering for the horse's head is now an established fact. At various English seaside places this year the equine bonnet has been in evidence, and has ceased to attract any more special notice than a motor cycle or a lady rigged out in the most rational of "bloomers." It was at first hoped that the horses' bonnet, if introduced, would materially assist in the revival of the straw hat trade at Luton, but we note that not a few of the new hats are made of a thick glazed calico material. The effort to protect horses against the effects of the sun may be regarded as humane rather than scientific. It is doubtful if heat stroke, in the ordinary sense of the term, ever attacks the horse. Sudden syncope in hot weather may usually be ascribed to over-work and want of water. A horse naturally wants more to drink in the hot weather than in cold. How many horses, private and otherwise, are provided with an extra supply in summer?

Metropolitan Workhouse Administration.

FROM time to time incidents occur in the workhouses of the metropolis that prove the urgent want of reform. If we mistake not, Stepney has earned an unenviable reputation in that respect, a suspicion that tempts one to urge the necessity of a searching inquiry into two recent "scandals." In the first instance a father called to see his child, a patient in the Stepney Union Infirmary at Bow, and was told that the boy was asleep, whereas he had been dead for a period of time it is impossible now to determine. From evidence tendered to the Coroner it appeared that two night nurses were expected to look after six wards containing one hundred patients. This understaffing is nothing less than a scandal and a disgrace to London. The Coroner remarked that at one time there was only one nurse to 800 patients in the workhouse, but there were now six, the increase being mainly due to representations by juries. Where is the Local Government Board, and what have the

official inspectors to say to the continuance of that state of affairs? The second occurrence was the death of a young man who was placed in a straight waistcoat by an attendant, and died apparently without having been seen by a doctor. Death was due to pneumonia. If the facts are as reported, we have no hesitation in saying the affair is a disgrace to civilisation, and reflects no little discredit upon the controlling administration of the Local Government Board, with whom the responsibility ultimately rests. Will the Board kindly look up the records of Stepney Workhouse, with special reference to inquests held upon inmates during the past dozen years in and out of the padded room?

The Law Regarding Death Certificates.

The law is very clear upon the point that a medical man is bound to give a death certificate in the case of patients whom he has attended during their last illness. Moreover, on failing or refusing to do so he is, on conviction, liable to a penalty. A Birmingham practitioner was, therefore, clearly in the wrong by refusing a certificate of death to a parent whose child had died under his care. Nevertheless the facts of the case are not without interest, and, as disclosed at an inquest, are as follows:—A five days' old infant of a labourer died, and the medical man who had attended its mother in her confinement refused a certificate of death on the grounds that the father had broken his promise to pay the midwifery fee of fifteen shillings. Ultimately the coroner for the district was communicated with, and an inquest was directed to be held. It then transpired that the practitioner had, without giving notice to any one, forwarded the required certificate of death to the local registrar, a course which would have been sufficient to have removed all the difficulties in the case if only those concerned had been informed thereof. However, the coroner pointed out that three offences had been committed by the practitioner under the Act. First, he refused a certificate; second, he wrongfully sent a certificate direct to the Registrar; third, he failed to report to the father what he had done. In defence of his action the medical man desired it to be known that he had done a great deal of gratuitous work in his neighbourhood among the poor, and that he refused the certificate because the husband of his patient had not kept his promise in regard to the payment of the reduced fee of fifteen shillings. He regarded, therefore, the action that he took in the matter, although illegal, as a punishment to the man for his failure to discharge the debt. Reference was further made to the fact that the class to which the husband belonged, not infrequently made use of "medical certificates"—surely not death certificates—for begging purposes, and it was for the purpose of avoiding such a contingency that he sent the certificate of death direct to the Registrar. While, however, we can quite sympathise with the medical man at the shabby treatment which he received from the husband of his patient, nevertheless, it is impossible to defend the steps which he took in the matter. Moreover, it was scarcely a dignified method of showing his resentment by doing that which was perfectly illegal. However, it is satisfactory to note that the jury took the very sensible view that the case did not call for any expression of censure on their part.

The Malarial Mosquito.

The Liverpool School of Tropical Diseases has scored a distinct triumph through Major Ross, I.M.S., one of its staff. Major Ross telegraphed from Sierra Leone to the chairman of the school last week, "Malarial mosquito found, ask Government to send at once men." The expedition to the Gold Coast, organised by the Liverpool School of Tropical Diseases, has thus proved already successful in attaining its object, namely that of discovering the malarial mosquito. But further investigation, of course, is needed, and more assistance is required for carrying on the work, hence the request in the telegram for aid from the Government, There is every reason for believing that in this discovery a notable advance has been made in the etiology of malarial disease. It is too early yet, of course, to speculate upon its value and the beneficial effects in which it is likely to result; but we trust that the Government will realise the importance of the discovery, and will not fail to comply with the request for further assistance to prosecute the researches which have still to be made. As a commencement in this direction the Liverpool School have selected Dr. Fielding Ould to go out to Sierra Leone. Dr. Ould will start from Liverpool on the 2nd prox.

Prescribing Chemists.

Some correspondence lately in the *British and Colonial Druggist* seems to indicate that prescribing chemists do not wish to usurp the duties of medical men, and that they would only be too glad to cease prescribing over the counter if medical men would cease dispensing their own prescriptions. "We only prescribe," says a correspondent, "in the interests of self-preservation; the doctors usurp our functions, so we have to prescribe to get a living." This statement throws quite a new light upon the matter, in claiming that chemists in order to carry on their trade and gain a livelihood have to resort to a procedure in regard to which they cannot admit that they possess any legal qualification. Moreover, the argument advanced is not a sound one. Medical men who choose to dispense their own prescriptions are acting strictly within their legal rights; on the other hand, chemists who prescribe are doing that for which, under certain contingencies, the law will hold them responsible. Furthermore, we question the correctness of the view that chemists suffer so much loss of trade at the hands of medical men If, instead of prescribing for his customers' ailments, a chemist referred such persons to a neighbouring medical man, it is certain that the latter would refer them back again with prescriptions to be dispensed by the tradesman. Such reci-

procity would only be natural. Again, it is well known that medical men have often owed their introduction to good patients through the agency of chemists, and under these circumstances both tradesman and professional man mutually support the interests which belong to the calling of each. We think that it is altogether a mistake for chemists to suppose that they serve their own interests best by trying to compete with the medical man. What they should aim at is cultivating the goodwill of practitioners, with a view to securing their custom; the statement is doubtless quite true that many a medical man would send his prescriptions to be dispensed by a chemist if the assurance were forthcoming that only the dispensing would be done. Possibly chemists may "self preserve" themselves for the time being by the practice of counter prescribing, but they are never likely, so long as they continue doing so, to add much to their business through the help and recommendation of members of the medical profession.

The Boom in Sanatoria for Consumption.

ONE of the most noticeable features in the consumptive crusade is the present development of the idea of the open-air method of treatment. In all parts of the country we read of schemes being launched for the erection of sanatoria. If the Prince of Wales has done anything in this tuberculosis movement, he has certainly been the means of providing a new outlet for capital among those who possess it. To be financially connected with a sanatorium has proved in several instances, so far, to be an excellent thing. Now is the time to embark upon such enterprises, if the desire is to make money out of them. The supply by no means yet equals the demand, nor is this likely to be the case for some time to come, judging from the large number of hapless victims of phthisis in this country, who will probably be only too eager to profit by the new treatment, as soon as facilities exist for the purpose.

Methodical Suicide by Inhalation of Illuminating Gas.

A CASE of poisoning under unique circumstances was investigated at a London inquest last week. A man in a respectable position in life took a lodging for one night, and shut himself up in his bedroom. He was found in the morning—eight or nine hours after death—seated in a chair with one end of a rubber tube in his mouth, the other end being fixed to the burner of the gasalier, which was turned full on.

Dangerous Adulteration.

PERHAPS the most dangerous and evil form of adulteration practised by dishonest tradesmen is that of imparting an artificial green colour to preserved vegetables by the use of sulphate of copper. The *British Food Journal* has just drawn renewed attention to the extent to which this practice prevails. Our contemporary asserts that enormous quantities of tinned and bottled peas, beans, and spinach, "greened" by this artificial method are now in the market and command a ready sale. The only way that the public can protect themselves against purchasing these poisoned products is to exact a guarantee that the products which they purchase are free from this abominable adulteration. The risk, however, is so great of being poisoned by this means that it would be much the best to avoid buying tinned or bottled green vegetables altogether.

The High Death Rate.

IT was only to have been expected that the long continued drought would have an evil influence upon the public health, and as a matter of fact the death-rate throughout the United Kingdom last week was higher than it has been for the past two years. The deaths registered in London alone numbered 2,208, being an excess of 473, and equal to an annual rate of 25·3 per 1,000. The chief, almost half, the loss of life, occurred among the youngest infants, among whom the cause of death was mainly acute diarrhœa Of the other causes of death, it is satisfactory to note that there was a decline in that of measles, while the other 29 zymotic diseases were below the average, and the mortality from diseases of the respiratory organs was the lowest recorded during the past twelve months.

The Vaccination Contest in Leicestershire.

THE Lutterworth Guardians, having been called upon to appoint a vaccination officer, did so, but under the condition that he should institute no prosecution without their special sealed authority, which every one knew that they were determined never to give. The English Local Government Board has intimated to the guardians that they are advised by the law officers of the Crown that any such limitation or condition is totally illegal, and that any appointment made thereunder is void, and the Board requires that a valid appointment shall be forthwith made. If the guardians still refuse—as they probably will—the Local Government Board can proceed to make the appointment themselves.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE LATE DR. JOHN DUNCAN, M.A., M.D., LL.D., F.R.C.S.ED.—Members of the medical profession in Edinburgh, without doubt, medical men throughout all Scotland, were shocked to hear of the sudden and unexpected death of John Duncan. Those familiar only with his personal appearance, and aware of his devotion to and skill in all that appertains to sport and to games of endurance, would hardly be expected to know that his strong frame had of late years been handicapped by a weakened heart. His more intimate friends knew more about the danger which threatened him, and, although surprised and taken aback by his sudden decease, had been for some time disturbed by his continued display of muscular energy and endurance, which seemed to exceed the bounds of prudence. Dr. John Duncan died from cardiac failure after, it is said, a day on the moors of Skye, where for a year or two he has rented a shooting and deer forest. For some time back he had shown signs of gouty invasion of his cardiac structures, although unaccompanied by any very noticeable deterioration of pristine muscular powers. His

grandfather, the founder of the well-known firm of chemists in Edinburgh, Duncan and Flockhart; his father, Dr. James Duncan, a prominent surgeon in Edinburgh in his day; John Duncan selected medicine for his future profession. But before becoming a medical student he attended the arts classes in the University of Edinburgh, and obtained the degree of M.A. His progress through the medical curriculum was marked by various successes. His fellow-students elected him Senior President of the Royal Medical Society as a token of their esteem; he filled various junior surgical posts in the Royal Infirmary in succession; became an Assistant Surgeon to the same, whereupon he relinquished all practice save surgery; lectured on Surgery in the Extra-Mural School of Medicine, at first to a handful, before relinquishing the post to large numbers, of students; and, in short, became one of the foremost surgeons of Edinburgh. The work for which he was best known dealt with the method of application of electrolysis, and the advantages connected therewith, in the treatment of aneurisms and nævi. To him also should be accorded the credit of an early appreciation and advocacy of Lister's antiseptic doctrines, and of successful action taken on behalf of the Extra-Mural School of Edinburgh for more extended privileges being allowed to University undergraduates in their choice of teachers. Duncan's work for the M.A. degree endowed his mind with a culture which it never altogether lost His temperament was philosophical, cautious, inclining to action upon second thoughts rather than at once; his judgment was sound, as a rule, but was apt to err from his tendency to base it upon too many possibilities, especially upon too optimistic hopes. To the thoughtful student all that he said in class or clinique was full of instruction; to ordinary parrot trained types his words conveyed but little meaning beyond the actual naming of facts, hazy in form because their minds lacked the more general knowledge presupposed to be in their possession by the lecturer. The same might be said of him as an operator. Careful, skilful, but cautious; thorough, but hardly daring enough; when resolved upon operation he did his work well; but he was hindered often by his natural tendency to delay, to hope for the best, to trust nature to accomplish in the case what she had done in some other instance known to him. Especially in abdominal cases was this hesitancy shown.

It was a common secret that he declined more than once a seat in Parliament, as representative of a Scottish University constituency; the hurry and excitement of active politics were distasteful. But as member of the Edinburgh University Court, of the Council of the Colleges' Medical School, an active participator in the proceedings of the Royal College of Surgeons of Edinburgh (he was President of the College in 1894), as a manager of the Royal Infirmary, and member of many other public and semi-public posts, his calm and reasoned opinions were often invaluable.

In all games of endurance and skill, and in all kinds of sport, John Duncan was prominent. His strength of muscle was great; his accuracy of eye unfailing; in his day the best wicket-keeper among Scottish cricketers; a prominent rifle shot; an adept at casting a line for salmon, his achievements in this way were phenomenal; a first-class shot at grouse or in deer-stalking; a noted curler (perhaps his most favourite game); and latterly a golfer of no mean merit. He had also an artistic bent, and many oil-paintings of Highland scenes, of considerable power, graced the walls of his infirmary wards and side-rooms, the products of his brush.

When medical men in Edinburgh were at a loss about anything of importance, as to what they should do, it was generally suggested, "Ask John Duncan." Now, alas, his help can no longer be sought for; his judicial mind will never again aid or advise his brethren in medicine.

The Colonial Office officially reports that for the week ending August 28th there were fifteen fatal cases of plague in Hong Kong.

Manchester.

[FROM OUR OWN CORRESPONDENT.]

Royal Infirmary.—The battle of the sites still continues The difficulty in arranging for the future of this, the leading medical charity of Manchester, seems insuperable. A special committee, consisting of members of the City Council and Infirmary Board, recommended a scheme, the chief features of which arranged for the payment by the Corporation of £250,000, the collection by the Corporation from the public of £50,000, and an annual payment by the city of £2,500 for twenty years, thus making a total of £350,000. For this the city was to be allowed to acquire the present site, admittedly the finest in the district, provided they reserved an area of 3,000 square yards for a receiving and out-patients department, and that not more than 7,216 square yards of the whole site be covered with buildings. This scheme of compromise when presented to the Council on Wednesday last met with but little favour. Many objections were made to removing the infirmary from its present central position. An amendment proposing to allow the consideration of the question to be adjourned indefinitely was lost by the casting vote of the Lord Mayor. Finally, it was decided that the whole subject be referred to the Special Committee for further consideration. And so the matter rests apparently as far off a satisfactory settlement as ever.

Owens College.—Once again the time honoured custom of opening the Session with an "Introductory Address" is to be adopted. Sir J. Crichton Browne, LL.D., M.D., F.R.S., has accepted the invitation to fulfil this pleasing task Members of the profession have been invited to attend. The address will be given in the Physiological Theatre on Monday, October 2nd, at 4 p.m.

Southern Hospital.—The south side of the city will before long be provided with an elegant and well-equipped hospital for women and children. Plans are now completed, and it is hoped that sufficient funds will shortly be obtained to permit of the erection of the hospital in the Whitworth Gardens as proposed.

Summer Diarrhœa.—The heat has been very oppressive during the past week. As might be expected, diarrhœa has been very prevalent. The deaths numbered 105. Of these 89 were infants under a year, and of the 373 deaths from diarrhœa and English cholera registered during the last eight weeks, 297 were under twelve months.

Water Supply.—In spite of the enormous consumption of water during these hot summer months, Manchester has no anxiety regarding its supply. Lake Thirlmere will not run dry just yet. The daily consumption is estimated at 40,500,000 gallons. Sixty-four days' supply still remains.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

THE CONTROL OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of The Medical Press and Circular.

Sir,—I referred last week to the necessity of making the meetings of our Council open to the press and the members. Further consideration of the subject induces me to lay more stress on this point than I was in a position to do at that time. When our representatives are present at our branch meetings we find them anxious to fall in with the views of their constituents; when, however, they are present at the Council meetings they apparently forget their constituents, and only vote as they are directed by their leaders. Take the question of medical defence as an instance. It can hardly be denied that several of the members of the Council were decidedly in favour of the propo-

sition that the matter should be referred to the individual members of the Association, and on the proposition of (I think) Dr. Myrtle, it was resolved that certain questions should be sent to all the members asking for their opinion on certain points. Did any member of the Council vote in favour of that proposal? Unless I am seriously mistaken there was not one member of the Council who voted in favour of it. This may be said to be ancient history, but it appears to me a typical example of the Proceedings of the Council.

Respecting the publication of the Proceedings of the Council; it is well known that at the Portsmouth meeting the Council were sharply divided as to the merits of the two candidates for the important office of President of Council. I venture to say that the members should be made acquainted with the details of the votes given. Personally, I am of opinion that the Council have chosen a very excellent man to preside over their deliberations; at the same time I cannot help feeling that a gentleman who has held the office of President of the Association should not have sought after any further distinction.

With respect to the conduct of the business of the Association at the annual meetings, it may be truly said that the Association has, through its permanent officials, got into a groove, and not all the King's horses will ever be able to get them out of that groove. It is for the members to try and see whether their power is greater than that of the officials. Year in, year out the old and bad system remains. The Association *tries* to do more work in four days than it is possible to accomplish in twice that time.

If we are bound to meet at the end of July or the beginning of August, for heaven's sake let us try and see whether the actual routine business of the Association cannot be got through with less worry to the members and less irritation to the Council.

We are, no doubt, a God-fearing and a religious body, but is there any good reason whatever why we should devote a whole morning to religious exercises? Let us take a common sense view of matters, and get through our necessary routine business on Tuesday, and not spread it over three days as we do, and have continued to do for the past twenty years.

The absurdity of expecting members to remain and transact business after they have listened to an oration on medicine or surgery of an hour's length is too much to expect at any time, but more especially when the thermometer usually stands at 80 degs. in the shade!

The East Anglian men are well able to look after themselves, and I therefore do hope and expect that they will not blindly follow the precedents of other meetings, but will make such arrangements as will conduce not only to the better transaction of business but will add to the comfort af all those who wish to see the British Medical Association become a greater power in the land than it has ever been before.

I am, Sir, yours truly,
A PROVINCIAL MEMBER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Owing to my absence from home, your comments upon my letter of apology read at the general meeting on Wednesday, August 2nd, have only reached me to-day. That letter was written with reference to the discussion upon the action of the Editor of the *British Medical Journal* in excluding certain matters from the journal, which I expected would come up on Thursday, after I had left Portsmouth. I can only express regret that I was not present on Wednesday to defend the action of the Council.

I am, Sir, yours truly,
ROBERT SAUNDBY.

Grand Hotel de l'Etablissement, Contrexéville (Vosges), August 20th, 1899.

TALLERMAN *v.* DOWSING RADIANT HEAT CO., LIMITED.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to the report of the above case, which appeared in your issue of the 2nd inst., and to the judgment subsequently delivered, will you allow me to state that the offer of the defendants was not accepted, and the matter will again go before the Courts on appeal?

I am, Sir, yours truly,
C. E. LEESE, Secretary.

50 Welbeck Street, W., August 22nd, 1899.

THE ETIOLOGY OF RICKETS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I received from the late Sir Andrew Clark the following letter when I sent him a copy of a short treatise on the Precedent Cause of Rickets, in which I gave the results of many years' observation at the hospital in Great Ormond Street, where about 3,000 cases of rickets had passed under my care:—

"Cavendish Square, W.,
"January 23rd, 1890.

"Dear Dr. Robert Lee,—I have received the copy which you have been kind enough to send me of your very able, interesting, and suggestive essay on the Precedent Cause of Rickets. It reminds me of the best manner of Halford and of Holland, and I am much obliged to you for your consideration.—Believe me, yours faithfully, "ANDREW CLARK."

When I read in this week's number of THE MEDICAL PRESS AND CIRCULAR Dr. Elgood's remarks on a case bearing on the Etiology of Rickets, I felt some surprise that so little progress seems to have been made since the days of Glisson in the general knowledge of the cause of rickets.

I am quite certain that any of us with the evident good sense of Dr. Elgood, and with the same experience that was afforded me, will arrive at the same conclusion as I have. Those conclusions were stated some years ago in THE MEDICAL PRESS AND CIRCULAR, as well as in my lectures at Great Ormond Street, and during the past ten years I am glad to find subsequent observation has confirmed in my own mind the opinions I then formed.

I am, Sir, yours truly,
ROBERT LEE.

39 Gunterstone Road, West Kensington, W.,
August 23rd, 1899.

HOSPITAL REFORM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly allow me to inform your readers that the Hospital Reform Association are making arrangements to hold a Conference in London during the second week in October?

The subjects which will be set down for discussion are—

1. The Inquiry System.
2. Payments by Patients.
3. Provident Dispensaries.

As it is most desirable that the conference should be in possession of the facts relating to hospital administration in the United Kingdom I shall feel grateful if gentlemen who are interested in the subject will communicate with me at their earliest convenience. I may add that papers from laymen will be quite as acceptable as those from medical men.

I am Sir, yours truly,
J. GARRETT HORDER, Hon. Sec.

Cardiff, August 19th, 1899.

TWO DANGERS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The profession at this moment is beset with two great perils to which no attention is, I am sorry to say, being directed. The first and graver of these is the flood of medical preparations with which the profession is daily deluged. I say, that if a stop be not put to this, the treatment of disease will be taken out of our hands altogether. The public come to know what is ordered for them, and then proceed to order it for themselves. This is so apparent, that the fatuity which can go on sustaining this system is

something incredible. Worse than all, only the merest fraction of these much-vaunted preparations are of any value, and thus the profession are simply lending themselves to downright quackery on the mere strength of the maker's rhetoric. It seems to me to be indispensable that a small body of experts should be appointed and paid by the medical authorities and organisations combinedly, and that to them should be entrusted the task of investigating or superintending the investigation of every new preparation brought out, and that no physician should be permitted to prescribe anything until its precise value should be first certificated by this new board. It is mere nonsense to allege that busy practitioners can investigate for themselves, and that their certificates consequently can be of the slightest value. Such investigations can only be carried out in hospital wards by practitioners whose entire time is at their disposal, who have the patients constantly under their eyes, and who are adequately assisted by intelligent and industrious pupils. Is it not time that our beautiful governing bodies and the heads of our medical societies and associations should address themselves to the remedy for a state of things which is injurious alike to the public and to the profession. The other peril, which is the nursing peril, I shall reserve for a future letter.

I am, Sir, yours truly,

Thomas Laffan.

Cashel, Ireland, August 2nd, 1899.

SIR CHARLES LENNOX PEEL, K.C.B.

The death of Sir Charles, who, for very many years filled the influential and responsible position of Clerk to H.M. Privy Council, may be regarded as an event of special interest to our profession, inasmuch as no man had so prolonged and intimate experience of the making of the medical law of the last forty years. He was the confidential adviser of all the Ministers who attempted such legislation, including the Marquis of Ripon, the Duke of Richmond, and Lord Carlingford, and was the intermediary through whom were passed to these Ministers the representations of the educating and qualifying bodies, and of all classes of the public interested in medical affairs, and many of the details of the successive medical Acts were suggested by him. The experience of all who came in contact with him in this connection was that he was a most excellent chief officer of the Council, clear-headed, discreet, businesslike, practical, and industrious. His official manner was urbane, and that of a perfect gentle man with no leaven of the dog-in-office style so commonly assumed by officials in his position. It will be well if a successor as amenable to suggestion and so considerate for the opinions of others can be found to assume the official control of the Privy Council Department.

Literature.

THE ALIMENTATION OF INFANTS. (a)

This is one of the most carefully thought-out and practical treatises on the alimentation of infants that we have seen for a long time. The high infantile mortality which obtains in France, grafted on to a diminishing birthrate, has excited the grave interest of philanthropists and medical practitioners, and this volume represents a serious attempt to grapple with a very urgent question. In France, as elsewhere, digestive troubles are the principal cause of the enormous mortality of the first year of life, accounting for something like 96 per cent. of the total deaths. As might be expected, this mortality affects more particularly infants not brought up at the breast, hence the importance of educating the public—and may we say the profession—in the risks inseparable from artificial alimentation, and the means of obviating them.

This work is divided into two parts—one, theoretical, which deals with the chemistry of milk, and the functions of digestion and nutrition in young infants; and, secondly, a practical part in which the author discusses the rules of normal alimentation. The latter part will probably be found of the greater importance by his readers, inasmuch as the author's own extensive experience enables him to supplement the observations of others by his own.

Special interest attaches to the chapter on the means of securing milk for infants' food free from disease-producing contaminations. He points out that boiling, however carried out, cannot render hygienic a milk that has already undergone partial decomposition, because though the organisms themselves have thereby been destroyed the milk still contains toxins elaborated by them which are capable of determining grave symptoms of irritation in the sensitive alimentary canal of the very young. As it is impossible for dwellers in towns to secure milk within a reasonable time after its leaving the cow (eight to ten hours in winter, two hours in the summer) domestic sterilisation is necessarily a delusion and a snare. As the author, for what appears to him to be good or sufficient reasons, deprecates the use of condensed milk, sweetened or unsweetened, he recommends the exclusive use of milk sterilised by approved methods on a large scale on the spot, that is to say, before there has been time for decomposition to have set in. He describes with great wealth of detail the various methods of wholesale sterilisation and the apparatus employed, and reviews the advantages and drawbacks of each. We have nothing but admiration for the admirable way in which the author has done his work, which we have read throughout with the greatest interest and instruction. We can cordially recommend it to those of our readers to whom the French language does not constitute a barrier.

(a) "Traité de l'Allaitement et de l'Alimentation des Enfants du Premier Age." Par Dr. A. B. Marfan. Paris: Steinheil. 1899.

PURDY'S URANALYSIS. (a)

The importance which urinalysis has attained as a guide to diagnosis may be gauged by the size of this volume, and the fact that a fourth edition has been called for within the space of four years. Chemists have devoted considerable attention to the problems which urinary analysis has brought to the fore, with a certain measure of success, though the sources of fallacy are still many, and erroneous deductions still menace the incautious or too confiding observer.

The author has adopted the very convenient plan of classifying urinary abnormalities into large general groups, a plan which greatly facilitates the study of substances more or less closely allied, either chemically or pathologically. Under the two great heads of proteids and carbohydrates, we have all the analytical procedures of any value for their detection and differentiation, with an estimate of their respective convenience and trustworthiness. Abnormal substances not falling under either of these two heads—and they are many—are dealt with in a separate chapter. The chapters on "Urinary Sediments" and "Anatomical Sediments" are particularly worthy of commendation.

The second part of the work is styled "Urinary Diagnosis," and here the process is reversed. We are invited to take cognisance of the various diseased conditions of the various segments of the urinary apparatus and then, step by step, we are instructed in the urinary modifications associated therewith and dependent thereupon. The physician is thus enabled to direct his inquiry (a) into the means of identifying a given abnormal substance; (b) its pathological significance; and

(a) "Practical Uranalysis and Urinary Diagnosis." By Charlef W. Purdy, M.D., LL.D., F.R.C.S.P. and S. (Kingston), Professor of Clinical Medicine at the Chicago Post-Graduate Medical School, &c. &c. Fourth edition. Detroit: The F. A. Davis Co. 1898.

(c) the effects on the composition of the urine of a given morbid condition, local or general.

The volume concludes with an instructive chapter on the examination of urine for life assurance, and a description of the reagents and apparatus for qualitative and quantitative uri-analysis.

In the present state of medical science, with its demand for precise and accurate observation, such a work is indispensable to every conscientious practitioner.

THE CHEMISTRY OF DAILY LIFE. (a)

THIS is the second edition, revised and augmented, of a work which is deservedly popular both here and in the country of its author. The work embodies the substance of a course of lectures delivered before a society at the University of Königsberg. These lectures cover a great variety of topics, as will be seen by a glance at the table of contents. The author's plan has been to show how intimately our daily lives are concerned with chemical phenomena, and he has succeeded in making chemistry, thus treated, one of the most fascinating of sciences. It is just the book for the intelligent adolescent or inquiring adult. There is not a chapter from which the reader will not glean unexpected and interesting information, whether it be the subject of incandescent gas-lights, or the manuring of land, questions of diet or the manufacture of explosives. No one can read without interest an account of the evolution of photography, and even the cyclist will not despise news of acetylene, its properties and peculiarities.

As the lectures are essentially for popular consumption, we should not be justified in yielding to the temptation to cavil at sundry of the author's statements. The translator has done his work pretty well, but we meet here and there with slips of grammar which surprise us, coming from an M.A. Some of his sentences, too, read rather funnily—as for instance, when speaking of sleep-producers, he says, "they produce sleep, it is true, but they also produce many unpleasant effects; and for this reason the number of those that are of practical utility have greatly diminished, although it is still certainly quite large enough."

MY INNER LIFE. (b)

THE author gives us in this volume what he calls a chapter in personal evolution and autobiography. The title is one to draw, and we naturally expect between the covers to see the author depict his evolution with somewhat more of the frankness than an autobiography, and with a physiological and psychological detail which shall make the sequences of his evolution clear and distinct, and preserve to us a picture of scientific value. As an autobiography the work is interesting, so far as it goes; but one cannot help feeling disappointed that the author is apt here and there to confound the evolution of philosophy with the evolution of himself. Even a philosopher is something more, and we should like to know something of him in his more human and material character. The data of human evolution can only be postulated as milestones so to speak, but between these milestones there is much to fill up, and many comparisons are required between man and man. When we come, however, to the subject matter of the volume, without regard to the precise aim and scope of the work as indicated by the title, we must confess to an uncommon interest in the author's descriptions and views. The style and descriptive power of the author are very good; but, still more, he is most instructive and suggestive. The work is divided into five parts, Boyhood, Early Speculations, The Lost Ideal, The Search for the Lost Ideal, and Literary Experiences. The chapter on Boyhood, though not without interest by reason of the author's style, serves chiefly as the threshold of the real purpose of the book, and brings us to the author's early speculations, the fascinations of objective study, phrenology accepted and discarded, and, later, the evolution to a higher plane, viz., the subjective and introspective. When the author comes to the question, A Law of the Mind—what is it?—and attempts to answer the question, we feel that a gift of definition is wanting, though his illustrations are quite intelligible and certainly helpful. Particularly helpful is his comparison of mind and body, the one fighting against the circumstances that would subdue it, the other keeping the erect posture against the forces of nature that would bring it to the ground. "As the object of the action of the muscles is to restore the bodily equilibrium, so the object of the play of thought and passion is to bring the mind back to its original equanimity." The author's philosophic doubts and criticisms are well put forth, his explanation of the "lost ideal" and his history of his search after it are interesting studies in philosophy. His views on men and conduct, and manners, as seen in this country are narrowed by his own prejudices, range, study, and experience. The work altogether is worthy a prominent place in the literature of philosophy and psychology.

BURNS AND THE MEDICAL PROFESSION. (a)

WE question if any literary work outside of medicine will appeal more strongly to medical men than this. Burns's relations with our profession, if limited, were cordial and appreciative. The doctors of his day, to quote the author's words, never "boggled" over his frailties, but exhibited a wise toleration and charity, and the highest regard and enthusiasm in estimating the poet and his work. The author is himself a good type of his profession in this respect, and one reads his estimate of the reviews and criticisms of others—Currie, Carlyle, Wordsworth, Wallace, &c.—with thorough respect. The material for this work is scanty, but the author has made the most of it. He has had to introduce in the text the names and writings of not a few of the medical men who, while only knowing Burns by tradition, were able to deal with his life in no narrow unkindly spirit. Of these, the palm must be given to Dr. James Adams, a veteran Glasgow practitioner, who in the words of the author, has been "an ardent and enthusiastic Burns scholar all his life." To him we owe "Burns's Chloris: A Reminiscence," and we might add a justification. Of Burns's medical contemporaries Dr. Findlay gives several interesting glimpses, including Dr. John Mackenzie, Manchline, who introduced the poet to the philosopher Dugald Stuart, Dr. Gregory, Dr. Wood, and other medical dons of the time in Edinburgh, Dr. John Moore, the father of the hero of Corunna, and several others. The author's work has been conscientiously done; and he has produced a work of uncommon interest, well got up, and containing some excellent portraits.

WINSLOW'S MAD HUMANITY (b)

THIS book is written for the general public, and the argument, or *raison d'etre* of the author is, that a question which has so often been forced upon the notice of the House of Commons—viz., the alleged alarming increase of insanity, calls for the instruction of the public on the matter. When the author proceeds to assert in the teeth of opposite statements by official authorities in the three kingdoms – England, Scotland and Ireland—that the increase of insanity is real and not apparent, we must express the doubt whether he really is a safe guide in the matter for the general public. He admits that he differs from the Commissioners in Lunacy; but he gives no data—merely a general statement—in support of his contention. Dealing with the causes of insanity, the author gives us the stereotyped psychic and physical causes as if they were distinct and definite factors with a direct potency of their own. Causation is not quite so simple a question as he would have the general reader believe, and many potent influences

(a) "The Chemistry of Daily Life." By Dr. Lassar-Cohn. Translated by M. M. Pattison Muir, M.A., Fellow of Gonville and Caius College, Cambridge. London: H. Grevel and Co. 1899.

(b) "My Inner Life." By John Beattie Crozier. London: Longmans, Green, and Co.

(a) "Robert Burns and the Medical Profession." By William Findlay, M.D. Paisley and London: Alexander Gardner.

(b) "Mad Humanity." By L. Forbes Winslow, M.B., D.C.L. London: C. A. Pearson, Limited.

are left out of account in his calculation. Heredity is left out of account altogether. The Strain of Life" is belittled as a cause, but a few pages further on we are told that the solution of the problem is to be found in "our own life of constant agitation, locomotion, and restlessness." The author treats of many matters, old and new, especially old, and already more than thrice told, respecting lunacy; but his aim throughout is evidently to cater to the curiosity of the general reader, and to provide sensational pabulum. The book might, with advantage, be boiled down to a quarter of its present size, and much irrelevant matter left out altogether. It is by no means up to date in its information, and can only be regarded by means of its title, its examples of strange mental aberration, and its illustrations as of interest more to the morbidly curious than to the better class intelligence of the general public.

HISTORY OF MEDICINE (a).

In the preface the author draws attention to the fact that a second edition of the book has been called for within a year, and looks on the demand as an indication of the interest the medical profession takes in the history of the development of the healing art.

With all this we agree; but we wonder if the interest will be sustained if no better pabulum is supplied than this poor stuff.

The usual method of writing a history of medicine is to give a series of short biographical sketches of the men who advanced the progress of the science and art of medicine, men whose thoughts moulded the opinions of succeeding generations. This is probably the most interesting way and the most readable. It fixes great names in our memory, and we feel proud of the pioneer who hews his way through the jungle of prejudices and superstition illuminating the dark places with the lamp of science. The fault in this method is that it too often ignores the extrinsic circumstances that so largely influences medical thought. We think a good history of medicine should combine both methods. The masters of medicine have always reflected the spirit of the age to which they belonged. Medicine, like other sciences, has been promoted and retarded by the prevailing spirit of the age, and from time to time men have become prominent who were unworthy of high place, and whose influence was inimical to the science.

The narrator of history should note the evil influence of the incompetent quite as carefully as he tells the vivifying influence of the divinely inspired.

Holding these views, we come to examine this book of Dr. Park, and we confess to a feeling of utter disappointment. He seems to have provided himself with some petty biographical dictionary, and to have arranged his little biographical sketches chronologically, and placed the product before the profession as an epitome of the history of medicine. We are all the more surprised at this, for the author publishes a list of the principal works consulted for the making of his book; works rich in information. Yet the author's volume seems little better than a filter which has retained the dregs and allowed the generous wine to escape.

In the first ninety pages the history of medicine among the Hebrews, Egyptians, Orientals, Chinese, and early Greeks is told. And as the reader finishes the pages he is forced to acknowledge that he has learnt nothing of the wonderful impetus to Greek medicine that resulted from the conquests of Alexander the Great; nothing of the introduction of Indian drugs into Greek practice, nothing of the evil influence of the science of the Chaldean astrology, nor of the influence for good of Babylonish clinical observation.

We search in vain for any account of the fall of the great school of Alexandria. What was the fall of that great school due to?

Phœnecia and Carthage, with their daring navigators and great commerce, very materially promoted the science and art of medicine; and the fact is not even mentioned.

Of the early days of Christianity, when its disciples, wishing to accentuate their separation from the Heathen, the Jew, and the Moslem, ignored the laws of sanitation, and looked on plagues of their own creation as Divine punishments, the author seems ignorant of its evil influence. We get platitudes and generalities when we seek concrete facts.

The sick Christian sought not a physician. He sought in Divine mercy a remedy, and to a cleric he told his grief, trusting the clerical experience to relieve both psychical and physical ills. Greek science was forgotten and the writings of the great masters, effaced as far as might be by pumice-stone. The parchment, became the palimpsests for the lives of saints, the great majority of whom retarded sanitation in their own day, and who are happily forgotten in ours.

The strength of the age of superstition lay in the homocentric theory, so firmly believed in that to doubt it was to incur the penalty of death. The stars rose and set to warn or encourage. The whole firmament it was believed was engaged in influencing the most trivial of human affairs. Science could not make progress in such an age. Here and there some few lovers of truth sought out natural causes for supernatural seemings, and the lamp of science was not wholly put out. Of these students of nature were the founders of the University of Salerno, and how it tells us of the effect of superstition on the Christians of the period to learn that none of them had hand or act in the glorious work. The Commonwealth of Amalphi protected the University in its early days from its Christian enemies, more particularly from those who felt instinctively that in the light of truth their insulting practices would be too manifestly absurd to live.

The rise of Moslemism, the capture of Constantinople, and the Crusades did much to promote medical science. The cleanly, sober, educated Moslem made the Christian, in time, ashamed of his filthiness, his drunkenness, his ignorance. The wealthy traders of the Italian commonwealths soon came to copy in their buildings the light, airy, well-ventilated homes of the Moslem, and in time the Northern Barons dwelt in a house, not a dungeon, and swept out the stinking mass of rushes and excrement that littered the baronial hall. Gunpowder finally swept those dens of disease and vice from the land, and its civilising influence indirectly promoted medical progress.

The rediscovery of glass and brickmaking revolutionised the conditions of social life; the mud hovel was replaced by a brick house, the materials of which readily lent themselves to the beautiful architectural design of the glorious days of Elizabeth. The homes of the people now became light and dry.

How the fearful plague of black death in England improved the condition of the peasant and promoted better tillage, draining of marshes, the getting rid of malaria, the lengthening of the average of life is not even referred to.

Superstition was dying out, the poor preachers of Wycliffe were going through the length and breadth of the land inculcating reason, and a little later Reginald Scott showed once for all the absurdity of crediting poor, feeble old women with the power of sending sicknesses.

Dr. Park misses altogether the influence of Caliphate on medicine. He refers in no way to the scrupulous cleanliness of the Arab surgeons in dressing wounds; the well-lit, well-ventilated hospitals; their children's hospitals; their insistence on fresh air and light, and on suitable clothing and personal cleanliness. We to-day are doing no more than reverting to the surgical maxims of the Western Moslem, and even now our hospitals have nothing comparable to the enclosed platzas, with their fountains, palm trees, and covered walks. On light bamboo frames suitably covered, the patient too ill to walk, was carried into the open air, where he was waited on by nurses. In those Moslem hospitals fevers were treated by cold water douches and baths, and in the hot plains of Spain fans were kept constantly at work to renew and cool the air.

Ferdinand swept the Moslem from Spain, and with

(a) "An Epitome of the History of Medicine," by Roswell Park, A.M., M.D., Professor of Surgery in the Medical Department of the University of Buffalo. Second Edition. Philadelphia, New York, Chicago: The F. A. Davis Company, publishers. 1899.

them went all that made the country great. The treasures which their sobriety and industry accumulated were dissipated in the wars of Charles and Philip, and the science taught in their universities made possible the deeds of her navigators.

The most casual reader of modern medicine must feel that the discovery of America had a great influence on medicine, if for no other reason than that it spent a blow to authority—liberated thought.

How the study of chemistry and of mathematics influences medicine is almost untold. In this connection we should expect to find honourable mention of Priestly and Beddoes, to whom we are really indebted for modern anæsthetics.

We cannot give further space to pointing out the many deficiencies of the book. It may, however, assist our readers to find that the author includes among great men of the past Barnsby Cooper, "who achieved an eminence that is only dimmed by that of his uncle (Sir A. Cooper)." Sir B. Brodie, is also included, a man who did more to stay the progress of surgery than any other surgeon: every page of Brodie's writings tells of his lack of surgical knowledge. He was one of the sycophants of the "booing" class, whose incompetency for the honourable position he was elected to became very evident on his promotion.

Guthrie is also included. We may charitably conclude Dr. Park never read the "Commentaries."

John Bell is dismissed in a few lines, no mention is made of his opening the cavities of the body or teaching E. McDowell. Ireland fares badly. Bellingham, who describes the "sledge hammer" pulse, wrongly called Corrigan's in the MEDICAL PRESS is omitted. The Brothers Griffin, whose book on spinal diseases is so often copied, and so seldom acknowledged, are unnamed O'Hallaron, the pioneer in cerebral surgery, the pupil of Percivall Pott and friend of John Hunter, is not even named.

The discoverer of the membrana Jacobi, who as a boy was elected a member of the Royal Society for original research, is unnamed.

Mackeever who removed successfully eighteen inches of the ileum from a woman in the beginning of the century, finds no place.

Kane, whose investigation of the composition of white precipitate powder, which preceded Gerhardt's studies in the formation of substitution products, and laid the foundation for the production of synthetic products, is ignored.

Mary Donnelly's wonderful Cæsarean operation performed in a little Irish town more than one hundred years ago, is worth mention if only to show that necessity develops unexpected powers.

Of lesser faults time and space forbids our writing. We may, however, mention that Willis is mentioned in connection with the "circle of Willis" alone, and of Astruc the historian, simply records that he was a syphilographer. This of the man who equalled Erasmus in learning, and Luther in boldness of expression.

Literary Notes and Gossip.

PART III. of "The Catechism Series" (E. and S. Livingstone, Edinburgh) contains examination questions in the practice of medicine, with answers. This method of instruction had its vogue many years ago, at a time when Sandford and Merton came to the fore. It appears that it is still appreciated by students, as some of them are said to be anxious to level up their knowledge and remedy any blanks. For the really industrious this little book will be but of scant value.

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UNDER the title "Newer Remedies" (Blakiston, Philadelphia) Dr. Virgil Coblentz has compiled a handy little synopsis of remedies of more or less recent introduction. He gives synonyms, sources, methods of preparation, taste, solubilities, incompatibles, properties, and doses, thus constituting a reference manual for physicians and pharmacists. The number and varieties of these new agents are calculated to inspire awe, but fortunately many, if not most of them, are stillborn, and are not likely to vex the soul of the prescriber. This is a convenient book to have in one's library, for it does occasionally happen that one experiences the need of some information concerning one or other of the new remedies that have come to stay.

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WE have just received the volume—January to June, 1899—of Braithwaite's "Retrospect of Medicine," forming the 119th volume of the series. The high reputation of the latter for usefulness is well maintained in this latest issue. The abstracts, as usual, are excellently done, and the busy practitioner is thus provided with a rich mine of information concerning all the newest facts and features in medical science. In addition, the volume contains a complete general index of the previous issues from 113 to 118 inclusive.

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OF the "Hygiene of the Mouth," by R. Denison Pedley, F.R.C.S.Ed., L.D.S., we have little to say by way of praise. The author's object is professedly to call attention to the serious effects upon the general health of dental diseases, and to show how such diseases may be controlled or prevented. We are not satisfied that he has done either, and his English is open to criticism, as, for example, when he speaks of "preventative disease," "disqualified from," &c. As a plea for closer dental supervision the book may pass muster, but as for the rest the less said the better.

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THE "West London Medico-Chirurgical Journal," though comparatively young in years, has shown a steady and indeed remarkable upward growth. The last number, for instance, contains no less than 127 pages of matter, headed by the brilliant Cavendish lecture on Cerebro-spinal Fever, by Professor Osler, a full abstract of which has already appeared in our own journal. The West London Medico-Chirurgical Society is conducted on decidedly progressive principles, and its representative organ deserves the success to which it has attained.

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Vectis is an elegant and artistic weekly illustrated journal of literary and general interest for the Isle of Wight, and is edited and conducted by a medical man, who can boast also of being poet, novelist, and dramatist. Dr. Dabbs, the family doctor of the late Lord Tennyson, is, judging from his journal, a versatile and talented member of our profession. The current number of *Vectis* is of peculiar interest to us, as with it is presented an admirable portrait of the late Dr. J. Sinclair Coghill, who has done so much to perfect our knowledge of the treatment of phthisis, and who has laboured so earnestly to develop the National Consumption Hospital at Ventnor.

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STUDENTS will welcome any aid to the study of materia medica for examination purposes. Much time and labour is often spent in getting sufficient grip of this tedious, though all important subject. Miss Giffen's method of tabulation, ("The Student's Practical Materia Medica," E. & S. Livingstone, Edinburgh, 1899) will be helpful to many, and the mastery of her little book of about 90 pages would give the student a foundation on which he could build a future efficient knowledge of materia medica. It does not attempt to treat of the action and uses of drugs, and must, therefore, be used as an aid to, and not as a substitute for, the larger text books.

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THOSE of our readers who cultivate a knowledge of shorthand may be interested in the fact that Vol. III. of the Phonographic Medical Library contains a very interesting monograph by Sir Wm. Thomson, F.R.C.S.I., on "Some Diseases of the Rectum and Anus." Of the lecture proper we prefer not to speak, inasmuch as, in shorthand matters, we see as through a glass, darkly. We note that it is considered desirable to give the headings of chapters and of sub-divisions in ordinary type, which appeals to our sensorium much more directly than do the ornately artistic hieroglyphics which (form) obscure the light shed by the author on an important chapter of practical medicine.

Few new books on medicine and surgery are published during what is called "the dead season," and the present is no exception. A couple of large atlases, however, have made their appearance, one under the authorship of Dr. Donald Mackintosh, a "Skiagraphic Atlas of Fractures and Dislocations," and an "Atlas of Urinary Sediments," by Dr. Reider, translated by Dr. F. C. Moore. A good many new books and new editions are promised for the autumn. That by Sir Wm. Broadbent on "Diseases of the Heart," being nearly free of the Press, and a revised edition of Rose and Carless's popular "Manual of Surgery," is announced to be ready next month.

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The publication of Dr. Walsh's "Röntgen Rays in Medical Work" in 1897 marked an epoch in surgery. It was the first book that enabled the surgeon to practically grasp the technicalities of Professor Röntgen's marvellous discovery and to fix the date of a new departure. That such a work was needed, is evidenced by the appearance this week of a new and greatly improved edition, the science becoming so rapidly progressive that it had to be mostly re-written and illustrated with many additional plates. As hon. secretary of the Röntgen Society since its foundation, the author has had exceptional opportunities, of which he has not been slow to avail himself, if we may take the book before us as an example.

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The College of Physicians of Philadelphia ask us to announce that the Fifth Triennial Jenks Prize of five hundred dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "The Various Manifestations of Lithæmia in Infancy and Childhood, with the Etiology and Treatment." The prize is open for competition to the whole world, but the essay must be the production of a single person, and be written in the English language, or, if in a foreign language, accompanied by an English translation. It should be sent to the College of Physicians of Philadelphia, Pennsylvania, U.S.A., before January 1st, 1901, addressed to Dr. R. C. Norris, Chairman of the William F. Jenks Prize Committee. Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

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Anti-natal therapeutics are beginning to find a place in our medical literature, their obvious aim being to produce a race strong both in intellect and physique. The consideration of "Health in the Nursery," by Henry Ashby, M.D., F.R.C.S. (Longmans), is of importance, and a book such as that before us is welcome as being a help in the right direction. The first chapter, "Training in the Nursery," will commend itself to most thoughtful minds. Such training, if carefully followed, would do much to lay the foundation of habits which would make the future man or woman a more reasonable and a healthier being. The book is readable, being simply and clearly written and requiring very little medical knowledge to enter fully into its teaching. It may be safely recommended for wide circulation among those who have either medically or otherwise, the charge of the young.

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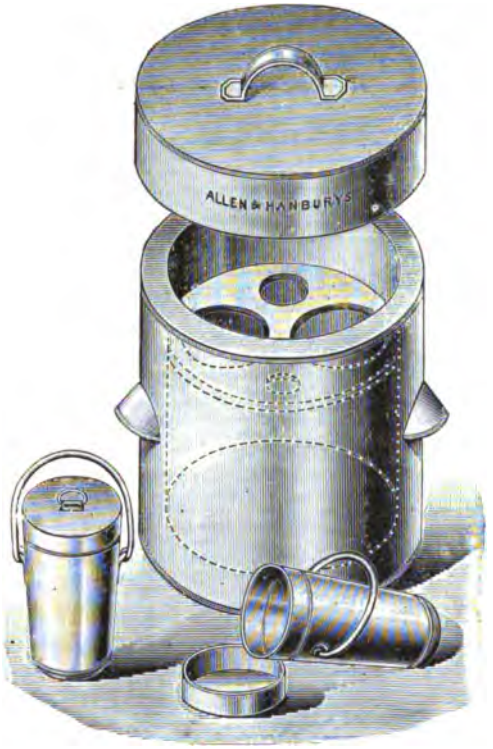
The critic is disarmed in presence of a work on the ubiquitous baby which has reached a sixth edition. Such is the fate that has overtaken Mrs. Langton Hewer's "Our Baby" (Wright and Co., Bristol). This is not merely a guide-book for mothers and nurses in respect of the alimentation of infants, the advice given is for the most part such as we can cordially approve, but the author adds a good deal of very sound counsel concerning the physical and moral training of the child, to which the thoughtful will give due heed. The author is not always quite up-to-date, witness the advocacy of "arm-to-arm" vaccination, a practice which has deservedly fallen into disrepute. As in most works of the kind there is a large amount of technical information which cannot by any chance prove useful to the average mother or nurse, but after all there is no objection to describing diseases provided the reader be warned against attempting diagnosis and *a fortiori* treatment.

New Medical Appliances.

THE "ALLENBURY" MILK PASTEURISERS.

The evidence that has gradually been accumulated during the last few years of the wholesale spread of disease by milk has brought into prominence the importance of effectually sterilising this valuable but unstable article of food before using it as such. Simple boiling, though a procedure not to be despised, has been shown to fall short of perfect sterilisation, and it is necessary to educate the public in the *technique* of the process, whereby milk may be effectually divested of any disease-producing organisms which it may and often does contain. The public, or the intelligent section thereof at any rate, are very willing, very anxious, to acquire this knowledge, and this has created a demand for a simple, cheap, and trustworthy apparatus for the purpose. Such an apparatus is the "Allenbury's" Milk Pasteuriser.



It consists of a jacketed vessel, or container, with a supporting plate for the milk cans. These having been filled with milk, the container is filled with *boiling* water, the cover placed in position and the apparatus left undisturbed for about half-an-hour. The milk is then ready for use, but it is of advantage at this stage to pour cold water through the container so as to secure prompt refrigeration of the milk.

When this process can be carried out on *fresh* milk, effectual sterilisation is probably secured, but it must be clearly understood that this treatment of stale or partially decomposed milk, though it may kill all living organisms, will not convert it into a commendable article of food, seeing that the milk still contains the soluble products of bacterial activity—the so-called toxins, which account for so much of the gastro-enteritis of infants. In any case it is desirable to consume the milk as soon as possible after sterilisation, or else the process should be repeated. Full directions accompany the apparatus, which ought to find a place in every household mindful of their health.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DUNCAN, T.—Our correspondent has no redress, assuming that his statements are correct. The law presses very hardly in cases such as he describes.

SPES writes:—"I should be obliged if you could tell me if there is any publication which gives the composition of quack medicines."—Our correspondent would probably find all that he wants in "Exposures of Quackery," published by the Savoy Press, 115, Strand, W.C.—Ed. M.P.& C.

HISPANIA (London).—Our correspondent had better write to us again in October, when the vacation is over, since the present meteorological and other conditions are not favourable for the discussion of the matter referred to in his letter.

FLIES AND TYPHOID FEVER.

THE Medical Commission, appointed to inquire into the cause of the severe epidemics of typhoid in the American camps during the war with Spain, reported that the disease was undoubtedly spread by flies, and that had it not been for these insects there would have only been a few isolated cases.

VISITOR (Eastbourne).—Our correspondent should bring the facts under the notice of the Medical Officer of Health for the town.

S. T. O. (Birmingham).—The clause appears to us to be quite a reasonable one; it would, of course, be binding upon both parties.

SENEX.—Our correspondent has omitted to enclose his private card.

ALPHA (Luton).—The district which you describe is evidently in urgent need of a competent Medical Officer of Health. It is ridiculous to expect any efficient health administration from a busy medical practitioner, who is paid a small sum to look after the sanitation of a large and sparsely populated area. Indeed, as a rule it is against the interests of such an official to interfere with the property of the councillors who govern the district. Until a radical reform is made by the legislature there will be little prospect of anything like a national system of public health. Combined sanitary areas and security of tenure of medical officerships appear to offer the best way out of the difficulty.

EXOPHTHALMIA (Beds).—Try thyroid gland: five grains of desiccated gland at first once a day, increased up to three or four times that amount. Regulate dose by effects. The "trinity of symptoms" in exophthalmic goitre are the enlarged thyroid gland, the "Vardy" eyelid, and the emotional, irregular heart. We fear your case is to advanced too offer any prospect of permanent relief, but treatment should not be given up on that account. The best palliative measures are those that deal with general nutrition, especially in the form spoken of at the outset of our reply.

A BACTERIOLOGICAL TRAGEDY.

A GAY Bacillus, to gain him glory,
Once gave a ball in a laboratory.
The fete took place on a cover glass,
Where vulgar germs could not harass.
None but the cultured were invited,
(For microbe cliques are well united)
And tightly closed the ball-room doors,
To all the germs containing spores.
The Staphylococci first arrived—
To stand in groups they all contrived—
The Streptococci took great pains
To seat themselves in graceful chains,
While somewhat late, and two by two,
The Diplococci came in view.
The Pneumococci, stern and haughty,
Declared the Gonococci naughty
And would not care to stay at all.

—*Texas Med. Journal.*

ERRATUM.—In report of International Ophthalmological Congress in our last issue, for Dr. Sattler (Leipzig) on Non-cataract read *Iron*-cataract, *i.e.*, caused by iron splinters.

Vacancies.

Armagh Union.—Medical Doctor (temporary). Remuneration two guineas per week. Application to Clerk of Union. See Advt.

Berry Wood Asylum, Northampton.—Senior Assistant Medical Officer for five years, unmarried. Salary £200, rising to £250, with board, lodging, and washing, &c.

Birkenhead Children's Hospital, Birkenhead.—House Surgeon. Salary £75 per annum, with board, residence, and laundry.

Dundee Royal Lunatic Asylum.—Medical Assistant.—Salary £100, with board and lodging.

Durham County Asylum, Winterton, Ferry Hill.—Assistant Medical Officer, unmarried. Salary £120, with apartments, board, and attendance.

East London Hospital for Children.—Two Clinical Clerkships. Also House Surgeon. Board, residence, &c., are provided, and an honorarium of £25 at the completion of six months' approval service.

Horton Infirmary, Banbury.—House Surgeon and Dispenser. Salary £80 per annum, with board and lodging.

Manchester Children's Hospital.—Junior Resident Medical Officer for six months, unmarried. Salary at the rate of £80 a year, with board and lodging. Secretary, Dispensary, Gartside Street, Manchester.

Manchester Hospital for Consumption and Diseases of the Throat and Chest.—Resident Medical Officer for the In-patient Department, Bowdon, Cheshire. Salary £60 per annum, with board, apartments, and washing.

Metropolitan Hospital, Kingsland Road.—House Physician, House Surgeon, Assistant House Physician, and Assistant House Surgeon. Appointments tenable for six months. House Physician and House Surgeon £40 a year. Assistant House Physician and Assistant House Surgeon £20 a year.

New Ross Union.—Analyst to the Board of Guardians. Salary £10 per year. Applications to Clerk of Union. See Advt.

Parish of St. Giles, Camberwell.—Assistant Medical Officer, either sex, for one year. £50 and apartments, board, and washing.

Royal Halifax Infirmary.—Assistant House Surgeon, unmarried. Salary £50 per annum, with an extra allowance of £9 2s. 6d. per annum, and residence, board, and washing.

Royal Surrey County Hospital, Guildford.—Resident House Surgeon. Salary £80, board, residence, and laundry provided.

St. Luke's Hospital, London, E.C. Clinical Assistant for six months. Board and residence provided.

Stroud General Hospital.—House Surgeon. Salary £80 per annum, with board, lodging, and washing.

Western General Dispensary, Marylebone Road.—Second House Surgeon, unmarried. Residence at the Dispensary. Salary £75 per annum, with board and residence, and 10s. a month allowed for washing.

Appointments.

ADAMS, E. W., M.B.Lond., House Physician to the Northern Hospital, Liverpool.

BEST, P., L.S.A., M.R.C.S., L.R.C.P., Medical Officer for the Third District, Penzance Union.

DOHERTY, J. D., M.D.Edin., House Surgeon to the Northern Hospital, Liverpool.

FEGAN, JOHN F., L.R.C.S.Irel., L.A.H.Dub., Medical Officer to the Oldcastle Dispensary.

JOHNS, A. T., M.B., B.S., M.D.Dub., Medical Officer for the Gropredy District, Banbury Union.

KINSEY-MORGAN, A., M.R.C.S., L.R.C.P., House Surgeon to the Royal Victoria Hospital, Bournemouth.

KNOWLES, Miss B., M.B., B.S.Lond., Second Assistant Medical Officer at the Waterloo Road Workhouse, St. Matthew, Bethnal Green, vice Mr. G. Gatenby.

MEACHER, J. H., M.R.C.S., L.R.C.P., Mr. Medical Officer for the Second District, Bodmin Union.

MOORE, S. C., M.B., Ch.B.Vict., Assistant House Surgeon to the Northern Hospital, Liverpool.

OLD, J. E. S., L.S.A.Lond., House Surgeon to the Branch Hospital of the Seamen's Hospital Society in connection with the London School for the Study of Tropical Diseases.

REID, HUGH, L.R.C.P.&S.Edin., Dispensary Medical Officer of the Montiaght District, near Portadown.

UTLEY, C. H., M.B.Lond., Assistant Medical Officer at the Infirmary, Salford Union.

Births.

BEAN.—On August 23rd, at Clapham, the wife of Louis C. Bean, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

BLAKER.—On August 22nd, at "Sunnybank," Shoot-up Hill, West Hampstead, the wife of Percy L. Blaker, M.R.C.S., L.R.C.P., of a son.

DAVIDSON.—On August 20th, at Riverside Lodge, Teddington, the wife of Harold Davidson, M.R.C.S., L.R.C.P., of a son.

DUGON.—On August 22nd, at 17, Ilderton Road, Rotherhithe, the wife of Francis Dugon, M.R.C.S., L.R.C.P., of a son.

FEGAN.—On August 22nd, at Fair View, Westcombe Park, Blackheath, S.E., the wife of J. H. C. Fegan, L.R.C.P., M.R.C.S.Eng., of a son.

STOCKER.—On August 23rd, at Pinehurst, Clevedon, the wife of E. Gaved Stocker, M.R.C.S., L.R.C.P., of a son.

WILDING.—On August 22nd, at The Hawthorns, Hindley, Wigan, the wife of Walter F. W. Wilding, M.R.C.S., L.R.C.P., M.O.H., Hindley, of a daughter.

Marriages.

BABINGTON—LONG. On August 22nd, at Christ Church, Down Street, London, W., by the Rev. A. Babington, father of the bridegroom, Stanley Noel Babington, M.R.C.S.Eng., L.R.C.P.Lond., to Sarah, second daughter of Thomas Long, of Bracknell.

MARTIN BARTLETT.—On August 22nd, at the Baptist Church, Westgate Road, Newcastle-upon-Tyne. Albert M. Martin, M.B., of Dene House, South Shields, to Mary Winifred Bartlett (Maimie), younger daughter of J. M. Bartlett, Esq., of Newcastle-upon-Tyne.

Deaths.

CHARLES.—On August 21st, at Bradmore Road, Oxford, David Hughes Charles, M.D., J.P. for co. Tyrone, in his 81st year.

CLARKE.—On August 23rd, at Honiton, Lilian Sophia Clarke, wife of George Saunder Clarke, M.R.C.S.Eng., L.R.C.P.Lond., aged 31.

FITZ-HENRY.—On August 22nd, at Wellington Hotel, near Camberley, Edward Henry Fitz-Henry, M.D., formerly of Mentone and Waterloo.

GLOVER.—On August 16th, at Blandford Road, Chiswick, William James Schoedde Glover, M.R.C.S., L.S.A.

HADOW.—On August 24th, at 4, Clarence Place, Penzance, Gerald Elliot Hadow, M.A., M.B., after a long illness, aged 28 years.

LATHAM.—On August 23rd, at Enderlie, Torquay, after four days' illness, Diana Frances, elder daughter of the late Peter M. Latham, Esq., M.D., Physician Extraordinary to the Queen, aged 64.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, SEPTEMBER 6, 1899. No. 10.

Original Communications.

ALBUMINURIC RETINITIS. (a)

By SAMUEL WEST, M.D., F.R.C.P.,

Assistant Physician to St. Bartholomew's Hospital; Senior Physician Royal Free Hospital.

IN its typical form albuminuric retinitis is characteristic and pathognomonic. Yet upon many important points the statements of different authorities are very conflicting and difficult to reconcile.

Kidney diseases fall into two great groups according as dropsy is a prominent symptom or not; and the kind of albuminuric retinitis most frequently met with in these two groups will, I think, be found to be different.

The lesions of albuminuric retinitis consist in white patches, hæmorrhages, and exudation variously combined with each other, and lastly quasi-inflammatory conditions.

THE EXUDATIVE (INFLAMMATORY-EXTREME) FORM.

In this form the changes are widespread and extreme, and closely resemble what is seen in other forms of acute neuro-retinitis. Dropsy is not very common in granular kidney, so this form of albuminuric retinitis but rarely occurs in this disease, but is more frequently met with in the other group, viz., that of parenchymatous nephritis.

Complicated as the question is, we seem to be justified in drawing these conclusions:—That this form of albuminuric retinitis is of an exudative inflammatory type, that it is probably of toxic origin, and related rather to the cellular degeneration than to the interstitial fibrosis.

If the view I am expressing prove to be correct, it follows not only that the kind of albuminuric retinitis which prevails in the two forms of renal disease is different, but that it has a different diagnostic value in the two cases. In parenchymatous nephritis the diagnosis of the disease is obvious, and the albuminuric retinitis is an interesting by-phenomenon only. In granular kidney the diagnosis may be uncertain until all doubt is dispelled by the discovery of the characteristic eye-changes. It is to this group that some of the cases of albuminuric retinitis belong. On the other hand many more of these cases in pregnancy belong to the degenerative group, and are evidence of granular kidney.

Puerperal eclampsia occurs in either form, in the former rarely without dropsy, and in the latter not infrequently without.

THE DEGENERATIVE FORM.

The degenerative form of albuminuric retinitis consists in white patches and hæmorrhages. Of these the most characteristic are the white patches. There are, I believe, two kinds of white spots, the one forming bright spots glistening like fish scales, the other not so glistening or so sharply defined, but woolly in appearance. The former are the result of degenerative changes, and their brilliancy depends upon the presence of minutely refractive oil-drops or even cholesterine crystals; the latter are often small patches of exudation only. The former are of slow development and unlikely to disappear at all or only slowly and after a long time; the latter, however, may come and go rapidly.

In parenchymatous nephritis the diagnosis of renal disease is usually obvious whether there be white spots or not. In granular kidney, however, the diagnosis may be uncertain until the eye-changes are discovered. The white spots, whether they be really exudative or degenerative, have therefore in granular kidney a diagnostic value which they do not possess in the other forms of nephritis. Early as the white patches or degenerative changes are, they precede and result from still earlier changes in the vessels (silver-wire arteries).

Although the silver-wire arteries are no doubt ophthalmoscopic evidence of the vascular degeneration, as are also the hæmorrhages and white spots, it does not follow that the vessels necessarily show the white silver-wire streaks before the other lesions are visible.

Of the hæmorrhages which occur in albuminuric retinitis it is not necessary to say much. Similar hæmorrhages may occur in both the exudative and in the degenerative forms, but they are probably produced in different ways in each case. In the latter they are the consequence of the vascular degeneration and are due to the rupture of the diseased arteries in the retina, as in other parts of the body. In the former they are generally due to the rupture of over distended veins, consequent on the pinching to which the veins are subjected as they pass through the swollen disc.

Paradoxical as it may seem, it is in the so-called extreme forms of albuminuric retinitis, or as I should call them, the exudative forms, that the prognosis both in respect of life and in respect of sight is not nearly so grave as it might appear to be, for if the kidney mischief recover the eye-lesion may resolve and the sight be completely restored. If, as in pregnancy, the cause return, the retinitis may also return, and with each succeeding pregnancy the prognosis in respect of sight of course becomes worse.

In respect of life the prognosis is that of the renal disease, and all that I think the albuminuric retinitis in these cases does is to show that we have a form of parenchymatous nephritis to deal with of a somewhat unusual severity. The white patches of granular kidney rarely disappear; but they are often present without much defect of sight.

The ophthalmoscopic changes in the vessels are important as evidence of an arterial degeneration which is a visual evidence of the risks to which the patients are subject from the disease of the vessels elsewhere, *e.g.*, in the brain.

SUMMARY.

I may bring this communication to a conclusion by summing up the facts which I think justify the drawing of a sharp distinction between the two forms of albuminuric retinitis, the degenerative and the exudative. They stand in strong contrast with each other in the following respects:—

1. Of the form of disease with which they are usually associated: the degenerative with granular kidney, the exudative especially with parenchymatous nephritis.

(a) Abstract of Paper read at the Annual Meeting of the British Medical Association at Portsmouth, August, 1899.

2. Of their nature and cause: the exudative being inflammatory and probably toxic in origin, the degenerative consequent on vascular changes and more or less mechanical in origin.

Of sight: for the exudative, even in the extreme forms, may recover, with little or no defect of sight, but with the degenerative, if there is any impairment of sight, it is usually progressive.

4. Of diagnostic value: the exudative being an interesting by-phenomenon of chronic parenchymatous nephritis, an affection the existence of which is obvious enough, while in granular kidney the degenerative often makes the diagnosis certain in cases which have been hitherto obscure.

5. Of risk to life: for while in both cases it indicates a grave form of renal disease which may of itself prove fatal, in granular kidney it indicates in addition all those dangers to which arterial disease exposes the patient.

I think, therefore, that the distinction is not only justified by the facts, but explains many of the apparent contradictions which are made by different authors.

ON CHRONIC FOLLICULAR PHARYNGITIS. (a)

By ROBERT H. WOODS, M.B., F.R.C.S.,
Throat Surgeon to the Richmond Hospital, Dublin.

Chronic pharyngitis, or, as it is sometimes called, clergyman's sore throat, is one of the commonest affections of the upper respiratory tract. It is not as its alternative name would imply, confined to public speakers, nor does it in my experience occur with much greater frequency among people with whom public speaking is an essential part of their profession.

Though the best marked examples are to be found among adults, and in men rather than women, yet it is met frequently among the young of both sexes. That the disease has long been known and repeatedly described is not surprising, since a large portion of the region involved can be well inspected without any other aid than that of a common spatula.

Patients generally complain of the throat being sore and tired, and the voice is a little husky especially after prolonged speaking or singing, and occasionally of slight difficulty in swallowing, this difficulty being more pronounced when the bolus is small, as when saliva is swallowed, than when large as at meal times. Arising from a feeling of mucus being constantly present there is a persistent desire to hawk and clear the throat, hardly less annoying to their neighbours than to the sufferers themselves. They find the state of the weather largely influences their comfort, a moist, cold day being less tolerable than a warm dry one.

On inspection the pillars of the fauces, soft palate, and posterior pharynx wall, and in severe cases the larynx, are seen to be redder than normal. The superficial vessels are dilated, and the mucous membrane slightly roughened. These appearances are better seen at the upper part of the throat, especially on the faucial pillars than further down. The lymphoid follicles on the posterior pharynx wall are enlarged and prominent, and it is this item among the physical signs that lends to the disorder its distinctive name. In some cases a thick red cord of swollen tissue runs from above downwards on both lateral pharynx walls immediately behind the tonsil, disappearing from view behind the palate above, and hidden by the tongue below, quickly tailing off in the mucous membrane. The cause of these well-known conditions has been variously attributed to repeated attacks of acute inflammation, overstraining of the voice, excessive smoking, unhealthy occupations, especially those where employés are crowded in an impure and dusty atmosphere, &c,

The treatments adopted have been, in addition to getting rid as far as possible of the apparent cause, thermal or chemical cauterisation of the hypertrophied lymph follicles on the posterior pharynx wall, and of the masses on the lateral wall, avulsion of the follicles by sharp forceps, brushing the pharynx twice a week for several months with astringents, such as six per cent. silver nitrate or zinc chloride, glycerine of tannin, borax and a host of other antiseptics and astringents, and finally an infinity of gargles varying from plain water to elaborate concoctions containing a great variety of drugs, in the hope that if one did not do good another might.

In my earlier days as a laryngologist I conscientiously tried all the more rational of these methods, and though I often succeeded in temporarily curing the patient. I know of no case treated by me on these lines which remained free from the symptoms for more than a few months; nor was it until a considerable number of these cases had passed through my hands that I saw I was only treating an effect and not a primary cause.

In my opinion and experience, chronic follicular pharyngitis is, in the vast majority of cases, the result of nasal obstruction, or, more immediately, mouth breathing.

It will be convenient at this place to say a word or two about the functions of that neglected, though highly important member, the nose.

By the majority of people, and among them are some whose duty it is to know better, the nose is looked upon merely as the organ of smell and as an aid to the sense of taste. The nose is not an organ but a member, and smell is the meanest of its duties. Its really important work consists in preparing and modifying the air, so that it may be fitted for entry into the delicate respiratory passages below, and this it does in three ways.

First, by warming the air. Anyone who has dissected a nose can hardly fail to have been impressed with the extent and richness of its blood supply, a richness out of all proportion to the need of the part, and which finds expression in the ease with which its lining membrane is made to bleed. It is, indeed, a beautiful hot water system, where the heat of the circulating fluid is transferred to the air with which it is in contact, the rate of transference being increased from what it would be were the nose a single plain tube, by the exra surface exposed, not only on both sides of the septum but also on the turbinated bones, especially the inferior and middle. So perfectly is the air warmed, that elaborate and careful experiments have shown that by the time the air reaches the naso-pharynx its temperature is practically that of the blood.

Second, by moistening the air. The watery mucus with which the walls of a normal nose are constantly smeared, readily gives up its moisture to the passing air, the great blood supply to the soft parts aiding in two ways; promoting by its heat the surface evaporation, and by its constituents feeding the secreting parts with the necessary watery elements. Experiment has here too shown that the air when it reaches the naso-pharynx is all but saturated with moisture.

Third, by filtering the air. If impure dusty air be blown through a tube the sides of which are smeared with glycerine or any similar substance, it will be found, especially if the tube is not quite straight, that it comes out pure at the other end, the dust being caught and held by the slimy surface.

This is precisely what happens in the nose. The moist surfaces act as a most efficient trap for solid

(a) Read before the Medical Section of the Royal Academy of Medicine in Ireland, April, 1899.

particles suspended in the inspired air; thus they are first caught and afterwards expelled in the periodical blowings to which all normal noses are subjected

We have only to look at the motes in the sunbeam, in order to be convinced of the great importance of this factor in the struggle for health, especially to us who live in cities and crowded places where purity is the rarest attribute of the atmosphere; and especially also, when, as our bacteriology teaches us, these motes are so many rafts for bacteria, pathogenic and saprophytic.

There are reasons, too, for suspecting that the nose exercises a destructive effect on bacteria. This has not yet been put beyond dispute, but waiving this claim, there is more than evidence enough to show that on *à priori* grounds the efficient discharge of the functions of the nose must be of prime importance to the welfare of the respiratory tract.

If, from any cause, the nose is obstructed, breathing must be carried on through the mouth, and inasmuch as the alteration of the inspired air from contact with moist warm surfaces, is largely a purely physical process, and that the air will go on absorbing both heat and moisture until its saturation points are reached, and that these cannot be attained in the mouth, it follows that the throat is compelled to take on the functions of the nose, and part with heat and moisture sufficient to satisfy the demands of the air, at the same time freeing it from dust. It follows, too, that the first, or highest, portion of the throat is where we must expect the severest effect of the abnormal condition to evidence itself, for this is the part struck by the stream of air when at its driest, coldest, and dustiest.

In these cases of pharyngitis from nasal obstruction, when the cause is as just shown primarily a mechanical one, it is to be expected that if any portion of the mucous membrane were unexposed to the irritation of the air that part would remain normal. And this I have found to be the case. If the back of the pharynx be illuminated, and the soft palate raised with a probe, it will be seen that the pharyngeal wall above the level of the palate is unaffected; while immediately below that point where it is unprotected by the palate, the other condition obtains, the line of demarcation being quite sharp and coinciding with the lower level of the palate.

I regard this fact as of great importance in the proof of the condition being a result of nasal obstruction.

In obedience to the demand for heat and moisture from the pharynx, the superficial vessels dilate, and by a continuance of the irritation for a sufficient time, a chronic low form of inflammation is set up, mucus is poured out, and as it yields its moisture it thickens and becomes more tenacious, and *pari passu*, the mechanical irritation of its presence and the difficulty of its removal increase.

The comparative narrowness of the nose enables a forced expiration to send the air through its cavity at a velocity sufficient to expel mucus, however, tenacious, with comparative ease; but the pharynx, being more open, allows of no increase in the velocity of the air, and to overcome the difficulty and dislodge the glutinous material, the pharynx is voluntarily narrowed during forced expiration, and hawking results.

The difficulty in swallowing is contributed to in two ways.

The presence of tough mucus provokes acts of swallowing. Now the exertion required varies within limits in adverse ratio to the size of the substance to be swallowed, and therefore the smallness of the bolus demands that the effort must be vigorous in order that the wave of contraction may not ail to lay hold of and push the matter before it. If he mucus were more watery a single effort might entirely remove it for the time, but when it is remembered that its natural toughness is increased by evaporation, and that it is adherent to the walls by which it is secreted, it is not hard to understand how futile must be the attempts to remove it, though from its tickling, those attempts must necessarily be made. The muscles of swallowing must therefore become overworked and painful, and a condition in many ways analogous to writer's cramp established.

Again, the inflammation of the pharynx wall, above referred to, is not always confined to the mucous membrane, but extends into the muscles, and this, no doubt, contributes to the discomfort attending deglutition in many of these cases.

That the larynx, even when affected, is not always complained of, is intelligible, since the brunt of the evil is borne by the pharynx, and the further down we go the more nearly is the air to the ideal condition, and therefore the less it irritates the surfaces with which it comes in contact. When the larynx is involved, as it always is in severe cases, the conditions which obtain are almost identical with those described in the pharynx. The vocal cords are injected, thickened and nodular, and impurity of the voice, if not actual hoarseness, results.

The evil effects of smoking, in this, as in most other affections of the throat, have, I am convinced, been greatly over-estimated.

I do not believe that the pipe or the cigar are ever in themselves injurious. When consumed in the ordinary way, the smoke never passes the cavity of the mouth, for during the act of sucking the soft palate and the dorsum of the tongue must necessarily be in contact, and so the throat is completely cut away from the influence of the fumes. The case of the cigarette is different, for cigarette smokers, not content with the amount of absorption of the active principles of the drug that goes on in the mouth, inhale the smoke, to the very great detriment of the air passages. In the same way pipe and cigar smoking, if done by a number of persons in a small room may, by creating a fog, prove harmful both to the non-smoker and the smoker, but with proper ventilation, and *à fortiori* in the open air, the practice can have no hurtful effect on the throat of either.

Among the causes to which chronic pharyngitis is attributed comes that limbo of disorders, gout. I have more than once had congestion of the throat pointed out to me as the sole evidence of this disease. That gout may possibly cause such a primary condition in the throat I am not prepared to deny, but I have seen no case in which this physical sign, even when looked on as an evidence of gout, was not associated with some form of nasal obstruction, or which was not relieved by nasal treatment.

In some cases of chronic pharyngitis, as in all other abnormal conditions of the throat, the nose should be thoroughly examined.

This advice is usually given with the tacit implication that it can be followed by anyone. For my own part, I must say that I found it many times more difficult than either retinoscopy or laryngoscopy. Examination through the nostril, simple as it looks, demands for its efficient performance the power of concentrating the attention on one retinal image only, and the most perfect control over accommodation in the observing eye in order to see anything at all, and when seen the character, size, and position of the object and its relation to neighbouring structures have to be determined.

I do not here intend to treat obstructive diseases of the nose at all exhaustively, but inasmuch as the radical cure of chronic pharyngitis involves, in general, putting the nose in working condition, a few words on the subject will not be out of place.

The causes of nasal obstruction are sometimes

anatomical, more often pathological. Among the anatomical causes, spurs, or deflections of the septum, are in adults very frequently met with.

In these cases the obstructed side is small, and the tissues thin and atrophic, while the opposite side is large, and the tissues hypertrophic, the result partly of overwork, and partly of repeated acute inflammation to which such cases are liable. These are as a class best treated by removal of the offending portion with a knife, or if the cartilage be calcified, a fine saw.

Post-nasal growths are, of course, among children the most frequent causes of obstruction, and it will always be found that whether the child complains of the symptoms of chronic pharyngitis or not, the physical signs will be present in the old standing cases.

This in itself would be sufficient to justify the removal of adenoids, even if their presence were not baneful for so many other reasons; but in this immediate connection it is well to point out that in an unrelieved case, though it is usual for the growths to atrophy and leave the passage clear in early adult life, stenosis still remains. The cause of this is easily seen. If, for any reason, a member of the body is not used for many years, it will, if the owner be an adult, atrophy, or, if a child, remain undeveloped.

Examples of this are common enough. It will be sufficient to remind you of the diminutive proportions of the leg in a neglected case of hip disease, where the thigh has been allowed to ankylose in a position such as to prevent the foot touching the ground. The leg and foot are quite healthy, lacking nothing except exercise in order that they should be developed as on the opposite side; but physiological idleness has effected an anachronism, and we have a child's leg on a man's body. In a precisely identical way, the persistence of nasal obstruction from adenoids, enforces in an unrelieved case a similar physiological idleness with the parallel result of a child's nose in an adult's head. Partly, therefore, from the fact that the nose in such cases is not equal to the demand put upon it when at length the post-nasal space is clear, and partly no doubt from the difficulty of shaking off a bad habit acquired in infancy, and practised night and day during adolescence, mouth breathing persists with its attendant evils.

A trained eye can recognise such people in the street.

Examination of such a person shows, in addition to the characteristic facies flattening from side to side of the nose and the nasal fossæ, prominence of the front teeth, an abnormally high and narrow arch to the bony palate, diminished distance between the molars of the right and left sides, chronic pharyngitis, and other signs which we need not stop to mention.

Chronic follicular pharyngitis in people with an abnormally small nose is a very difficult condition to cure, because we are more or less limited by the outer bony wall of the nose from enlarging the air space to the requirements of the individual. But still much can be done by sacrificing a small quantity of the tissue on the outer wall, especially the soft parts covering the inferior turbinated bone.

Chronic hypertrophic rhinitis is readily recognised by the swollen and turgid condition of the inferior turbinated bodies.

With it is commonly associated post-nasal thickening and its resultant post-nasal catarrh. These are best treated with the electro-cautery, by laying down a linear scar along the enlarged bodies which, when it contracts, will brace up the tissues out of the way, and so free the air space. In severe cases reduction of the hypertrophied bodies with the electric snare, may be called for.

One wall only of the nasal fossa should be cauterised at a time, otherwise two points may adhere and synechia result, leaving matters worse than before. With ordinary care this should not occur, but I have known the accident happen.

As a fairly common cause of chronic pharyngitis, polypi of the nose deserve mention. The distress of the primary disease is, however, so great that the throat is rarely complained of. Their removal should be accomplished with the snare, and not the forceps.

The snare properly used removes them more completely; it leaves the normal tissues untouched, it does no violence to the bones of the nose, and therefore the patient suffers but a fraction of the pain and none of the damage caused by the forceps. Furthermore, it is not as well known as it deserves to be, that when the polypi have been well snared the judicious use of the electro-cautery on the ground from which they grew will often effect a radical cure.

To those of us who, having seen polypi removed by the forceps in the old way, have ourselves adopted the snare, it is astonishing that the more improved method should not have beaten its once respected predecessor out of the field, but unfortunately the forceps in many places is still the only instrument used.

In a number of cases of chronic pharyngitis, however, examination of the nose shows no obstruction, the patient is able to breathe quite naturally, and yet, what I venture to call, the characteristic symptoms of nasal obstruction, are present. Inquiry will elicit that these patients snore, or waken in the morning with a dry tongue. Some of them may deny it, but if you send them away and ask them to take observation on themselves, they will tell you at their next visit that your suspicion was well founded, and that they find their nose so stopped at night that they cannot breathe through it without a sense of suffocation. but after getting out of bed a few minutes suffice to make it quite clear again.

This story has been told me so often that the condition must be a very common one. We have here evidently an engorgement of the erectile tissue of the nose; whether, as seems most likely, it is due to mechanical congestion, the result of the head being lower in the horizontal position than the upright, or whether it is a vasomotor phenomenon predisposed to by some local condition, and determined by sleep, I cannot say; but at any rate we have the condition, and fortunately the cure too. The electro-cautery properly used along the inferior turbinated bodies, will, when the scars heal and contract, *i.e.*, in from six to eight weeks, most probably cure the patient. If in a couple of months he still complains, it shows too little has been done. I think I may without offence call this condition nocturnal obstruction.

Though the vast majority of cases of throat irritation result from nasal obstruction, yet there are still to be found a few in whom this condition, still the result of not using the nose, is unassociated with obstruction. There are teachers or others who talk a great part of the day, often under very unhygienic conditions, such as overcrowded and dusty schoolrooms. The special liability of teachers to this form of sore throat, is due to the fact that people, when speaking inspire through the mouth, even when the nose is quite free, and when this is done persistently the throat sooner or later suffers, for the effect is of the same kind, if not to the same degree, as when the nose is stopped. The remedy is simple, provided the nose is healthy. The patient should be directed to speak deliberately, and, instead of gulping in the air, to inspire through the nose between the sentences, a habit not difficult of acquisition.

In conclusion, let me say that the gravity of dieases of the nose in general is very much underrated. We have in chronic pharyngitis a perfectly definite and tangible effect of abnormal nasal conditions on the respiratory passages. It is only step

by step that we can hope to father effect on cause. The necessity for rhinoscopy in throat disease was only pointed out a few years ago, and it will not be surprising if some of the chest troubles now believed to be idiopathic should, when our knowledge is riper, prove to be preventible by the endowment of a functional nose.

We have the very best grounds for believing that phthisis is often caused by the inhalation of pulverised tuberculous sputum, and for my part I am convinced that the victims of consumption would be much fewer if normal noses were more common.

THE GENERAL PRINCIPLES OF SANITATION. *(a)*

By Sir WILLIAM HENRY PREECE, K.C.B., F.R.S.,
President Inst.C.E., &c.

After some introductory remarks, the President said:—

The human frame is a little world in itself, inhabited by different nations and by different races, born, living, and dying in us as we do on this earth, perhaps in peace, generally in war, and fortunately for us not yet free from cannibalism. There are many millions of living micro-organisms flourishing in every body in this hall. As long as we are in health they live in peace, and we remain unconscious of their existence; but let some external bacterium force the ramparts, then there is bitter war, and either the invader is destroyed by our friends, or we ourselves succumb to cholera, typhoid, diphtheria, or to the growth of some other inimical but victorious bacterial race.

The principal object of modern sanitary science is to develope this new empire of bacteria, and to discover its races and their peculiarities. The chief function of the sanitary engineer is to defend the human frame from its invisible and insidious external foes.

The greatest sanitary engineer the world has ever known was Moses. The Book of Leviticus is a treatise on hygiene. For 3,400 years the world stood still, and only one race followed the doctrines and teachings of that Great Master. The Christian threw his tenets to the wind—the Mahometan, to his great benefit, has continued to practise some of his principles to the present day. The Jew remains faithful, and is the healthiest and longest-lived type of humanity. The doctrines of Moses can be summed up as the objects of sanitation to day:—I. Pure air. II. Pure water. III. Pure food. IV. Pure soil. V. Pure dwellings. VI. Pure bodies.

There are three important principles underlying all practical applications of sanitary engineering: (1) Energy or the ability to do work; (2) chemistry or the power to transform matter; (3) life.

(1) The principle of energy affirms that this capacity for doing work is a fixed quantity in the universe. Energy can neither be added to nor destroyed. It can only be transformed from one kind of motion to another—material or ætherial. The motion of matter can be converted into the motions of the æther or *vice versâ*. Sound, light, electricity, and heat are mere forms of energy.

(2) The principle of chemistry affirms that the quantity of matter in the universe is also a fixed quantity, and that it can neither be added to nor destroyed. Matter is reducible to about seventy elements, and it is found in three states, solid, liquid and gaseous. All that the chemist can do is to transform matter from one state to the other, and from one compound to some other by linking, delinking, and relinking the atoms and molecules in various combinations.

(3) The principle of life is beyond our comprehension. All we know is that, by expending energy on matter, life in the very tiniest germ that moves, so small as to be beyond the reach of the senses, performs with unfailing accuracy the duties of the engineer and the chemist. Life plays some important function in the economy of Nature, and if we cannot divine the reason of its existence, it is because we are able to read the book of God only as through a glass, darkly.

I.—Pure Air.

The supply of pure air to those who breathe it, is the object of ventilation. Moses did not legislate for ventilation, for the Israelites dwelt in tents, but he showed how to prevent the pollution of air by the decomposition of refuse, for he ordered it to be carried out without the camp into a clean place, and there be burnt. We are only now learning to follow Moses' lead, for refuse destructors are quite a modern and up-to-date "invention." We are even utilising their heat for the generation of steam for electric lighting generating stations, and we are thereby economising waste, the highest function of the engineer.

In cold climates where dwelling indoors and with closed windows is imperative, it is essential for health that air vitiated by breathing should be periodically replaced. Thus the whole theory of ventilation is circulation of air maintained at a proper temperature, for cold air may be injurious. The British legislature has taken care that lunatic asylums, workhouses, and gaols shall be provided with proper air space per person, and supplied with effective ventilation, but churches, chapels, theatres, and other places where people most do congregate are neglected and remain sinks of discomfort. In a dining-room where I recently dined with four gas burners alight, taking each burner as equivalent to five persons, the cubic space was 160 ft. per head, and this air remained stagnant for two hours. In a third class railway carriage, when full, it is only 47 cubic feet per passenger.

The problem is to promote thorough circulation without draught, and without affecting the temperature or the humidity of the air. Is the circulation to be promoted by natural or by mechanical means? Is the outlet to be at the ceiling or floor level? Is the pure air to be forced in by pressure, or the foul air to be drawn out by vacuum? Is the admitted air to be warmed in winter and cooled in summer, and how? Is it to be filtered and freed from dust? Every system of ventilation needs intelligent supervision. What is the standard of purity of air? Some define it by the quantity of carbon dioxide it contains. This should not exceed 8 volumes per 100,000, but there are other and greater impurities in used up air that cannot be defined.

Electricity has fortunately come in to simplify our difficulties. It has the great merit that in the glow-lamp it does not vitiate the air. It supplies us also with a convenient form of energy for artificial ventilation.

II.—Pure Water.

It is a moot question whether absolutely pure water is healthy, and hence we have not yet secured a universally accepted definition of practical purity. Is purity to be determined by the quantity of organic matter in suspension or in solution, by its hardness, by the amount of micro-organisms it contains, or by the amount of injury it inflicts on human life? Sir Edward Frankland found in Thames water 160,000 bacteria per cubic centimetre. Good drinking water should, however, contain not more than twenty bacteria per cubic centimetre.

(a) Abstract of inaugural address delivered before the Sanitary Institute Congress at Southampton.

Rivers are polluted not alone by the excretions of humanity, but by the refuse of trade and of manufacture. Pollution has not yet been made a penal offence. The Chinese are in advance of us. In that country, sewage—the chief cause of pollution—goes to benefit the land, not to pollute the river.

Getting good water and maintaining it good is the chief work of the sanitary engineer. Polluted water is now purified and softened *mechanically* by sand filtration, an imitation of nature; *chemically* by precipitation and by the action of vegetation; and *biologically* by the chemical activities and cannibal habits of living organism.

While two or three gallons per head are sufficient for simple dietetic purposes, many more gallons are used for watering streets and gardens, flushing closets and drains, extinguishing fires, washing carriages and for general stable work, and factory purposes. The consumption of water is thus very variable. While in most English cities it rarely exceeds 25 gallons per head per day, in New York it reaches 60, and in Philadelphia 90 gallons. It would seem as though carefully purified water is misused when it is applied to such public purposes as to lay dust, to generate steam, and to flush the public sewers—processes which lead to repollution without any benefit whatever. Should there not be a duplicate supply, one for domestic and the other for public purposes? This is already done at Richmond and St. Helens. Sea-water is used at Great Yarmouth and Bournemouth. Indeed, the use of sea-water as an auxiliary supply for public purposes deserves the serious consideration of all local magnates at our seaside resorts. It is well worth the consideration of the London County Council, for it would practically more than double the Metropolitan supply for domestic use. It is better for them to go to the sea, which is near to them, than to go so far to gallant little Wales that does not intend, in spite of its gallantry, to let London rob it of its water. Birmingham and Liverpool have taught it experience. The Thames Valley ought to supply London with excellent drinking water for the next 50 years—even with its present works. The death-rate in London, a good practical standard of the purity of water, is well below the average.

III.—PURE FOOD.

It was in the regulation of the food supply of the Israelites that Moses displayed his profound knowledge of hygiene. It is by adhering to these regulations to the present day that the Jews live such healthy lives. His division of beasts into clean and unclean was mainly a separation of the digestible from the indigestible.

Parliament does not prescribe our daily food, but it does legislate against impure food. Cold storage has rendered possible the importation of meat from our most distant colonies, and few of us know whether the tender saddle of mutton on our table is, as asserted, from Wales or from New Zealand.

The most important and general form of food is milk, for it affects all ages and both sexes, especially young children. The danger from milk is infinitely greater than from meat. It is unfortunately a great medium for the transmission of the germs of disease, especially of the bacillus of typhoid fever and of tuberculosis. Unclean milk is too common, and, unfortunately, inspection and examination of cows, cowsheds, dairies, and milk cans is, in many districts, thoroughly inefficient. It is not at present under the control of the proper sanitary authorities.

The milk business of this country, especially of the metropolis, is fortunately falling rapidly into the hands of large public companies, who are well able to protect themselves, and who do protect their clients, the public, but in small urban and country districts it remains in the hands of the farmer, often a member of the very local authority that should enforce regulations which it is his own interest to ignore. It is a misfortune that the co-operative system of Denmark has not been introduced into this country. There a large central dairy is managed by a small board, elected from the contributing farmers, who are scattered over the district, and who send to this establishment their milk, to be inspected, measured, and treated, and each of whom draws his *pro rata* share of the profits. Curiously enough their best customer is England.

Legislation, as affecting adulteration of food, the importation of meat, the sale of drugs, fruit, fish, &c., is probably ample. It is the enforcement of regulations, the control of supervising powers, the appointment of inspectors that is weak.

IV.—PURE SOIL.

The purity of the ground upon which our dwellings are erected, upon which our plants, fruit, and vegetables are grown, where our kine and flocks feed, where we take our daily walks, upon which the air that we breathe rests, and whence our water is often drawn, depends upon the care exercised by ourselves upon the disposal of our excretions and refuse. Many beasts of the field are wiser in their generation than many a human race, even of the present day. Carnivora cover up their dung with earth. The cat, though domesticated, retains this instinct. The badger has its run to its own latrine. The fox will not pollute its own hole. The Persian, it was reported, polluted even the rooms at Buckingham Palace.

Moses, in prescribing "a place without the camp, whither thou shalt go forth abroad," enjoined the covering up of all excreta with earth. This was the first known disposal of sewage, and was a natural and effective system.

The system of treating and disposing of sewage can be considered under three heads:—1. Mechanical. 2, Chemical. 3, Biological. The first system deals with the removal of all the organic and inorganic matter in sewage. The second includes various plans for the precipitation of solids, the filtration of liquids, and the formation of artificial manures. The third extends the second to the aeration of the clarified sewage, so as to secure the nitrification of the organic matters in suspension or solution by bacterial agencies, and then to enrich the land, and to purify the effluent for further use.

Chemical treatment is well illustrated in the case of London, where it has hitherto been in operation without any supplementary process, but where recently some important experiments have been conducted to determine the conditions that would justify the introduction of the biological system. The crude sewage is admitted into precipitating tanks, where it is treated with lime and sulphate of iron in definite quantities. These cause the chemical transformation of the elements and compounds in solution to form solids, which with those already in suspension slowly settle by gravitation as *sludge*. The *effluent* flows into the river at Barking and Crossness. Over 2,000,000 tons of this wet sludge are conveyed every year 50 miles away to sea. The improvement of the Thames has been very marked. It is a misfortune that the sludge cannot be made a useful and saleable article, but the most careful inquiries have shown that it is practically impossible with such an enormous population—now over 5,000,000—to treat it economically in any other way.

Mr. George Chatterton is carrying out works for Dublin similar to those in London, but the sludge will have to be carried away only 10 miles into the Irish Channel. It now goes direct into the river Liffey, which flows virtually as an open sewer through the city, causing an almost intolerable nuisance.

Unfortunately, sewage farms, as a rule, do not pay. It will be a great relief to get rid of them. We have seen during the past Session of Parliament how the Camp Sewage Farm at Aldershot has been violently attacked. The new biological treatment may modify the views of this Board. It is a department extremely well advised and ably administered, and we may be sure that if the experimental success of the new system be followed by a sound, practical result, it will carefully safeguard the public requirement and health.

The new biological treatment is a return to Nature. "Nature never yet betrayed the heart that loved her." That wonderful micro-organism that has eluded man's observation for all these millions of years is divided into two classes—(*a*) bacteria which work with oxygen, and (*b*) those which do not. The sewage first reaches the settling-tanks, where the inorganic matter, such as sand and grit, is deposited. The albuminous and organic matters and urea which are found in all sewage are then transformed by bacteria into forms of ammonia. The decomposition of animal and vegetable matter, which is invariably due to the action of these bacteria, is thus utilised to liquefy organic solids, and in this way to simplify their removal. Other bacteria gradually, in special filters, transform the ammonia, by the aid of oxygen and other elements present, into nitrates. The process of filtering is intermittent, for air is essential to maintain the supply of oxygen to the nitrifying bacteria; but an air blast, in some cases, is used to maintain a continuous action. The nitrifying effect is enhanced if the air be warmed to about 100 degs. Fahr. The filters must have porosity and resistance to flow to retard the passage of the sewage through them, for time is essential for the bacteria to grow and to act. In sandy ground Nature does this, but on clay formation, coke-breeze, and even coal, is found to be very effective. In this way bacteria first liquefy the solid matters in the sewage, and then nitrify them, simultaneously purifying and enriching the affluent, and preventing the formation of that wasteful product, sludge. The biological system has clearly come to stay. It is, however, still in the experimental stage.

Biological methods may be divided into two classes:—(*a*) Those which deal with sewage, clarified by precipitation and filtering; and (*b*) those which attempt to deal with crude sewage. The former plan appears so far to be the most effective. The second plan has the merit of greater simplicity; and if the action of the different bacteria be simultaneous, and not successive, it may possess the method of practicability, as well as of economy. A Royal Commission is now sitting considering the whole question.

The London County Council are making valuable experiments at Crossness, and their conclusions will have a far-reaching influence in the country generally. Pasteur, the father of the germ theory, taught us how the yeast germ produced fermentation, how another micro-organism takes up oxygen from the air and unites with the hydrogen of alcohol to form acetic acid and water. The actual mechanical processes through which bacteriolysis pass, expending energy, transforming matter, and promoting life, form one of the most interesting pages of the history of evolution ever narrated. The intermittent benefit of filtration was discovered in the laboratory by Frankland in 1870.

V.—Pure Dwellings.

People suffer not alone from ignorance, but from carelessness and filth. The Legislation of recent years by which local authorities can improve the dwellings of the working classes, and inspect and control common lodging houses, has had a beneficial influence upon the community by clearing away slums and constructing new streets. But unfortunately authorities are hampered by the restrictions of the Act of 1890, and they are checked by the greed of vested interests. Edinburgh, by spending £560,000 on improving the housing of the poor, has brought down the death rate from 28 to 17 per 1,000. The responsibility of maintaining pure dwellings rests now very much with the sanitary authorities.

VI.—Pure Bodies.

Broadly speaking, every section of this address has reference to health. Hygiene is the most important knowledge for everyone to possess, but it is, perhaps, the least acquired. The wealth and strength of a nation rest with the health of its people. Is it not something to have reduced the death-rate 30 per cent., and to have added at the same rate to the growth of the nation?

Cleanliness is next to godliness; this is the keystone of hygiene. Moses prescribed cleanliness above everything. Lepers were to be washed, shaven and cleansed with blood, cedar wood, scarlet and hyssop. Their garments were to be rent and burnt. They were to be isolated outside the camp. Their houses were to be shut up, disinfected and cleaned, and even in serious cases to be pulled down, the materials removed out of the city and destroyed by fire. The Cleansing of Persons Act, 1897, is a great lever in the direction of cleanliness, but much remains to be done.

Conclusion.

The chief function of the Sanitary Institute is not only to disperse knowledge but to dispel ignorance. The resistance to progress is not so much ignorance itself, but the determination to remain ignorant. There are none so obstructive as those who will not learn. "What was good enough for my grandfather is good enough for me," is the cursed dogma of the British stay-at-home. Travelling knocks this nonsense out of him, for he sees that Americans and Germans are beating him in the race.

Step by step engineering progress and scientific research are bringing us face to face with the grand generalisation that Nature is only another term for God, that Nature's laws are His thoughts, and that everywhere, the stars in their courses and the bacteria in their operations follow one fixed and settled design.

> "One God, one law, one element,
> And one far off divine event,
> To which the whole Creation moves."

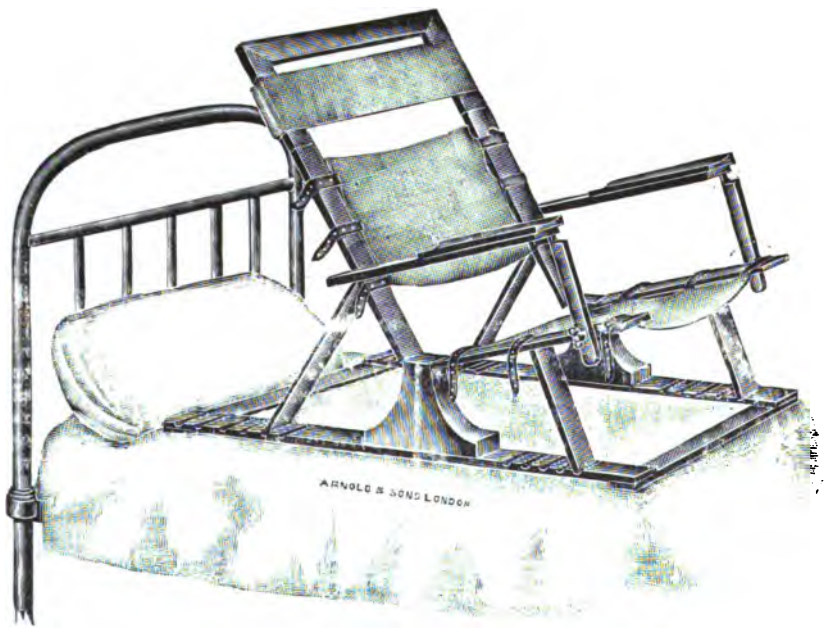
ALCOHOLISM IN ITS RELATION TO HEREDITY. (*a*)

By GEO. ARCHDALL REID, M.B., C.M.Ed.,
Honorary Physician to Nazareth Home.

Drunkenness is unquestionably a terrible thing, but it is as yet unproved that parental intemperance afflicts the offspring in such wise as to produce in them an increased craving for drink, not to mention such effects as insanity and epilepsy. It is true that the offspring of drunkards are sometimes epileptic or insane and very often of intemperate habits, but to attribute these evils to the influence of parental indulgence acting through heredity is to confuse *post hoc* with *propter hoc*. Every drunkard has in his nature a marked capacity for enjoying alcohol and in addition to this a keen memory of the delights conferred by previous acts of drinking. This primary capacity for enjoying alcohol is an inborn factor, and thus, in harmony with the teachings of biological theory, it may be transmitted. The other element, however—viz., the keen memory of the delights conferred by

(*a*) Abstract of paper read at the Annual Meeting of the British Medical Association, Portsmouth, August, 1899.

acts of drinking—is a later trait, an acquired character, and this cannot be transmitted to the offspring of the drunkard. The question of the transmission of acquired traits has been one of the burning questions of the age, and though the whole plant and animal world had been ransacked yet no single instance of the transmission of acquired characters has been proved. *A priori*, therefore, it is most unlikely that the acquired effects of alcoholism—in the forms manifested to us in drunkards—are transmitted to the offspring. Men differ very much from one another in the depth or intensity of their craving for drink. Some men are abstainers or are temperate because their innate desire for drink is small or practically *nil*. Others, *per contra*, relish drink so greatly and crave it so greedily because having once had experience of it a very intense pleasure is felt and strong desire experienced. It is from the ranks of the latter that the army of drunkards is recruited. Between these two extremes are all shades of drinkers. As individuals thus differ, so do nations and races. The Jews and Southern Europeans generally are very temperate, while the Northern European races are much less temperate. Races and nations crave for alcohol in inverse proportion to their past familiarity with it. Present-day savages, such as those of America, Australia, and Polynesia, who have never manufactured alcohol (as history shows) even in dilute form, delight so intensely in this novel drink that, given the opportunity, they drink to extinction. Other savages, such as those of Africa, who have been able to manufacture alcohol in dilute solutions and in limited quantities, though more intemperate and less able to resist drink than Europeans, are much less prone to such extreme intemperance than the savages of North America. These facts establish the conclusion that the inclination to alcoholic excess is for a given race in inverse proportion to the past racial experience of alcohol. The race that has been longest familiar with alcohol is generally found to be the most temperate. This shows that the effects of intemperance as acquired by ancestors are not transmissible, for were it the case then the constant accumulation of such effects generation after generation would render the race that had longest used drink the most inclined to drunkenness. As regarded epilepsy and insanity, it may be argued that these may appear in the progeny of non-inebriates as of inebriates; and if it be further objected that the offspring of inebriates are thus afflicted in higher proportion, it may be retorted that it is precisely from those having a primary tendency to epilepsy that one would expect tendencies towards inebriety. The tendency to epilepsy, however, may not manifest itself as such, though in the children it may appear as distinct epilepsy. The drunkenness of the parent will mask his epileptic tendency which, however, may reappear in the child in more obvious fashion and without inebriety being the causal element in determining epilepsy in the offspring. The temperance reformer's plan of abolishing drink is not the true method of reform. Were such a procedure to come into force for a time the result would be that the race now removed from alcoholic selection would revert to the ancestral type in which the tendency to excessive drink was greater, and directly the opportunity recurred would drink almost to extinction, like savage man unacquainted in the past with alcohol. Nature's plan has, on the other hand, brought about the result that all communities which were anciently given to drink are now relatively sober, and that in proportion to their past sufferings from drink. Were alcohol withheld some other stimulant or narcotic, such as opium, would take its place—as is shown in the present history of certain Eastern nations.



INVALID'S CONVERTIBLE BED-SUPPORT AND CHAIR.

A NEW BED SUPPORT.—"THE CARLOTTA."

By E. BLAKE, M.D.ABERD., M.R.C.S ENG.

I SHOULD like to draw the attention of the profession to an ingenious invention (see illustration above) by a patient, for supporting the back after an illness. It is a clever contrivance, and is calculated to diminish the misery of invalidism and to promote comfort during convalescence.

This invention consists of a wooden frame in four pieces, which can be put together on the bed, *round* the patient, the side pieces being near the centre and for the length of 4 ins., 6 or 7 ins. in height, diminishing to 1 in. at each end; the four pieces of the frame are made fast together by thumb screws.

To each of these side pieces at the part where they are highest are attached by a double hinge two wooden bars, rising vertically, one forming one side of a frame for the

seat and one the frame of the back of the bed support, which can be raised or lowered by means of legs hinged to the under part of the frame of the seat and the back, and which fit into racks cut in the side pieces of the first-named frame. The bars forming the frame of the seat and the back of the bed support are respectively connected and strengthened by curved iron rods, fitted into grooves, fixed under the ends of the wooden bars of the seat and back. The seat of the bed support is formed of strong webbing, bound at each side with leather, and having three leather straps strongly sewn on each side. This webbing being passed under the thighs of the patient lying on the bed, the straps are hooked on each side by means of holes on to brass pegs fixed in the sides of the bars forming the seat of the bed support, the legs under the seat are raised to the desired height, and the thighs of the patient are thus raised slightly off the level of the bed. The back is formed of webbing in the same way as the seat, and passed under the shoulders of the patient and attached in a similar way to the bars of the back. The supporting legs under the back are then adjusted, and the patient will be found to have been raised into a sitting position without any exertion on his part.

An important point in the formation of the seat is the arrangement of the webbing, by which a space is left between the seat and back, in order to avoid any pressure on the spinal column of the invalid, and which also allows for convenient use of the bed-pan without any change of position. A movable headpiece, consisting of a slight frame of wood covered with canvas, slips into sockets screwed on to the ends of the bars of the frame of the back. Arm rests of wood are connected by thumb screws, one end to the side of the frame of the seat, the other to the side of the frame of the back, and being of two pieces hinged together, move with the movement of the frame of the bed support when raised or lowered. A wooden rest for the feet is slung from the front of the first-named frame by narrow bands of webbing, adjustable as to length, by a buckle. The bed support would be made in dimensions proportionate to the size of the invalid.

A comfortable bedroom chair can be made by placing this bed support on an invalid bed table made in proportions to carry it. The invalid bed table is made with a top which can be raised or lowered, and with legs which can be unscrewed for packing, and which are fitted with ball castors.

The invalid bed table is merely an adjunct of the bed support, and is not claimed as a novelty. It is claimed for this invention that this bed support can be used on any bed, and provides a simple and effective mode of raising into a sitting position a helpless invalid. That by means of this arrangement of the seat it provides a comfortable chair in bed which also allows of attention to the needs of the invalid, or of his being lifted out of bed without change of position. This is the only kind of back support, with which I am acquainted, that can prevent the constant tendency of the patient to glide down towards the foot of the bed. Messrs. Arnold and Sons, of West Smithfield, E.C., are the manufacturers.

Clinical Records.

A CASE OF PARATHYROID TUMOUR CAUSING SYMPTOMS OF MALIGNANT DISEASE OF THE LARYNX — OPERATION AND RECOVERY. (a)

By Philip P. W. de Santi, F.R.C.S.,
Senior Assistant Surgeon and Aural Surgeon to Westminster Hospital.

A retired major, æt. 58, was sent to me by Mr. Eliot, of Southampton, in June, 1895, with a history of ten months' persistent hoarseness, some stridor, and a "brassy" cough. He had had his chest examined by Dr. Mitchell Bruce, but nothing abnormal was discovered. There was no pain or dysphagia, no expectoration, and no loss of flesh. The patient denied syphilis.

On examination I found marked impaired mobility of the right vocal cord and limited abduction. The right vocal cord was uniformly red and swollen, there was no ulceration or neoplasm visible, no glands palpable in the neck; old scarring of right face and cheek suggestive of old syphilis; voice very hoarse and feeble. I considered it most probable that the case was one of early malignant disease of the larynx with an alternative of syphilis or mediastinal tumour pressing on the right recurrent laryngeal nerve. I ordered rest of the voice, no smoking, and iodide of potassium.

In September, 1895, the patient's voice was almost a whisper. He had gone downhill rapidly, having lost much in weight. The right carotid artery pulsated visibly and seemed pushed forward by a smallish, indefinite, probably glandular swelling deep in the neck and about the level of the second or third ring of the trachea.

In December, 1895, the swelling in the neck was smaller, the voice better, the right vocal cord a little more movable, and there was a gain in weight.

During 1896 the patient was in very fair health, had gained weight, the voice though hoarse was stronger, and the swelling in the neck movable, softer, and more defined; the right vocal cord was *in statu quo*.

In February, 1899, patient had an attack of flatulence and dyspepsia; this was shortly followed by difficulty in swallowing solids and later, liquids. He lost flesh rapidly, half a stone between February 6th and March 29th. At the same time a very marked increase in the size of the cervical swelling was noted. There was regurgitation of food and sensation of obstruction at the level of the cricoid cartilage.

Examination of the larynx showed the right vocal cord more fixed but otherwise the same. I passed a No. 18 œsophageal bougie and met with some obstruction about level of upper part of sternum. No blood or pus on withdrawal.

The lump in the neck felt to be the size of a Tangerine orange It seemed elastic and not stony hard. I took a grave view of the case, and advised exploratory incision in the neck, as I considered from the whole course of the events the main trouble extra-laryngeal.

I made an incision over the anterior border of the right sterno-mastoid down to level of sternum, and exposed a large tumour situate in the lower carotid triangle extending underneath the sterno-mastoid outwards and downwards under upper part of sternum and upwards to level of cricoid cartilage.

I carefully defined the tumour and found it encapsuled; the carotid artery and jugular veins were pushed far over to the outer side; the whole tumour was very vascular. I eventually clearly isolated it, the chief difficulty being with the right recurrent nerve which was attached to the tumour and flattened, and with the inferior thyroid artery. The right innominate and part of left innominate veins were exposed.

The œsophagus was distinctly compressed by the tumour; the latter had no connection with the thyroid gland, but there was some fibrous infiltration of the œsophagus opposite the seat of pressure.

A cross cut and partial division of sterno-mastoid had to be made to thoroughly get at the tumour. The right dome of the pleura, the right phrenic nerve, and the right subclavian artery were seen at the time of the operation.

Recovery was uneventful and swallowing powers improved almost at once.

Microscopic sections showed parathyroid tissue essentially innocent. The growth was encapsuled, and contained centrally a large cyst. The case is of interest because at first everything pointed to early malignant disease of the right vocal cord: *i.e.* the age of the patient, the uniform redness and impaired mobility of the cord, the hoarseness, and later the presence of a lump like a gland externally. On the other hand the duration of the trouble and its stationary condition did not resemble carcinoma. Later, *i.e.*, February, 1899, everything again pointed to malignant disease, though more of the neck than the larynx.

The patient now, August, 1899, is in very good health, and his swallowing powers are excellent.

(a) Abstract of paper read before the British Medical Association at Portsmouth, 1899.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, September 3rd, 1899.

VARICOSE ULCERS.

PROF. CHIPAULT read a paper before the Biological Society on the treatment of varicose ulcers by stretching the sensitive nerves of the leg. The nerve, he said, chosen for the operation, should be that on the territory where the ulcer was situated, and more particularly the internal saphena or the musculo-cutaneous nerves. The treatment of the ulcer itself consisted of one of two methods. If it were small he advised total ablation; if, on the contrary, it were extensive, which was generally the case, he counselled the use of the rugine to convert a fœtid wound into a healthy one, and obtain its healing by appropriate applications.

ACNE VULGARIS.

M. Gaucher spoke on the nature and treatment of acne vulgaris, so frequently seen on the face of young persons. These pimples were comprised of papules or pustules. In theory, they were found everywhere where sebaceous glands existed; in reality, they were found in preference on the face, the neck, the shoulders, and the back; certain authors gave to it the name of juvenile acne. The element was a red papule with indurated base, painful and turning yellow in two or three days, the result of injection from without due to the presence of staphylococci. But this injection was not an absolute rule, for it did not exist in subjects who had not a natural tendency to suppuration. Consequently one of two things happened: the pustule broke, giving passage to a little pus, and disappeared without leaving a trace, or the pus dried up forming a crust which sometimes fell off, and sometimes left after it induration caused by retention of the inflammatory products. Miliary acne was constituted by small granulations of the size of a pin's head, the result of accumulation of sebum in the glandular cavity; enucleation, the only means of cure, revealed the presence of fatty matter and a few crystals of cholesterine. Punctuated acne was still more frequent; black points occupying the orifices of the sebaceous glands, composed of concrete sebaceous matter, and which owed their colouration to dust; it was the type of acne by retention.

The etiology of acne, in M. Gaucher's opinion, was lymphatism, and bad working of the digestive functions, which is generally accompanied with dilatation of the stomach.

The therapeutics of the affection were more simple than was supposed. No internal treatment could be considered as a specific for acne; ichthyol and cod-liver oil should be avoided; but the *regime* should be attended to particularly, fat as well as fermented aliments were hurtful, laxatives should be ordered frequently.

The external treatment consisted only in frequent washings with soap and water, and the application of sulphur ointment.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, September 1st, 1899.

DISCUSSION ON CZEMPIND'S PAPER ON MODERN MYOMA OPERATIONS.

HR. SIMMONS said that long before Landau, operators advocated separate ligature of the vessels in such operations, among others v. Herff, in a publication in the *Münch. Med. Wochenschrift*. Years ago he had had the opportunity of seeing v. Rosthorn operate, who had expressly said that he always operated in that way. In the vaginal method, when the ligaments were very tense, the clamps were liable to slip. In the face of several good methods he hoped that one would be able to say before operation whether the clamp or the ligature would be most suitable. In order to have a basis it was desirable that complete reports should be furnished, especially from Landau's Klinik, with technical details.

Hr. Dührssen said that the small walnut-sized myomata, that often caused the most pain, were the mesonephric. The expression "substituting" myoma (substituirendes myom) (Landau) was a very happy one, but the speaker did not think total extirpation necessary for them. This opinion was based on a case treated in 1895. A lady, an authoress, æt. 31, had an uterus reaching to the navel, and upon the retention of this the patient insisted, as she might possibly contract a marriage. He treated the case in such a way that a later examination showed a large and normal uterus, and the speaker believed that the authoress in her celebrated novel would not have been capable of its glowing diction if the uterus had been removed. He was opposed to the view of the necessity of extirpation in the case of mesonephric and mucous adenomata; the tumour could very well be cut out of the substance of the uterus, and the uterus and adnexa retained, and in the case of myomata not above the size of the first, by anterior cœliotomy. That in many cases the important method of treatment by curettement had not been considered, lay in the fact that the myoma had not been understood. He was opposed to Landau's view as to the atrophy of the mucous covering. The speaker had seen myomata with quite "colossal" growth of the mucous surface. Here transient or even permanent good results might be obtained, as also by vaporisation. He dilated with laminaria, palpated the uterine cavity, curetted, and first satisfied himself that there was no malignant new growth.

Czempin was responsible for the idea that curettement stimulated the growth of myoma, but there were other stimulants, especially the menopause. Retrogression was rare in the menopause; rapid growth and degeneration frequent. His estimate of morcellement was higher than that of Czempin. In Péan's operation he ligatured the ligaments instead of clamping them, but no ligature material should be left in the abdominal cavity.

PUERPERAL ECLAMPSIA IN ITS PRESENT FORM.

This subject is treated, from a practitioner's point of view, in a pamphlet of forty pages, by Dr. Siegfried Flatau. By the term "eclampsia" is meant an auto-intoxication coming on during the reproduction process, which suddenly comes to an outbreak, its most important and striking phenomenon being a heightened excitability of the spasm centres. Of 100 cases 60 begin at or about the time of labour, 23 during the pregnancy, and 17 in childbed. Primiparæ are preponderatingly attacked. Twin and triplet births predispose, and above all nephritis or the kidney of pregnancy. The affection leads to death in a relatively large number of cases, partly by apoplectic disturbances in the brain, by cardiac failure, œdema of the lungs, by pneumonia from swallowing, by sepsis. The prognosis of eclampsia in childbed is more favourable than that *sub partu*, and experience has shown com-

pletion of labour cuts off the attack in 85 per cent. of the cases; those cases are the most serious when the attacks commence early, when labour is slow and therefore in primiparæ. The prognosis is bad when the attacks follow in quick succession, and worse in those cases when the attacks continue after the birth of the child.

In cases where the attacks begin before the normal end of pregnancy the fœtal mortality is, according to Schauta, 41·8 per cent. If the child is dead the attacks usually cease, but not always.

Of children actually born a large number die—between 20 and 40 per cent. Many factors, the more or less active treatment, the frequency of the attacks, &c., affect the death rate. It is probable that the child in utero suffers from the disease as well as the mother.

The pathological anatomy of the disease in the form of a completed systematically built up system was first presented by Schmorl. The lesion of the kidneys is generally very severe. The urine in 64 per cent. contains albumen or acid, the quantity diminished, and occasionally there is anuria. The kidneys contain fat emboli, characteristic hæmorrhages, and necrotic patches, in association with thrombi of the vessels, and the changes of parenchymatous or intestinal nephritis. *But there are cases in which there is no albumen nor, indeed, any coarse changes in the kidney.* Dilatation of one ureter is not rare. In the liver also there are hæmorrhages and necroses, in the thromboses of vessels, and fatty emboli; in the brain anæmia, œdema, with flattening of the gyri, and hæmorrhages, the latter often microscopic; in the lungs, besides thromboses and hæmorrhages, there are liver and placental emboli.

The fact first determined by Bouchard that the urine of eclamptics was three times less poisonous than that of healthy individuals, and, on the other hand, the certainly proved greater toxicity of the blood of eclamptics, raises the view that eclampsia is an auto-intoxication during the reproductive process, to the dignity of an axiom. What the nature of the poison (creatine, creatinine, carbaminic acid globuline?), and why it is formed and becomes active during pregnancy, form questions for further inquiry.

As regards therapeutics, the author lays great stress on a milk diet as a prophylactic, baths, diuresis, &c. If nephritis gravidarum already exists, interruption of the pregnancy should not be entertained.

During an attack the head should be placed on its side in order to avoid inspiration of saliva. The chief aim during an attack, viewing the case as one of auto-intoxication, is excitement of the se- and excretions, wet packings, sweatings, diaphoretic and diuretic measures; venesection is not a palliative only: it lowers the blood pressure, it prevents œdema of the lungs, it prevents apoplexies, but it acts ætiologically in removing along with the blood a portion of the toxic material. Perhaps a large number of practitioners will scarcely agree with the author when he says that narcotics, morphia, and chloral hydrate are of no use in eclampsia. As the convulsions cease in 85 per cent. of the cases after the birth of the child, he urges rapid delivery, especially in cases of deep coma and rapidly recurring attacks. Mechanical dilatation of the uterus, Dührssen's cervix-vaginal-perineal incisions are not for the general practitioner. Cæsarean section comes in only as an *ultimum refugium*. In some cases Cæsarean section in moribunda or mortua may save a child's life. All operations should be performed under an anæsthetic, and he prefers chloroform to ether on account of the action of the latter on the salivary and bronchial glands. Suckling may be allowed as soon as circumstances permit. The hydropathic treatment is to be continued so long as the urine contains traces of albumen.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, September 2nd, 1899.

Atmocausis or Zestocausis.

At the Versammlung Deutcher Naturforcher, Guerard showed Pincus apparatus for the treatment of climacteric hæmorrhage by means of hot vapour at the boiling point

Ever since Sneguirew declared to the profession that a high temperature was the best remedy for checking hæmorrhage, Pincus tells us that he has laboured assiduously to design an apparatus for practical use, which he considers is accomplished in the instrument exhibited.

The principle of the instrument is to conduct a stream of hot vapour into the uterus without scalding any of the outer parts of the channel, at the same time securing the safety of the operator against any personal injury from burning or scalding. With this instrument the boiling hot steam is confined to the interior mucous membrane of the uterus alone, he recommends it to be continued for ten seconds to half a minute, which will obviate many an operation for extirpation of the uterus due to intractable hæmorrhage during the climacteric period. In senile catarrh of the uterus two minutes will be required. He adduces many cases of obstinate hæmorrhage which have been relieved by this form of treatment ranged from 100 degs. Cent. to 115 degs. Cent. (212 degs. to 239 degs. Fahr.). Young persons are not able to bear this high temperature as long nor so easily as the old. He thinks better results can be obtained from a short application with a temperature of 105 degs. Cent. to 110 degs. Cent. than a longer period with a 100 degs. to 105 degs. Cent.

The reapplication should not be undertaken before regeneration of the mucous membrane takes place, which will probably be four weeks later.

The proper christening of this instrument has been a source of considerable difficulty to the patentee. At first the modest designation of vaporisers and vaporisation of the uterus sufficed to convey the author's meaning, but discovering that the effects were locally concentrated, and at a very high temperature, vapocautor and vapocauterisation was subsequently adopted as the more suitable expression. Later, the author turns it over again to atmocauter and atmocausis, and finally he discovers in his Greek lexicon that it should be Zestocauter and Zestocausis, from ἡ ζεότότης, seething or scalding. It may possibly be recognised by some of these names in future, but at present it is not decided.

The indications for this form of treatment are tabulated as endometritis, hæmorrhagic and gonorrhœic; endometritis puerperalis incipiens; atonia; climacteric hæmorrhage; senile catarrh; interstitial myoma; subinvolutio; infarct sterilising cavity in putrid abortions; dysmenorrhœa, &c., &c.

Contra-indications are malignancy, tubal affections, abscess in adnexa, rigid portio vaginalis.

In the discussion Arndt thought the apparatus was especially suitable for climacteric hæmorrhage. He also added that the vapour flowing from the exhaust tube in the uterus was not 115 degs. Cent., as Pincus would have us believe, but only 65 degs. Cent.

Schlutius said that he had the apparatus modified to avert the danger of over pressure, and had obtained excellent results from its application in hæmorrhages.

MENSTRUATIO PRECOX.

Hofacker showed the meeting a singular case of a girl, æt. 9, who began to learn her letters when twenty months old. About the end of the first year she began to menstruate regularly every four weeks, each period lasting three to five days, before each of which she became languid and dull. She was as tall in her second year as a girl of seven years, but since that time this rapidity of growth has ceased, so that at the present time she is only at the normal height for her age.

The breasts are well developed; a rich crop of hair in the armpits and mons veneris. The labia minora and majora larger than normal; while the mental condition of the child seems to be retrograding.

In such precocities there is usually to be found some pathological change, and this is no exception to the rule, as rachitis has been diagnosed.

TREATMENT OF PUERPERAL FEVER BY INJECTIONS OF A COMMON SALT SOLUTION.

Eberhardt recorded great success with an injection of sodium chloride in cases of puerperal fever, and more particularly in those septic cases where vomiting is persistent and no fluids can be retained on the stomach, whereby the fluids of the body are reduced and poison more concentrated.

From the report of many experiments he showed that one litre of this 0·9 per cent. solution effectively produced diuresis, which promptly eliminated the bacteria with effete nitrogenous products. After this start the circulation of the kidneys became more vigorous, and averted all future danger of concentration in the kidneys. He was supported in this favourable report by Sahli, who could vouch for the beneficial effects of the solution.

He strongly recommended the treatment to practitioners, by whom it could be easily applied without any danger to the patient, which was also a serious consideration in these days of highly forced æsthetics.

Holland.

THE INTERNATIONAL GYNÆCOLOGICAL CONGRESS AT AMSTERDAM.

[FROM OUR SPECIAL CORRESPONDENT.]

(*Continued from page* 190.)

A CONGRESS may be said to serve two chief purposes, namely, the advancement of the science or the cause in which the Congressists are interested, and, secondly, a social purpose. It is conceivable that in earlier days, when a Congress was known as a Diet, the first object outweighed the other; the delegates met, discussed the questions of the day. and then returned to their own places without causing much stir. But this is not the way of doing things at the present time; the Congress is now raised into a kind of

FEAST OF LEARNING.

The delegates meet and discuss, it is true, but that is not the whole of the matter, indeed it is sometimes only the minor part. The gathering of men of name and fame from every part of the world into a town is the signal for entertainments, feastings, excursions, and hospitality of all kinds on the part of the authorities and of private individuals, who delight to do honour to those by whose presence they themselves feel honoured. This dual aspect must have impressed those who attended the Gynæcological Congress at Amsterdam.

THE SCIENTIFIC WORK DONE

cannot be regarded as insignificant; at a rough estimate I should say that about sixty papers were read, many of them being of considerable value; whilst, in addition, four important discussions were held, the total time occupied in solid work amounting to 24 hours. It is probable that as the result of these deliberations suffering humanity, and especially its female portion, will reap a material advantage in life prolonged and in health restored. It is impossible for me to criticise the papers and reports individually, but two papers call for a passing mention. With the aid of some excellent preparations, Mdlle. Catherine van Tussckenbrock demonstrated beyond dispute the possibility of the occurrence of ovarian pregnancy. I believe that such a complete presentation of the case in favour of this condition has not hitherto been made. The second paper I wish to refer to is important from its probable results. It was one by Dr. La Torre, of Rome, on nomenclature of contracted pelves, and it led to the nomination of an international commission of experts, who hope to report the conclusions at which they arrive to the Paris Congress next year. Yet the medical work done is probably not the aspect of the Congress which will leave the strongest personal impression on those who were present, because all that was read and spoken, is it not written in the book of the chronicles of the Congress, the *Comptes Rendus*, to wit? To this extent, the man who stayed at home will profit equally with the man who journeyed to Amsterdam.

OFFICIAL AND PRIVATE COURTESIES.

That which will remain more especially in the minds of those present is the memory of acquaintances formed and friendships matured with medical brethren who live far removed from our daily life, but whose names were deservedly familiar through their work. And perhaps more than all will be remembered the kindness and the hospitality shown, in public and in private, by State, municipality, and residents in and around Amsterdam. These things are not much dwelt upon in reports, and for this reason I wish to place them on record here. Moreover, I take it that the matter should be regarded, not simply as courtesy shown to a handful of our countrymen and their wives and daughters; but as an expression of goodwill towards members of the medical profession in Great Britain, in the person of their representatives. Professor Treub, president of the organising committee, and Dr. Mendes de Leon, general secretary, were quite indefatigable in their efforts to further the convenience and enjoyment of the visitors to the Congress; and I think many will recall their ubiquitous presence during the excursions to Scheveningen and to the Isle of Marken, where they seemed to feel a personal responsibility for every individual excursionist. In these efforts they were ably seconded by Dr. Stratz, Dr

Nijhoff, Dr. Van der Welde, Dr. Münlieff, Dr. Barnouw, and others. It would be as ungrateful as it would be ungallant to forget the part played in the festivities of the week by our two admirable hostesses, Madame Treub and Madame Mendes de Leon, who well exemplified the

Dutch Ladies' Standard of Hospitality.

As is well known, this standard is high. Commencing with a charming reception at the Maison Couturier, these two ladies continued their gracious dispensations of hospitality throughout the week, in luncheon and dinner parties. Several of us also were from time to time the guests of Dr. and Madame Mendes de Leon at their delightful seaside villa at Landvoort.

I might write at some length on the various attractions which Holland offers to the visitor to its shores but that would be beyond my present purpose. I will only add that whether they go mainly for work or mainly for pleasure, visitors to this unique and fascinating country will not be disappointed.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

Operation for Strangulated Ventral Hernia Gangrenous Gut.—Excision of Four Feet of Intestine.—Mr. Battle operated on a woman, æt. about 35 who had been admitted shortly before with a large ventral hernia and symptoms of acute strangulation. The stated that she had undergone some abdominal operation two years before, and that a scar had resulted below the umbilicus and in the middle line, and that it was not long before this scar began to bulge, and the present hernia was the result. The woman was vomiting frequently, the vomit consisting of a brown coloured fluid, not feculent. She was in a condition of serious shock, being pale-faced, restless, and with a small, rapid pulse. Her pain was extreme, and the hernia was very tender. There had been no action of the bowels, and she had passed no flatus. She stated that her severe symptoms had commenced during the previous night. Examination revealed a ventral hernia as large as the patient's head, which came through an opening in the middle line below the umbilicus. It was tympanitic on percussion, and very hard to the touch, whilst the surface, which had come in contact with the clothes, was superficially ulcerated. It was evident there was a condition of acute strangulation. An operation was performed as soon as possible. The surface of the hernia and the surrounding skin were thoroughly cleansed, and the pubes shaved; the sac was then opened to the left of the middle line and a coil of gangrenous intestine found, there was also a very offensive purulent fluid in the sac; the first coil of intestine occupied a kind of diverticulum of the main sac, and it was hoped that this was the limit of the gangrenous process, but as the incision was extended it was found that there were several of these loculi, and that the whole of the intestine which occupied the large sac was in a condition of gangrene. There was no omentum in the sac. The patient's general condition was now very bad, and the question as to duration of operation was very important it was evident that she could not stand excision of the gangrenous part which was estimated as more than three feet in extent, and included the cæcum part of the ascending colon, the appendix, and some ileum, and it was not thought prudent to attempt resection alone on account of the increased shock which would have undoubtedly followed. It was decided therefore, to close the abdominal opening, leaving the intestine affected outside. A tube was placed in the ileum where it appeared healthy, and then the gangrenous gut was emptied of its contents, thoroughly washed with perchloride of mercury, dusted with iodoform, and then closed with a layer of cyanide gauze. The patient rallied satisfactorily from this operation, and two days afterwards the gangrenous intestine was excised. The number of vessels requiring ligature showed how unwise it would have been to have attempted this at the first operation. A Paul's tube was fastened into the end of the ileum, and another into the end of the ascending colon, and the whole wound thoroughly disinfected. The portion of intestine removed measured more than four feet. Mr. Battle remarked that he hoped to re-establish the intestinal canal on some future occasion when the patient had sufficiently recovered. The case, he said, was a very unusual one, because the opening through which the hernia had come was large enough to admit four fingers, and it is not common to get such acute strangulation when the opening is of such large size. This was certainly a most acute process, and perhaps the absence of omentum in the sac was partly accountable for it. The gangrene of the large intestine ceased abruptly at the point where the edge of the opening had compressed it.

ST. MARK'S HOSPITAL FOR FISTULA.

Carcinoma of the Rectum complicated with a Perirectal Tumour. — Mr. Swinford Edwards operated on a man, æt. about 55, for malignant disease, which extended up the bowel for about three inches. The patient had only complained of symptoms for six months; he was singularly free from pain, but suffered at times from a sanious discharge from the rectum, accompanied by frequent desire to stool. Ether having been administered, the patient was placed in the left lateral decubitus, and Mr. Edwards inserted his finger into the rectum in order to make a more thorough examination than he had previously been able to do; immediately above the growth the finger touched a rounded elastic swelling over which the mucous membrane was freely movable; this tumour lay towards the front of the rectum, apparently between it and the bladder. In order to make a more thorough examination a posterior proctotomy was performed; the swelling now appeared to be the size of a tangerine orange. Although somewhat movable, it seemed to have deep attachments to the pelvis. Under these circumstances it became a question whether it was worth while attempting to remove the carcinoma, as the tumour first referred to might possibly be either glanular enlargement or extension of the disease upwards, not involving the mucous membrane. However, having exposed the diseased area, Mr. Edwards thought it best to proceed to remove the portion of the rectum which was evidently carcinomatous before proceeding to deal with the other tumour. The patient having been placed in the kneeling posture, a modification of Godlee's position recommended by Littlewood (the patient being placed as for dissection of the buttocks, the chest and abdomen being on the ope-

rating table with the pelvis raised (and the knees flexed and resting on a chair to which they are attached), the lower portion of the rectum, including the anus, was removed from below upwards, the part of the gut just below the tumour being clamped with large pressure forceps. About three inches of bowel were removed in all, and the peritoneal cavity escaped injury. As the patient was now in a somewhat collapsed condition, it was not thought advisable to proceed with the removal of the extra-rectal tumour, but to leave this for observation and possible further operation. It was found difficult to apply ligatures to some of the deeper vessels, so pressure forceps were left on and the wound packed with gauze. Mr. Edwards said that this was an unique case in his experience, for it was rare to have a case of carcinoma of the rectum complicated with what appeared to be a perfectly distinct tumour, the features of which pointed rather to an innocent than to a malignant growth. From its feel he thought it might not unlikely prove to be a dermoid, as it was quite smooth, somewhat movable, and elastic. As he had before remarked, the mucous membrane was freely movable over it, as also probably the muscular coat. It was a matter for regret, he thought, that the patient's condition did not warrant further operative interference such as would be necessary for its removal. With regard to the patient's position he had employed this posture because at first he considered he might have to perform a Kraske's or similar operation. Mr. Edwards thought this modification of Godlee's position recommended by Littlewood, to be the best when Kraske's operation was undertaken, but for a case such as the present one in which a more limited operation had sufficed, no bone having been removed, and the peritoneal cavity being left intact, he considered a better view would have been obtained in the lithotomy position; he pointed out, however, that even with the many advantages of Littlewood's position it had one great drawback, that it was very difficult to keep blankets on the thighs and to protect them from getting soiled, as mackintosh sheeting was very apt to slip down.

It is satisfactory to say that the patient a fortnight after operation is doing well. The hæmostatic forceps were removed after forty-eight hours, the large wound is granulating nicely, and the peri-rectal tumour shows no sign of increase.

ACQUIRED SYPHILIS IN AN INFANT.

ACQUIRED syphilis in an infant of seven months is a recognised rarity. An interesting case of the kind is recorded in the current number of the New York *Medical News*, by Dr. L. D. Bulkley. The primary lesion was a chancre on the lower lip, which was apparently traced to the infected nipple of a feeding bottle. Upon the trunk was a fully developed macular syphilide, which had been noticed for four days. The child was well nourished and of splendid development. The mother was healthy. The chancre was half an inch in diameter, there was enlargement of the glands under the jaw. The infant having been fed by the bottle, the supposition was that the infection was conveyed by some one who had tasted the contents of the bottle to ascertain if the food was of the proper temperature.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 6, 1899.

PROVISION FOR THE MENTALLY DEFICIENT.

No excuse is needed for referring once again to the Poor-law provision for the mentally deficient class, for although there has been much talk very little has been really done. The question is a very large one, and to reduce the whole matter to practice instead of theory would imply a considerable unanimity of opinion on the part of Public Boards in England. When we consider the various classes of the feeble-minded, the different accommodation required for them, and the need of specialised treatment for those who are capable of some educational or industrial training, it will be seen that a very important revolution of affairs is involved in reducing suggestions to a practical form. No one will question the axiom that lunatic asylums are not the most suitable places for juvenile imbeciles even for those requiring custodial care, but when we consider the immense charge that lunacy has been to this country, and the extravagant ideas which now prevail regarding the building and equipment of modern asylums, we are not surprised that there should be hesitation and delay in differentiating, in the manner proposed by Dr. Shuttleworth in his address before the recent Poor-law Conference. That his requirements are good goes without saying, but there are practical difficulties in the way which cannot readily be got over. Thus, for example, we find that the statistics of this class are insufficient to form a basis for structural erections or changes because of the large number of imbeciles who are not, treated in institutions of any kind, but are allowed to roam about at their own sweet will, and are wholly

or partly provided for by doles from Boards of Guardians. As a very good example of what is being done and what ought to be done, Dr. Shuttleworth quotes the combination of the great Unions of Manchester and Chorlton, which on the instigation of Dr. J. M. Rhodes, who has devoted much intelligent attention to the treatment of imbeciles, combined to establish a colony for 1,500 epileptics and imbeciles now accommodated in their workhouses. A site has been secured, and if this be approved by the Local Government Board, cottages will be erected on the Alt-Scherbity plan to accommodate groups of fifty patients, with central administrative offices, infirmary, &c. A similar combination of Unions to establish a school for pauper imbecile children has been suggested by the Birmingham Guardians, but so far without success. Of course there are voluntary institutions, such as those at Earlswood, Lancaster, Colchester, Starcross, and Knowle, affording in the aggregate accommodation to 1,700 patients, but those do not meet all requirements and do not profess to admit paupers. It is pointed out by Dr. Shuttleworth that where there is no such charitable provision, or a totally inadequate one, as in the Midland Counties, the urgency for the provision of imbeciles is greatest. Voluntary homes have been established in various parts of the country by charitable effort, the weekly rates of payment varying from 5s. to 7s. A confederation of existing homes, which are usually for twenty inmates, has been formed, and full particulars may be had from the National Society for Promoting the Welfare of the Feeble-Minded, 53 Victoria Street, S.W. We have taken special notice of Dr. Shuttleworth's paper because he is an acknowledged authority on the subject, and because we feel strongly with him. Those interested and anxious to see an improvement in the present system, should (as he describes it) "keep pegging away." It is earnestly to be desired that something may be done, for it is sad to think of the neglected opportunities that have been at our door for years, and of the young lives that might be brightened and improved, morally and socially, as well as intellectually by well-directed efforts on their behalf.

THE PHYSICS OF AUSCULTATION.

One of the most important improvements in the diagnosis of diseases was that which was effected by the work of Laennec, when he turned attention to the methods by which the sense of hearing could be utilised in a manner not previously observed or appreciated. The eye and the hand, the sense of sight and the sense of touch, were the two senses we chiefly relied upon in medical and surgical practice. How to use the ear did not seem to have occurred to others as it did to Laennec. What could be learnt from the use of the ear in the diseases of the most important organs of the human body, the heart and the lungs, was first pointed out by him; and there is no subject which attracted so much attention in the profession about half a century ago as the use of the stethoscope. As far as this instrument is of use it is quite clear that its value depends on the assistance it affords in the conduction of various sounds from the patient's body to the ear of the physician. The question of how and why various changes in the heart and lungs can cause various sounds is quite different from the question how we can best hear them. The only way to obtain answers to the first question was clearly dependent more on pathology or morbid anatomy than upon anything else, though experiments on living animals were to some extent resorted to. On what principle the stethoscope should be constructed, and how the instrument could be best applied to the detection of variations of sound in the heart and lungs, is a subject that can only properly be dealt with by those who have studied the science of sound, by such men as the late Prof. Tyndall, who gave special attention to it. When we see that it was Tyndall who presented to the Royal Society the paper which Dr. Alison wrote on the stethoscope, we have evidence that he saw the importance of using the science of sound in medical practice. There seems, however, to have been a want of scientific knowledge on the part of Laennec and his followers in his own and other countries. Various names were invented to describe the various sounds which could be heard in the heart and lungs when certain pathological changes occurred in them. Souffles, bronchophony, ægophony, pectoriloquy, murmurs, frictions, and various others were used to describe certain well-known affections of the tissues of the heart, pericardium, lungs, and pleural cavities. And then the method of percussion became of importance, and how best to use it was attractive to many physicians. To go back, however, to the physics of auscultation, we have to consider on what scientific principles we depend when we try to use the ear in diagnosis. In the case of the lungs we are dealing with vibrations of air; in the case of the heart and blood vessels with vibrations of a fluid—and how best to carry these through an instrument to the ear requires some consideration. Would the same conducting medium answer equally well for both is a question we need not discuss. A point, however, that we consider still requires study is the qualities of the vibrations of air and fluid, or, rather, the differences between them; and then we shall arrive at some conclusions how best to convey them to the ear. The curious way in which a thin layer of fluid in the pleural cavity alters the voice sounds, and the difference between a solid stethoscope and a tubular one in heart and lung diagnosis, we know depends on the variation in the conduction powers of solids, liquids, and air. There seems to have been more ignorance than we should have expected in a great deal that has been done in this line of medical research. The reason, we suppose, is because the science of the physics of sound was not sufficiently well known in the profession to prevent the imagination from misleading, and much time and trouble being wasted to no purpose.

INTERNATIONAL MEDICAL CONGRESSES.

Now that the novelty of the huge gatherings which pass muster for international scientific congresses is passing off, the intelligent public are beginning to ask themselves whether these modern Babels really do much for the advancement of science, and of medical science in particular. Experience shows clearly enough that the contributions, which are bewildering in their abundance, rarely convey original information, or, indeed, any information that has not already been, or would not subsequently be, published to the world at large through the medium of the press, under conditions far more favourable to judicious elimination and emendation than the editors of the portly volumes of proceedings can possibly secure. As a matter of fact, the reading of papers at these congresses is more or less a farce, seeing that in such a Babel of tongues anything in the nature of a thorough discussion is impossible, partly for want of time, partly by reason of the multiplicity of languages. Judging from the prominence invariably accorded to a particular series of names, the principal object of these meetings appears to be that of affording certain energetic persons the longed-for opportunity of blowing their respective trumpets to the best advantage. It may be urged, on the other hand, that the gathering together of scientific men from all parts of the world must tend to obliterate insularity and to pave the way to personal acquaintanceship between investigators who are following the same lines of research. So far, so good, and we are not concerned to deny that advantages of this kind may, and do, result from the opportunities which international congresses afford. The recent Obstetrical Congress at Amsterdam shows, however, that, instead of obliterating international jealousies, these meetings afford an unrivalled opportunity for placing them *en evidence*. For many years past the German-speaking countries of the continent have been the happy hunting ground of German professors, an invasion which, naturally enough, has awakened native susceptibilities. This feeling has reached a crisis in Holland where a stand has been made against the encroachments of German professors with the result that at the recent Obstetrical Congress the German delegates ostentatiously abstained from assisting thereat, although they had accepted the posts assigned to them and their papers had been printed. A similar movement is pretty certain to take form in Switzerland where German professors have, in many instances, succeeded in ousting the Swiss candidates for professorships. The movement is likely to spread, and may ultimately prove fatal to the future of the international congress as at present organised. The vice of the present method is in particular the utter absence of selection, and this vice attains its maximum in congresses not devoted to a specialty. There is an abominable plethora of papers emanating from men who for the most part are unknown to fame, even to that restricted fame which is limited to their own frontiers, and there is in reality no attempt to edit the proceedings. The consequence is that the occasional grains of wheat are submerged in an incredible quantity of stuff which is neither original nor interesting. In fine, there is no scientific object which cannot be attained by the publication of contributions in the columns of the medical and scientific press which, after all, is the path by which the carefully sifted proceedings ultimately reach the profession. The criticisms which we have passed on international congresses apply *mutatis mutandis* to national congresses except when these meet for the discussion of a specific subject, such, for example, as tuberculosis.

Notes on Current Topics.

The Plague in Europe.

Dr. Mendoza, one of the two Spanish physicians sent from Madrid to report to the Government on the outbreak of the plague in Oporto, writes to our Spanish contemporary *El Siglo Medico*, on the subject, that the first cases of plague in the city occurred among quay labourers who were employed discharging the steamship *City of Cork*, of a cargo which she shipped in Bombay. The cargo was reported to consist of hides, the importation of which is prohibited in Portugal, but this is denied, and the cargo is declared by the agent of the shipping company to have been bags of rice and chests of tea. And it is urged that the customs authorities would not allow of the discharge of a cargo of hides. Dr. Mendoza, nevertheless, thinks that it is quite possible that the cargo was of hides although he quotes the case of the introduction of the plague germs into Madagascar in a cargo of rice as showing that the germs may have been brought with the rice. The outbreak took place on June 22nd, the day the steamer was unladen; it assumed the fulminant type in the case of the labourers who were engaged on the *City of Cork* and a less virulent type among those to whom they transmitted the disease. In their report to the Government Drs. Vicente and Mendoza, state that the cases examined had all the well-known characteristic symptoms of the Eastern plague. They carefully examined diseases, three of men and of women, which were under the care of Dr. Noguerias, in Misericordia Hospital. Four of the cases, one man and three women, had enlargement of the glands of the inguinal, axillary, submaxillary, and cervical regions. The three women were suffering from pneumonia. In one fulminant case the inguinal glands suppurated and bled, and a rash resembling chicken pox appeared, petechiæ appeared on the chest, the skin became cyanotic, and death resulted in twenty hours. Writing on August 16th, the physicians conclude that the epidemic is arrested, and that its virulence is greatly diminished. No antitoxins were used in the treatment, for the very good reason that none were to hand, there was not sufficient time for their preparation. The Spanish Government has placed a sanitary cordon round the Portuguese territory, bordering

Spain, under the charge of General Mariano Capdepon, and at Valencia de Alcantara, Fuentes de Onoro, and Fregenada, Juy, and Padajoza, a doctor with a military guard is stationed to prevent infected persons or goods crossing the border. Any person coming from any suspected centre of infection is to be detained for such time as the medical officer in charge thinks necessary up to ten days, which is considered by the authorities as the maximum period of incubation. Arrangements are made for the disinfection of the person, clothing, and luggage or wares of the traveller, and none are to be allowed to pass without being submitted to the process. A royal order further charges all medical men to notify to the central authorities any case occurring in their practice resembling plague, and to inculcate on the people the necessity for keeping their dwellings clean. Dr. Ovilo has been entrusted with the carrying out of the sanitary arrangements. Twenty tent hospitals, in groups of five, are provided. Of these ten are set apart as observation tents, and of the remaining ten five are reserved for men and five for women. With these are installed apparatus for cooking, lighting, sanitation, disinfection, and an abundant water supply. Senor Dato, the member of the Government charged with the direction of sanitation, has expressed his gratification at the completeness of the arrangements made in this epidemic hospital for fighting the plague.

What Constitutes Pecuniary Ineligibility for Hospital Relief.

A great misconception undeniably prevails in the minds of most laymen relative to consultants' fees, and this fact is made very prominent by a letter published in the *Times* last week on "Hospitals and Out-Patients," by Sir Trevor Lawrence. He raises the question of what should constitute pecuniary ineligibility for hospital relief, and adduces the case of a clerk, whose income may be £200 per annum. Such a person he maintains would be quite unable to pay fifty or one hundred guineas for an operation, with all its attendant expenses, and, therefore, those who belong to the class of clerks, he considers are not ineligible for hospital relief. We are sorry to see that Sir Trevor should have fallen into the error of supposing that a hard and fast line exists by which it is impossible for consultants to accept reduced fees. As a matter of fact it is the rule rather than the exception for modified fees to be offered and taken. Indeed, if this were not so, the surgical beds of our hospitals would soon be crowded by persons able and willing to accept those modified terms. Moreover, it is quite a mistake to suppose that there are no nursing homes whose proprietors do not cater for the class of persons in question. Most operating surgeons are acquainted with surgical homes where the weekly charge is only two guineas. We are, therefore, bound to disagree seriously with Sir Trevor Lawrence when he contends that a clerk earning £200 a year is not in a position to pay the fees of a consultant for a grave operation. There are many young hospital surgeons who cannot expect to obtain full fees for their operations, and it is to them that clerks and others similarly placed in a pecuniary sense should apply. Perhaps some of the junior members of the staff at St. Bartholomew's Hospital, of which institution Sir Trevor Lawrence is the treasurer, will take steps to point out that they are quite prepared to operate upon any number of £200 per annum clerks at reduced fees. The truth is that it is only a very select few of operating surgeons whose independence is such as to enable them to claim the maximum fees for their operations.

Opium Eating.

An inquest held last week in London upon the wife of a dock labourer, called attention to a form of drug craving of which one rarely hears nowadays. From the evidence it appeared that for no less than thirteen years, according to her own statement, deceased had been in the habit of taking opium. The husband stated that his wife met with an accident eighteen years ago, and ever since had been in the habit of taking opium pills. She bought about three pennyworth of the pills every day, and procured them from a chemist in the East India Road. The medical testimony pointed to the drug mentioned having been the indirect cause of death. The coroner drew attention to the fact that the box in which the pills were sold was not labelled, although the opium was a scheduled poison, and there was no actual proof as to where it was purchased. The infraction of the law, as laid down by the Poisons Act, appears to be clear enough, and if that salutary law is not to become a dead letter, the present is evidently a case in which the police should prosecute. So far as we can judge from the evidence of coroners' courts, there is no law more systematically evaded than that which is framed to regulate the sale of poisons. Why should this be? Even the national interest in the affairs of South Africa can hardly excuse a social omission of this kind. So far as the opium habit is concerned, there is reason to believe that the practice is widely prevalent in various parts of the United Kingdom, more especially in rural districts. From the facts of the case, however, this form of indulgence seldom comes to light.

The Weighing of Packet Wrappers.

For some time past the community has been witnessing a series of duels between various local authorities and dealers in tea, upon the vexed point as to whether the vendor should be permitted to weigh the wrapper along with the amount sold to the customer. Clearly, if the practice be allowed, the grocer is selling cheap paper at the price of tea, and in large transactions must come out considerably the gainer. Indeed, this point has always been evidently one in which the poorer classes have to pay a higher proportionate price for their commodities than the rich. Four quarter pounds of tea mean the purchase of four paper wrappers, whereas the rich man gets his full value by buying in bulk, say, a seven pounds'

parcel of tea weighed independently of the tin canister in which it is delivered. A similar sharp practice applies to many articles other than groceries. The chemist, for example, vends many drugs in which the gross weight includes the wrapper. Nor are the tobacconist and the butterman above suspicion in the matter. Many worthy folk want to know why the local authorities should attack the jam-makers upon a disputed point as to the use of absolutely fresh fruit in their trade, while the vast army of offenders in the shape of milkmen, grocers, chemists, buttermen, and other purveyors of food are allowed to go practically scot free The key probably lies in the constitution of the vestries. How many adulteration prosecutions take place annually in each London parish on an average? Yet gross adulteration is rampant. It is easy to attack the large merchants and factory owners, who are regarded as fair game by the small tradesmen who virtually rule the vestries.

Lockjaw in Kent.

FOUR deaths from tetanus have been reported within the last ten days from Kent. In two at least of these cases there was presumptive evidence of soil contamination, namely, those of a cyclist and of a quoit player who met with accidents. Traumatism was present in each instance. The infectivity of soil in these cases is now well established, and the only wonder is that tetanus is not a much commoner affection, when we take into consideration the vast number of wounds, both serious and trifling, that are exposed to soil contamination. The progress of our knowledge with regard to this most terrible of human maladies reads like a fairy tale of science. It is only a few years ago that medical men were absolutely in the dark as to the origin of tetanus, although the share of soil in causation had long been recognised. In 1889 Kitasato succeeded in isolating the specific organism, which, with its "drumstick" shape and its numerous flagella, forms an attractive object under the microscope. The next great step in advance was the work of Faber, who showed that the symptoms of the disease could be produced by the injection into susceptible animals, as mice and guinea-pigs, of culture fluids freed from the specific bacillus. The history of the tetanus experiments and researches is well worthy of careful perusal by the medical practitioner who has not the opportunity of working at practical bacteriology.

The Registrar-General and Death Certificates.

A WEEK ago the subject of death certificates was dealt with in a leading article in the MEDICAL PRESS AND CIRCULAR. In the course of our remarks we felt it a duty to reflect strongly upon the way in which the Registrar-General played into the hands of unlicensed practice by allowing his local representatives to receive lax and informal notices of death from various quarters. This week the truth of some of our claims has been virtually admitted by the issuing of an order from the Registrar-General to District Registrars not to accept certificates of death unless deceased had been attended by a doctor within a period of three days prior to death. This is a step in the right direction, and it is to be hoped that the Registrar-General will follow up his new policy of attempting to render death certification something less of a farce than it is at present. The right thing would be to allow no corpse to be buried unless properly certified by a qualified medical man or by a coroner after due inquiry. Otherwise the due protection of life, so far as it can be checked by official machinery, is at an end. Medical men have done foolishly in not refusing a certificate when they have not attended within a few days of death, but the registrars will now discharge the unpleasant duty of negation for them. By the way, this new order will knock on the head the laxity of the hospital physicians and surgeons who have so cheerily granted certificates of death in cases they have seen perhaps once some time before death.

The Dangers of Prolonged Sea Bathing.

SEVERAL instances of illness due to excessive bathing in the sea have come under our notice. In each case the patient suffered from pains in the limbs, depressed circulation and prostration, with general symptoms of malaise and "chill." The duration of the illness was in some instances three weeks or more, showing that the nerve centres had received a severe shock. Enquiry proved that on several successive days the sufferers had remained in the sea for at least an hour under a scorching sun. The unwisdom of such a proceeding in persons who are not accustomed to prolonged baths and to violent muscular exercise is all too apparent. A young man fresh from college training can swim for an hour with ease and afterwards be none the worse for it. But how wide the difference between experience and that of a woman who perhaps takes a morning sponge bath and little or no active exercise! Can she be expected to face the extremes of temperature involved in an hour's sea-bathing, to say nothing of the sheer hard muscular exertion of paddling, floating, swimming, and moving about in a tidal water? The proper length of a sea bath for a novice should not be more than five or ten minutes, gradually lengthened as tolerance is acquired. Even a man who has been a strong swimmer needs to begin sea-bathing cautiously after a long abstention. Many a whilom athlete has met his death by trusting to his former prowess. Yet sea-bathing, properly used, is undoubtedly a most valuable means of restoring health and tone to the debilitated.

Lead in Condensed Water.

IN a recent issue of the *Australasian Medical Gazette* Mr. R. R. Harvey, M.B., Medical Officer of Health for a West Australian district, points out a danger connected with the use of condensed water. In the gold districts of the region in question there is great scarcity of water, and the drinking supply has to be obtained by condensation of the salt water obtained from shallow wells. Under certain conditions the heat is apt to release muriatic and sul-

phuric acids from the salt caked on the sides of the boiler, and the acids then eat away the lead of the solder and form various poisonous metallic salts. A peculiar form of anæmia is prevalent on the gold fields, and it is believed by the people to be due to the want of fresh vegetables and to the use of tinned foods. Mr. Harvey has met with several cases of chronic lead poisoning, and not unreasonably concludes that much of the anæmia may be attributable to the same cause. His practical conclusion is that the condensing of water should be conducted under skilled supervision. In Great Britain the risk of plumbism from that source is not likely to occur. Still the medical man will do well to bear in mind the possibility of such an event. Now that many ocean steamers are in the habit of using condensed water it would be interesting to learn whether any cases of lead poisoning have ever been traced to that quarter. It might be suggested to the Western Australian authorities that they should prohibit the use of lead in all condensing apparatus, a condition that would not be very difficult to satisfy.

Sewer Ventilators.

Anyone who has taken the trouble to notice the sewer ventilators in the London streets must have been astonished to find that the majority of them are merely ventilators in name. It is quite the exception to come across a ventilator which is not firmly blocked up with road refuse. So far as the City is concerned we glean the explanation of this from a letter which appeared in the *Times* last week from the City Medical Officer of Health. This official asserts that his sanitary committee take every opportunity of closing openings in roadways from subsidiary sewers, and ventilate the same by shafts of six inches in diameter affixed to the nearest building. He also adds that two hundred and eleven of these shafts have already been erected in the various districts. We are disposed to take exception to this arrangement. The principle is undoubtedly sound, but its application is faulty. There should be just as many ventilating shafts as there are road ventilators; unless this be the case, there is bound to be a high pressure of sewer gas at the higher levels Should it then so happen that a road ventilator be open at this part, it is not difficult to understand that the opening would give exit to volumes of gas, and thus cause a nuisance. Failing, however, a multiplication of ventilating shafts, such as appear to be in use in the City, we think that plenty of road ventilators carefully kept in a patent condition is the next best plan of sewer ventilation. By this means the gas by having many channels by which to escape has no opportunity of reaching the outside air in a state of high pressure. The nuisance under these circumstances is not directly the sewer opening in the roadway, but the faulty ventilation of the sewer by which the gas contained therein has been allowed to accumulate and escape in bulk. If the sanitary authorities throughout the metropolis were to see that every road ventilator was kept free and open we have no hesitation in saying that the complaint against special openings of the kind would soon cease. Meanwhile the attention of the London County Council might well be directed to this matter.

Boracic Milk.

The Board of Agriculture have been appealed to in order to prohibit the sale of "milk extract," which consists of condensed milk, without sugar, preserved by boracic acid. Apparently during the summer considerable quantities of this preparation have been sold at seaside resorts and other places where the demand for milk has surpassed the natural supply. It is said to be prepared in Lombardy, and an analyst attached to the Inland Revenue has reported that the amount of boracic acid in the milk was not of sufficient quantity to substantiate a charge of adulteration against the vendors. Under the circumstances, then, the Board of Agriculture have intimated that they can do nothing in the matter. This is rather a serious state of affairs. Is it to be henceforth understood that milk can be mixed with a certain proportion of boracic acid and still, from a legal point of view, be an unadulterated product? What constitutes adulteration in such a case? The answer to this question is one which the authorities concerned should lose no time in considering. The position seems to have been assumed that adulteration cannot be proved unless the boracic acid in the milk is in sufficient quantity to cause harm to the consumer. That is to say, the acid is placed upon the same footing as the sugar, the latter being the ordinary preservative used in condensed milk. Clearly in the interests of the community generally some authoritative conclusion should be arrived at in regard to the use of boracic acid as a preservative of food.

Boards of Guardians and the Appointment of Vaccination Officers.

The law officers of the Crown have just burst a bombshell in the anti-vaccination camp. The Lutterworth Board of Guardians recently appointed a vaccination officer with a condition attached that he would only institute proceedings againt defaulters under the Vaccination Acts when specially authorised by the guardians under their common seal. This arrangement naturally did not meet with the concurrence of the Local Government Board, and the latter authority felt it their duty to remonstrate. Subsequently the matter was referred to the law officers of the Crown, who reported that the duties of the vaccination officer were defined by the Acts relating thereto, and could not be curtailed, restricted, or superseded by any resolution of Boards of Guardians. Consequently, the appointment made by the Lutterworth Board was declared to be void, and thus the guardians have been called upon to make another which shall be in accordance with the Acts. We are glad to see that the Local Government Board are showing their determination not to be trifled with in regard to the administration of the Vaccination Acts. If the Board were to display any laxity in

their dealings with the guardians in this matter vaccination would soon degenerate into a farce, and no one could predict what the ending thereof would be.

Successful Removal of Sarcoma of Brain.

THERE is no branch of regional surgery that has made greater strides within the experience of the present generation than that which deals with the brain. Like all other organs situated in cavities the brain has been brought within the range of practical surgical therapeutics simply and solely by the introduction of Lister's system of aseptic surgery. In view of what has already been accomplished it may safely be asserted that the limit of brain surgery still lies hidden away on a remote horizon. The recent introduction of the practice of trephining and injecting curative serums into the substance of the brain opens up a new and suggestive field of direct therapy of organs. Clearly it would be quicker to inject such a serum into an affected gland than to allow it to reach the desired spot indirectly and in a diluted form by means of the general circulation. Of all brain conditions, however, that of sarcoma would appear to be least amenable to the surgeon. A successful case of the kind, nevertheless, has been reported by Carle in the *Revue de Chirurgie*. He removed a sarcoma from the left frontal lobe of a patient who showed localising signs. Two years later the patient remained well, and was intellectually clear, the only remaining trouble being a slowness of speech. This case is worth careful consideration by all who are interested in brain surgery.

Chemists Beware!

THE relations between the dispensing chemist and the medical profession are not altogether of the most harmonious nature, and it is to be hoped that one day the legislature will put a stop to the pernicious custom of counter-prescribing. The most heated opponent of this form of unqualified practice, however, will hardly approve of the latest rigours of supervision to which the tradesmen in question have been subjected. At Fulham, several chemists were last week prosecuted by the Vestry for "selling a compounded drug not composed of ingredients in accordance with the demand of their purchaser." At first blush the reader will conclude that the object of the prosecution was a fit and proper one, but he will most likely alter his opinion on hearing further details. It appears that a prescription was made up by the defendant, and according to the vestry's analyst the bottle contained 258 grains of iodide of potassium, instead of 240, as ordered. The magistrate dismissed the summons as he thought the Act was meant to deal with frauds, and had no relation to a trifling excess of an ingredient in a bottle of medicine. The futility of such a prosecution lies on the surface. If this hair-splitting Vestry, instead of attacking a chemist on such shadowy and debateable ground, had taken a dozen samples of simple everyday drugs and had tested their purity, then a solid service would have been rendered to the public. The laxity, or rather the absence, of anything like a systematic control over the purity of drugs vended to the community is nothing short of a scandal. Yet all the needful machinery lies at the elbows of the vestries.

Gainsborough as a Plague Spot.

IN 1894 the Local Government Board made an official inquiry into the sanitary condition of Gainsborough, with results that furnished a most unfavourable commentary upon local administration. Hence, in the absence of detailed and definite information as to certain deaths registered as due to "fever" another inquiry has been conducted by Dr. Muir, Medical Inspector of the Board. His report discloses a scandalous condition of affairs, so much so as to be hardly credible. A large number of the houses have middens, which are badly made and neglected. The sewers are unventilated and for a great portion of the day tide-locked, the drains often untrapped, and the general disposition of the sewage disposal apparently such as to secure the greatest possible amount of soil contamination. The sanitary inspector is a retired cabinet-maker, sixty years of age, who seems to content himself with an intermittent supervision of the scavengers. Nuisances abound throughout the district, and typhoid-infected middens are left untouched in spite of frequent applications for cleansing on the part of owners. The inhabitants of the place are for the most part drawn from the working class, and numbers of their dwellings are "so damp and dilapidated from age or neglect as to be unfit for human habitation." Gainsborough, in short, is in a state that may well make the sanitarian pause when he is inclined to boast of the progress made by Great Britain in practical preventive administration. If this backward urban district will not do its duty, then Government must interfere. Would it not be possible to prosecute the Council for polluting the Trent, into which they discharge large quantities of raw sewage? Surely the Pollution of Rivers' Act may be made a lever for exerting indirect pressure upon the rulers of unwholesome Gainsborough.

The Assuan Hospital.

MESSRS. JOHN AIRD & CO. have sent us a copy of the First Annual Report of the Assuan Hospital established in connection with the Nile Reservoir Works. It is of interest to note that the staff consists of Dr. E. Schmitt, as chief medical officer, Dr. Fahri, an assistant medical officer, Dr. Montessori, an Italian, especially engaged to attend to the large contingent of Italian labourers; three trained male nurses and a female housekeeper, apparently the only woman upon the premises. There were a total of 198 cases treated during the course of the year, 28 of which were fatal. The accident cases numbered 53, 10 of which were fatal. The total number of beds is 48, and these include separate quarters for the Europeans and natives. The remarks in the report upon the cases of sunstroke and heat affections, numbering 33, are especially noteworthy. It is stated that in

almost every serious case the patient was found to have drunk to excess, whisky and beer being the source of harm with Englishmen, and mastic with other workmen, and it is further added that, provided that a man is temperate and takes proper precautions, there is very little risk of sunstroke. Perhaps the firm might take up the question of encouraging temperance among their workpeople by providing non-alcoholic beverages at a cheap rate.

Yellow Fever in Virginia.

The following account of the present epidemic of yellow fever in the State of Virginia (*Vir. Med. Semi-Monthly*) will do much to allay the fear of a serious outbreak of the disease among our American cousins: "It seems probable that the thirty odd cases of yellow fever announced July 30th in the Soldiers' Home at Hampton, Va., formed a part of an endemic that had existed for a week or more. As best can be learned, the disease was introduced by an 'Old Soldier' who spent some days of his furlough in June and early July in or about Santiago. The usual error of diagnosis of dengue was first made of cases in the hospital prior to July 30th, when the Virginia State Board of Health, the military authorities at Fortress Monroe, and the health officers of the towns and counties near by were advised of the true nature of the disease. At once quarantine was declared against infected sections of the peninsula of Virginia, and the disease has shown no tendency to spread—up to this date (August 7th). Beside the prompt, rigid measures of quarantine adopted at once by Newport News, Norfolk, Portsmouth, &c., the Virginia State Board of Health, as far as its limited means will allow, aided by a donation from the contingent fund under the direction of the Governor of Virginia, has commissioned medical inspectors along all the lines of travel coming from the infected section on York River, James River, Chesapeake and Ohio Railroad, Norfolk and Western Railroad, &c. It seems to be the opinion of experts and those in authority that the apprehension of an epidemic is at an end. This is the first time yellow fever has originated or caused any alarm in Virginia since the terribly severe epidemic of 1855—forty-four years ago."

Messrs. Burroughs and Wellcome were awarded a silver medal for the solid disinfectant at the Health Exhibition recently held in Southampton.

THE CONGRESS OF THE SANITARY INSTITUTE.

The past week has been marked in the medical calendar by the assembly of the Sanitary Institute in Southampton—brought to a termination on Saturday, the 2nd inst. The gathering was larger than had been expected, so much so that, even for many of those who had sought to reserve hotel accommodation several days beforehand, much difficulty was experienced in getting even good lodgings. Nearly 500 names appeared on the official list of members present, while, probably, as many more camp followers (if we may use the phrase) accompanied them. The Mayor, in one of his addresses, estimated the total number of those who took part in the proceedings in one or other form at 1,750. The municipality offered its hospitality through the medium of the worshipful the Mayor (Councillor Hussey), the Senior Bailiff, the local hon. secs., Dr. Wellesley Harris, Medical Officer of Health; Mr. Matthews, C.E.; Mr. Bennett, C.E., and Dr. Russell.

The Institute itself was represented by Sir William Preece, K.C.B., the newly elected president; Mr. Law, chairman of the Council; Sir Henry Littlejohn, by several other leading members of the Council, and by Mr. White Wallis, P.S.S., its very efficient secretary.

After the initiatory ceremonial of the opening of the Congress by the Mayor, and the installation of the President, an adjournment was made to the public luncheon held at the Pavilion under the chairmanship of the Mayor, the large hall being quite full. The collation was abundant and good, but the caterer's charge for it (4s. 6d. *vin non compris*) was decidedly in excess of value given.

Sir William Preece's presidential address (which we print in abstract in this issue) was well designed and eloquently expressed. Not being a Medical Officer of Health or otherwise officially connected with sanitation, he did not attempt a scientific exposition of it, but devoted himself to an enunciation of its general principles and to the six requirements for the *mens sana* in *corpore sano*. In this he was very successful, his observations being systematic and lucid, and his foundation of these principles on the law of Moses, whom he described as "the greatest sanitary engineer the world has ever known," being particularly happy. We refrain from particularising his points as our readers can peruse them for themselves.

The evening of the first day (Tuesday) was assigned to the opening of the Health Exhibition, which function was officially performed by the Mayor. We shall notice the exhibition later on.

The scientific work of the Congress was conducted in a series of conferences and meetings of sections. The conferences included eight classes of sanitary officials: (1) Municipal representatives; (2) Port sanitary authorities; (3) Medical Officers of Health; (4) Medical Officers of Schools; (5) Sanitary Engineers and Surveyors; (6) Veterinary Inspectors; (7) Sanitary Inspectors; (8) Domestic Hygiene. It was understood that no one but the officials named should take part in the Conference with which they are in relation. The sections were three in number—(1) Sanitary Science and Preventive Medicine; (2) Engineering; (3) Physics, Chemistry, and Biology; and in the proceedings of these sections any member might take part. In the conferences many questions of great interest to sanitarians were discussed, *e.g.*, housing of the working classes, sanitation of passenger ships, child labour and infant mortality, recrudescence of the plague in Europe, the repression of venereal disease, and the prevention of malaria disseminated by mosquitoes. The lion's share of the work of the Institution was, however, taken by the subject of tuberculosis viewed from one or other aspect. Precautions against its dissemination by (*a*) the human subject; (*b*) tuberculous meat; (*c*) tuberculous milk. (*d*) Sanatoria for phthisical patients, their maintenance and administration. On Thursday evening a public lecture on the subject was delivered by Mr. Malcolm Morris, F.R.C.S. He asked himself, "Is a crusade for the suppression of tuberculosis expedient?" and proceeded to establish, rather unnecessarily, the affirmative by adducing the statistics of the disease and the media for its dissemination, which are now arguments rather of historic than present interest. As to practicable means of "suppression," the lecturer had no suggestion worthy of special notice to offer. His panacea is the usual one of coercion—the enaction of laws to make spitting by consumptives an offence punishable by gaol, unless the unhappy victim expectorated into a leaf of antiseptic paper (carried home in his pocket for destruction) or in a spit cup carried in his hand. Some of the speakers at the sections elaborated this suggestion by adding the compulsory removal of all phthisical patients from their homes and their work, and their incarceration, at State expense, in sanitoria for an

unlimited period. All such suggestions are useful as an illustration of "how not to do it," of how to disgust the public, the Government, and the ratepayer with the consumption crusade. There are many alternative means which may, and must be adopted, *e.g.*, education of the public on the subject through the Board Schools, interception of tuberculous meat and milk before it reaches the consumer, and provision of economical State-aided sanatoria for those who can afford to isolate themselves voluntarily. But these expedients are altogether too simple for the sanatorium extremists, whose motto is "the whole thing or none."

Our space does not permit us to do more than enumerate some of the most noteworthy papers read. The subject of the bacteriological treatment of sewage was the subject of a valuable discussion, on the initiative of Professor Frankland, which, we doubt not, will give a stimulus to the further investigation of the subject. Professor Simpson read an admirably practical paper on the recrudescence of the plague in Europe, and got a resolution passed in favour of a Government Commission to visit Portugal and investigate. The scientific work of the Congress wound up by a lecture by Bailie Dick, of Glasgow, on the Belvedere Infectious Disease Hospital of that city, which he illustrated by views on the screen of that institution in all its departments. The lecture was that of an enthusiast of his subject, admirably delivered, practically put, and enlivened by much dry humour. It was received by the somewhat limited audience with great approval, and, we doubt not, has left behind a desire to imitate Glasgow in the minds of those hearers who, unfortunately, have not the means of doing so.

THE HEALTH EXHIBITION

is established apart from the meeting hall of the Congress, and presents an exhaustive collection of apparatus required by the sanitary engineer. The greater part of it is occupied with competing exhibits of sanitary earthenware, but there is much else deserving of explanation and notice. The nursing division is especially worthy of examination.

There is, of course, the usual leaven of incongruous advertising stalls where sewing machines, knife cleaners, carpenters' tools, and cheap spectacles are puffed off. It seems to us that the admission of such catch-penny booths, which have nothing whatever to say to sanitation, are a blot upon such exhibitions, and that the cheap jack advocacy of wares across the counter should not at all be permitted. At one stall in this exhibition a vendor of cheap spectacles, who calls himself an "oculist-optician," was busy going through the usual farce of a twenty seconds test-type examination preparatory to the putting off of spectacles of which he might know nothing for the accommodation of eyes of which he probably knows less. We put it to future exhibition committees that the invasion of such stalls as this should be prohibited.

THE ENTERTAINMENTS.

As far as we could see the provision made by the local committee for the instruction of the members by inspection of works in action, and for their enjoyment out of business hours, were as nearly perfect as possible. The instructional part included visits to waterworks, sewage works, isolation hospitals, electric works, and Dr. Poore's sanitary garden; and the social relaxations comprised garden parties given by Lady Crichton at Netley Abbey, by Surgeon-General Nash and the medical officers at Netley Hospital; an At Home on board the splendid Cape Liner *Scot*, sea trips to the Isle of Wight, archæological excursions to view the antiquities of the town, a visit to Osborne House, and an all-day drive through the New Forest, besides organised cycle excursions every day and everywhere. Unfortunately these entertainments were held in April weather; frequent sunshine interspersed with violent showers, but none of them were spoiled altogether by the elements.

THE LOCAL ADMINISTRATION.

It only remains for us to express, as we believe we do, the feeling of thanks and admiration felt by almost all present for the efforts put forth by the local committee to make the Congress a success.

It is, we hope, not invidious for us to say that Dr. Wellesley Harris, Medical Officer of Health, took, naturally, the lead in organisation, and he and his colleagues may well be congratulated on a result which does them infinite credit.

Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

NURSES OF THE LATEST FASHION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In justice to any literary ability I may possess, will you allow me to state, that the abridgment which my stories relating to "Nurses of the Latest Fashion," have undergone—a curtailment, not by my hand—in THE MEDICAL PRESS has, in my opinion, seriously impaired their vitality and interest.

The portraitures drawn from life have thus been reduced to almost lifeless puppets by the loss of nearly all characterisation.

For instance, the husband huntress and trapper, in the pursuit of her game, as a private nurse, is shorn of the moral tone of her character by your having entirely omitted the portraitures of the "son" and the "father," on whom she successively tried her hand to get a husband in spite of their depravities. Nurse Lovibond, and how many more of her species seems to have entered the nursing vocation solely as a means for her intimate association with family life, thus to entrap the most eligible man into a legal union—with a good settlement.

I might notice your abridgement of each of the other stories as published. These important omissions will be more apparent if the whole were published in book form; but I trust you will, in fairness to me, publish this letter, with any comments you may be pleased to offer.

I am, Sir, yours truly,

FREDERICK J. GANT.

September 1st, 1899.

[After careful perusal of Mr. Gant's MS. we were compelled to curtail, first, on account of its extreme length; secondly, because much of the material was unsuitable for a medical journal, and many details were introduced which, however desirable in book form, were unnecessary in our columns for the purpose he had in view—*i.e.*, that of calling attention to the necessity existing for the systematic registration of properly qualified nurses, in order that base characters may be eliminated from their ranks. Many of these nurse portraits were "untouched" by us, and we do not consider that the detailed descriptions of their victims were necessary in our columns, or that such omission detracted from the indictment which he penned.—ED.]

Obituary.

PROFESSOR CUMING, OF BELFAST.

THE sudden death, on last Sunday week, of this most estimable member of our profession, has been sad news, not only for his family, but for all who knew him, professionally or socially. He had been in rather delicate health for a year past, but, on the day of his death, had been at his business in Belfast. On his return home he was seized with a violent fit of coughing, and died in a few minutes.

Professor Cuming held the Chair of Medicine in Queen's College, Belfast, until last winter, when he relinquished it and was succeeded by Dr. Lindsay. He was an Armagh man, born in 1831, and received his primary education in the Royal School there, and his

graduation education in both Arts and Medicine in the Belfast College. He also served as a pupil under Charcot. In 1865, he succeeded Professor Ferguson in the Professionate of Medicine—and in addition to all the honours which the North of Ireland had at its disposal he received the special distinction of Honorary Fellow of the Royal College of Physicians in Ireland, and, afterwards, held the Presidency of the British Medical Association at the Belfast meeting in 1884 He was put forward at the last election of a Direct Representative for Ireland on the General Medical Council, and he ran a very good second to Sir William Thomson. He was a Catholic in religion.

Very few men depart from the ranks of any profession amid more universal sorrow on the part of his brethren than Professor Cuming. He was essentially a gentleman and had all the attributes of such, besides that he was kind to all and an astute and thoughtful physician. He was quite incapable of making his professional position subservient to selfish or sordid ends, and was always ready to help his congeners with his best advice.

DR. HUGH CHARLES, J.P., COOKSTOWN.

This well-known North of Ireland practitioner met a shocking death at Oxford, whither he had come from his residence at Cookstown, co. Tyrone, in order to reside with his son. He arrived at Oxford on Saturday week and was found burned to a cinder in his bed on the succeeding Monday morning. He was 81 years of age, and had upset the lamp upon his bed.

DR. WILLIAM PARKER.

We regret to announce the death of Dr. William W. Parker, who died at Richmond, Va., August 4th, 1899. He was born at Port Royal, in 1824, graduated in 1848, and was connected with the well-known Bellevue Hospital, of that city, until about 1861. When the Confederate War broke out he organised the famous "Parker Battery," which made a gallant record. The war ended, he resumed the practice of medicine in Richmond. He has filled every position of honour in the gift of the profession of his city and State. In the Medical Society of Virginia, of which he was a founder, he was its President for a term, and filled the position of Chairman of the Executive Committee for many years.

Laboratory Notes.

WHEATLEY'S NON-INTOXICANT DRINKS.

We must acknowledge that we have been hitherto rather prejudiced against temperance beverages, of which our experience has been that they are usually not agreeable to taste or sight, and are, moreover, almost as expensive as the ale, porter, and light wine, which they are intended to supersede. We are, however, to some extent converted from this faith by an examination of Wheatley's well-known Hop Bitters and Stone Ginger Beer for which an opportunity was recently afforded us.

The Hop Bitters if not labelled or if called by another name, would hardly be distinguishable from any of the better class light pale ales. When decanted it is of the orthodox amber colour—perfectly clear and without sediment, and brisk in flavour, which is slightly of the Lager type. It is a very pleasant thirst-allayer, with none of the undesirable intoxicant quality, and its established popularity as a beverage ought to increase.

The Stone Ginger Beer may be said to be the stronger of the two drinks, for it is more pungent. It is opalescent when decanted, and we have noticed, in some of the samples a slight sediment arising—as we suppose—from precipitation of the ginger which it contains. It is much more pleasingly redolent of the real ginger than the ordinary syphon ginger-beer, and—we should expect—would be much preferred by the public.

These beverages bear their own testimony to quality, of which anyone can judge by giving them a fair trial. They appear to be both suitable as stomachic tonics, and entirely innocent of after dangers.

Literature.

GOWERS' NERVOUS SYSTEM. (a)

We are glad to see a third edition of this well-known work, and in the assistance rendered by Dr. Taylor we have a guarantee of thorough revision with the assurance also that the ripe experience of Sir W. R. Gowers is made the most of. The first volume, dealing with Diseases of the Nerves and Spinal Cord, which is now before us, is well done. A short chapter is interpolated dealing with the modern conception of the elementary arrangement of the nervous system as the result of the labours of Golgi, Ramón y Cajal, Kölliker, and others, and though this chapter rather disturbs the arrangement of the others by its appearance in the wrong place, it is none the less welcome and not too long. The final twigs of the primitive fibrils are termed "anites," but this designation is not needed, and, indeed, a simplification of the terminology of neuropathology is very much to be desired. With regard to the author's views regarding the uncertainty of the nature of many of the small brain cells—whether nervous or neuroglial—we quite agree. The whole method of the book is very good, and while much of it may be passed over by the practitioner as beyond his interest, for many nervous diseases are rare, if he refers to it at all he is sure to be interested, not only because of the lucidity of style, but the really instructive and authoritative character of the page. If we take, for example, neuro-myosotis, of which, by the way, some further speculation and detail might be forthcoming, and the various forms of neuritis which are here fully referred to, we have a fair conception of the thoroughly practical and scientific value of the work. For a third edition the book requires scarcely an introduction; but considering the amount of new matter which appears in it, we must draw attention to the fact that it is a third edition in the best sense of the term.

St. Thomas's Hospital.—House Appointments.

The following gentlemen have been selected as house officers, their duties commencing yesterday:—

House Physicians: E. H. Ross, L.R.C.P., M.R.C.S. (extension); J. Gaff, L.R.C.P., M.R.C.S.; A. Bevan, L.R.C.P., M.R.C.S., and H. C. Thorpe, M.A., M.B., B.C., Cantab. (extension).

Assistant House Physicians: F. H. Ellis, B.A., M.B. B.C., Cantab., L.R.C.P., M.R.C.S., and B. F. Howlett L.R.C.P., M.R.C.S.

House Surgeons: H. J. Phillips, L.R.C.P., M.R.C.S.; P. W. G. Sargent, M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.; S. A. Lucas. L.R.C.P., M.R.C.S.; H. T. D. Acland, L.R.C.P., M.R.C.S.

Assistant House Surgeons: A. Webb Jones, L.R.C.P., M.R.C.S.; E. A. Gates, L.R.C.P., M.R.C.S.; E. C. Bourdas, L.R.C.P., M.R.C.S.; N. Unsworth, L.R.C.P., M.R.C.S.

Obstetric House Physicians: (Senior) H. M. Scaping, B.A.Cantab., L.R.C.P., M.R.C.S.; (Junior) A. E. Stevens, M.B.Durham, L.R.C.P., M.R.C.S.

Ophthalmic House Surgeons: (Senior) T. Hoban, L.R.C.P., M.R.C.S.; (Junior) J. A. Barnes, L.R.C.P., M R C.S

Clinical Assistants in the Special Department for Diseases of the Throat: L. H. Lindley, B.A., M.B., B.Ch. Oxon. (Extension); C. L. Hawkins, B.A., Cantab., L.R.C.P., M.R.C.S. Skin: H. R. Beale, L.R.C.P., M.R.C.S. (Extension); T. Perrin, L.R.C.P., M.R.C.S. Ear: A E. Martin, B.A., Cantab., L.R.C.P., M.R.C.S.

Students' Guide of the Royal College of Surgeon's, Ireland.

The "Medical Student' Guide," published by the Royal College of Surgeons, Ireland, has just been issued. The preliminary examination will be held on Wednesday and Thursday, September 27th and 28th, the winter session commencing in October. The "Medical Students' Guide" can be had free on written application to the Registrar, Royal College of Surgeons, Dublin.

(a) "A Manual of Diseases of the Nervous System." Vol. I. Edited by Sir W. R. Gowers, M.D., and James A. Taylor, M.A., M.D. Third Edition. London: J. and A. Churchill.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE SCOTTISH MEDICAL AND SURGICAL JOURNAL, LIMITED.

The *Financial News* publishes the following announcement:—Registered with a capital of £2,000 in 200 £5 preference shares and 1,000 £1 ordinary shares. Object, to acquire and carry on the journal now known as the *Scottish Medical and Surgical Journal*. Registered office: 43, Castle Street, Edinburgh.

DR. Y. J. SMITH.—The diagnosis of œsophageal ulcer, which you suspect, is as a rule difficult to arrive at. There is no absolutely pathognomonic symptom, and, indeed, in many instances the symptoms are so slight as to be altogether overlooked. Pain and vomiting after food are among the earliest symptoms, and later there is difficulty in swallowing, regurgitation of food and hæmorrhage. Stricture cannot be detected at this stage. Death may occur from exhaustion or perforation, or the ulcer may cure spontaneously. Treatment is practically the same as for gastric ulcer.

R. T. WILLIAMSON.—Before giving evidence in the case you had better consult Murrell's "What to do in cases of poisoning." and Husband's Forensic Medicine. Chronic coal-gas poisoning is a recognised condition. In acute cases the toxicity is probably due in great part to the carbonic acid contained (Murrell). Every practitioner should refresh his memory from time to time in the matter of poisons and their antidotes.

CHEMICO-MEDICAL MADRIGAL.

I KNOW a maiden, charming and true,
With beautiful eyes, like the cobalt blue
Of the borax bead, and I guess she'll do
If she hasn't another reaction.

Her form is no bundle of toilet shams,
Her beauty no boon of arsenical balms,
And she weighs just sixty-two kilograms
To a deci-decimal fraction.

Her hair is a crown, I can truthfully state
'Tis a meter long, nor curly, nor straight,
And it is as yellow as plumbic chromate
In a slightly acid solution.

One day I said, "I will leave you for years,"
To try her love by rousing her fears;
She shed a deciliter of tears,
Turning brown the tumeric yellow.

To dry her tears, I gave her, you know,
A hectogram of candy; also,
To bathe her red eyes, some H_2O.
She said: "You're a naughty fellow."

I have bought me a lot, about a hectare,
And have built me a house ten meters square,
And soon I think I shall take her there,
My tart little acid radicle.

Perhaps little sailors in life's deep sea
Will be the salts of this chemistry,
And the lisp of the infantile A, B, C,
Be the refrain of this Madrigal.

Indiana Med. Journal.

EPEXEGESIS.—Comment of the kind you suggest would be most valuable to all concerned. We doubt, however, whether a book on therapeutics—even of an elementary kind—could be written on the lines indicated. The difficulty lies in the evidence. When so much illness is fleeting and symptomatic, who is to say what is the exact process of cure, or whether this or that drug has been the active curative agent?

OUR SPECIAL CORRESPONDENT.—We were reluctantly compelled to hold over your article on Brides-Salins on account of great pressure on our space.

PATERFAMILIAS.—The point is an important one, and we propose referring to it fully in our "Educational Number" next week.

A CORRESPONDENT signing himself "A Barrister" has omitted to enclose his card.

Vacancies.

Durham County Asylum, Winterton, Ferry Hill.—Assistant Medical Officer, unmarried. Salary £120 per annum, with apartments, board, and attendance. Applications to the Chief Medical Officer by Sept. 8th.

Folkestone, Victoria Hospital.—House-Surgeon. Salary, £80 per annum, rising to £100, with board, residence, and washing. Applications to the Secretary by Oct. 1st.

Great Yarmouth Hospital.—House-Surgeon. Salary £90 per annum, with board, lodging, and washing. Applications to F. E. Ferrier, Honorary Secretary, 33, Hall Plain, Great Yarmouth, by Sept. 23rd.

Hemel Hempstead: West Herts Infirmary.—House-Surgeon and Dispenser, unmarried, Appointment for two years. Salary. £100 per annum, with board, fire, light, attendance, and washing. Application to the Assistant Secretary by Sept. 13th.

Lancaster: Royal Albert Asylum.—Resident Medical Officer. Between 30 and 40 years of age. Salary, £400 per annum, advancing to £450, with furnished house, coals, gas, &c. Applications to the Principal and Secretary by Sept. 14th.

Portsmouth Borough Asylum.—Junior Assistant Medical Officer. Salary, £120 per annum, increasing to £150, with board, lodging, and washing. Application to the Medical Superintendent.

Preston Royal Infirmary.—Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, washing, &c. Applications to the Secretary, 5, Winkley Street, Preston, by Sept. 13th.

Prestwich: Manchester County Asylum.—Assistant Medical Officer. unmarried, and under 35 years of age. Salary £125, increasing to £250, with board, appartments, and washing. Applications to the Superintendent.

Stoke-on-Trent: North Staffordshire Infirmary and Eye Hospital. Hartshill.—House-Surgeon. Salary commencing at £120 per annum, with furnished apartments, board, and washing. Applications to the Secretary by Oct. 9th.

Tralee Union.—Analyst to the Board of Guardians. Application to Clerk of Union. (See Advt.)

Westminster Hospital.—Pathologist. Salary, £250 per annum, and a sum of £80 per annum allowed for expenses. Applications to the Secretary by Oct. 1st.

Appointments.

CADDICK, C.J., M.B., C.M. House Surgeon to the Walsall and District Hospital.

CROWTHER, E.E., L.R.C.P.Edin., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer for the Luddenden District of the Halifax Union.

DU BUISSON, E. W., L.R.C.P.Lond., M.R.C.S.Eng., Medical Officer to the Dewchurch District of the Hereford Union.

HARRISON, H. F. E., L.R.C.P.Lond., M.R.C.S.Lond., Medical Officer for the Third District of the Parish of Hammersmith.

JONES, W. E., M.R.C.S., L.R.C.P.Lond., Senior House Surgeon to the Halifax Infirmary.

LONGFORD, J. M., L.R.C.P.I & L.M., L.R.C.S.I.& L.M., Assistant Medical Officer of the Workhouse of the Halifax Union

MAYNARD, G. D., M.R.C.S.Eng., L.R.C.P.Lond., Junior Out-patient Surgical Officer to the Royal London Ophthalmic Hospital, City Road.

NUTTALL, T. E., M.B., C.M.Edin., Medical Officer for the First Accrington District of the Haslingden Union.

REID, J., M.D.Glasg., M.B., C.M., Medical Officer of the First District of the Parish of Hammersmith.

STEWART, J. B., M.A.Glasg., M.B., C.M., Medical Officer of the Workhouse of the Haslingden Union.

STURGIS-WHITE, R., M.B., C.M.Edin., Medical Officer for the Cradley District of the Stourbridge Union.

Births.

ELKINGTON.—On September 2nd, at Newport, Salop, the wife of G. A. Elkington, M.B., of a daughter.

Marriages.

BARRY—LEPPINGTON.—On August 30th, at St. Mary Abbott's Church, Kensington, Jas. Wm. Barry, L.R.C.P., M.R.C.S., son of the late Dr, J. J. Barry, of Ramsgate. to Ann Elizabeth, daughter of the late Dr. H. M. Leppington, J. P., of Great Grimsby.

DENT-MITCHELL.—On August 31st, at St. John's Church, Clifton, Bristol, Ernest Albert Dent, M.B., C.M. Edin., of Cheltenham, to Mary Stewart Mitchell, third daughter of the late Captain J. M. Mitchell, of Georgefield, Uddingston, N.B.

MOORE—PRICE-DENT.—On August 31st, at Hallaton Parish Church, James Lennox Irwin Moore, M.B., C.M., of Market Harborough, son of the late George Moore, M.D., of London, to Georgina Roberta, daughter of the late Major-General R. H. Price-Dent, B.S C., J.P., of Hallaton, Leicestershire

MILTON—DE LA CONDAMINE.—On August 29th, at St. John's the Evangelist Church, Kingston-on-Thames, J. Pem Milton, L.R.C.P., M.R.C.S.. son of J. P. Milton, of Lanoweth, to Alice Ellen, daughter of the late John de la Condamine, of Penzance, Cornwall.

SMITH-JOY.—On August 31st, at the Parish Church, Hampstead, Geo. Z. Smith, L.R.C.P., M.R.C.S., of Watford, to Edith Dora, daughter of David Joy, Esq.. of 118, Broadhurst Gardens, Hampstead.

STEVENS—REEVES.—On August 31st, at St. Peter's Church, Eltham, Thomas George Stevens, M.D.Lond., F.R.C.S.Eng., M.R.C.P. Lond., of 8, St. Thomas's Street, London, S.E., eldest son of G. J. B. Stevens, M.R.C.P.Eng., L.R.C.P.Lond., of Newington Green, N., to Lizzie, eldest daughter of John Reeves, Esq., of Ecclesbourne, Lee, S.E.

Deaths.

MACWHARRIE.—On August 28th, at Toftcombs, Biggar, N.B., Robt. MacWharrie, M.D., Deputy Inspector-General of army hospitals.

ERSKINE.—On August 29th, at his residence, Bournemouth, John Low Erskine, M.D., Deputy Surgeon-General Army Med. Dept. Retired.

STUART.—On August 29th, at his residence, Wigan, John Stuart, M.D., J.P. for the County and Borough of Wigan, aged 48 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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STUDENTS' NUMBER.

INTRODUCTORY REMARKS.

IT is customary to devote one number in each year of a medical journal to the subject of medical education, and tradition has assigned the month preceding the opening of the medical schools as the date best suited for the purpose. Why this should be so it is not altogether easy to explain. The information brought together in this number is unquestionably of the greatest utility to those who contemplate taking up medicine as a study or who may be interested in the subject indirectly in the capacity of parents or guardians, but it may be assumed that the necessary arrangements will have been made ere this. Be that as it may, there is a sufficient element of incon stancy in the details of the curriculum for an annual synopsis to be necessary, and this we have prepared with the greatest care with a view to bringing it up to date. In most instances the corrections have been made by the secretaries of the various institutions, and in the others the requirements have been collated with the official schedules of studies.

We have not been enabled to embody the modifications which the new scheme for a teaching university for London must entail in the regulations because the scheme is still being elaborated, and some time must still elapse before it can be promulgated, but we have the satisfactory assurance that by this time next year the reconstituted university will be in working order, a dream long caressed by those who are interested in the medical schools of the metropolis. It will then remain to be seen whether the result of so many years' agitation will confer upon London students advantages at all commensurate with the expenditure of time and energy involved.

We are evidently, though slowly, approaching a one-portal system, in that each year shows a more marked preference on the part of students for a degree in medicine rather than a mere diploma; not, indeed, that there is any essential difference between the professional knowledge which they respectively imply, but in deference to the opinion generally received among the public that a doctor of medicine stands higher than a diplomate. There used, indeed, to be a difference—at any rate, in regard to general culture - but we doubt if that obtains at present. Nevertheless, the fact remains that a diplomate on entering practice finds himself in a somewhat invidious position. He has no right to the prefix "Dr.," and though many nowadays do not hesitate to make use of the titular designation, the diplomate who does so exposes himself to the charge of pretending to be that which he is not. By-and-bye, as the teaching and degree-conferring bodies become merged and affiliated, it will be open to every student to enter for the course of study and examination which, without any greater strain than is at present put upon the candidate by the conjoined examining boards, will ultimately invest them with the uncontested right to the distinction. The fellowships of the colleges will still enable those who propose to tread the higher walks of the profession to distinguish themselves from their fellows, and the extension of the system of more or less unauthorised diplomas in special subjects will furnish evidence of special study. In most other countries the doctorate of medicine is the only recognised qualification for practice, and not until a similar evolution has taken place in this country will existing chaos give place to orderly simplicity.

The main lines of medical education are determined by the General Medical Council, and are uniform for the United Kingdom. It is, therefore, to the regulations issued by that body that the student must turn for detailed information. The first step, the indispensable condition for admission to the *Students' Register* is the Preliminary Examination in General Education. Until this has been passed in accordance with the requirements of the Council, no time spent in study or in attending lectures will be allowed to reckon as part of the prescribed five years of medical study. The minimum standard of general education accepted by the Council is still shockingly low, and there is an inexplicable reluctance on the part of the Council to bring about any substantial improvement in the standard. When this examination has been passed and registered, there remains the choice of a medical school. In many instances this choice will doubtless be determined by purely geographical considerations, but apart therefrom there remain to be considered the advantages attaching to a large, as compared with those peculiar to a comparatively small, school. To a student of sound physique, energy, and talent the large school unquestionably offers advantages which are denied to the smaller institutions. The prizes are more numerous and substantial, there is greater scope for competitive work, and the successful student has the inestimable advantage of coming into contact with the most eminent representatives of the professional men in whose power it is, later on in his career, to afford him material assistance. The small schools on the other hand allow of a more intimate relationship between teacher and pupil, the conduct of each individual student is under close surveillance—a point of some importance to parents—and a much larger proportion of the students are afforded an opportunity of acquiring the invaluable experience which is alone to be acquired by holding resident appointments.

It is important to remember that the student must make up his mind before entering on his medical studies as to the goal to be striven for, that is to say, whether he will content himself with a simple licence to practise or whether he will make the additional sacrifice of time and money which the possession of an university degree usually implies. To swerve from an original plan almost always entails unavoidable loss of time, inasmuch as the university examinations have to be passed at stated intervals.

At most schools there are entrance scholarships, many of considerable value, awarded on the strength of competitive examinations in the subjects of general education, but the selection is usually made some weeks before the date for opening the schools. Prizes are also awarded at the end of each session for proficiency in each branch of study, together with scholarships which are periodically thrown open to competition. It is well for the energetic student to acquaint himself with the conditions under which these may be competed for early in his course, for they constitute a valuable incentive to exertion. At the end of his student's career, should circumstances allow of his doing so, the newly qualified man will aim at obtaining a nomination to one or other of the resident appointments. These, of course, are reserved to the few, but the practical experience which they confer and the confidence which such experience begets, are to be obtained in no other way, and we would strongly advise all who are not otherwise prevented therefrom to do their best to crown their student career by serving their hospital in this capacity.

THE COURSE OF STUDY.

Students who enter for the winter session will devote most of their attention to anatomy and physiology, and it will be found greatly to their interest to have got rid of the preliminary scientific work—chemistry, physics, and biology—before entering upon the study of these two engrossing branches of medical study proper. Anatomy and physiology constitute the bases of medicine and surgery, and their importance as subjects of study cannot be overrated. On the way in which this part of his work is done will depend to a large extent the success of the student's subsequent career. It is in the dissecting room that he learns the importance of direct personal observation, and no amount of mere book work will adequately replace the methodical investigation of human anatomy. Text-books and atlases ought to be regarded only as guides to dissection and never as a substitute therefor. The late Mr. Thomas Cooke rightly raised his protest against the modern tendency to scamp actual dissection in favour of mere book work, and we have always endorsed his contention that the tendency was one to be deplored. The first thing, therefore, that the student should do on joining a school is to arrange for a "part," because the supply of subjects is rarely equal to the demand, and the last comers are left out in the cold, and may have to wait for weeks, or even months, before they are able to begin practical work. The study of the dry bones will first engage the student's attention. If somewhat arid, the subject is an indispensable preliminary to that of the structures which normally envelop them, and the facts which the student is required to consign to memory are peculiarly elusive, and require many sturdy efforts before they become finally incorporated in his mind. Here, as elsewhere, method is everything. The burden of study sits lightly upon those who work systematically, and attempts to assimilate the myriad details in a short space of time is sure to prove a disastrous failure.

By the time the student has passed the examination in anatomy and physiology at the end of the second academical year his transfer to the wards will come as a pleasant change. He passes from theory to practice, from the dissecting room, with its unenticing associations and total lack of animation, to the wards, replete with living, suffering, but always interesting, specimens of humanity, each with his tale of woe. It will be his privilege to unreeve the tangled threads of each story, and to record all that may assist in elucidating the problem before him, for every patient is a problem. And let the student never for one moment allow himself to forget that in the patient whose "case" he is taking he is dealing with a man and a brother. Suffering is democratic in its incidence, and should always be treated with respect in the person of its victim. It is rare that one has to reproach the medical student with downright heartlessness; his sins, such as they are, are usually due to thoughtlessness and want of tact. He who has once taken to heart the terrified look of the unhappy sufferer, the gloom and hopelessness of whose destiny has been suddenly revealed to him by a careless word at the bedside, will be careful never again to inflict this cruel pang.

CLINICAL WORK.

Nowhere is thoroughness more necessary than in clinical work. The student has before him in each patient the means of acquiring practical knowledge, but the value of the opportunity depends absolutely on his ability and his willingness to observe. The object and aim of his clinical training is to learn how to observe. The difference between a trustworthy practitioner and the other lies mainly, if not entirely, in the fact that one observes and the others do not. This faculty is one which can be acquired and vastly improved by systematic training, and the training consists in observing faithfully and carefully every case.

THE POST-MORTEM ROOM.

We would strongly advise every student to spend as much time as possible during the last three years of his studies in the post-mortem room. The post-mortem room is the natural complement of the clinical wards, it is often only in the room that the clinical problem is unravelled, it is there that the student can see for himself the physical result of the processes of disease which he has been watching at the bedside. He learns too, as he can never learn in the dissecting room, to recognise the post-mortem appearances of the various viscera, and to distinguish between changes due to decomposition and those caused by the ravages of disease. The lack of this familiarity has over and over again led to errors of the gravest kind, errors which have had for effect to jeopardise the administration of justice and perchance to place innocent persons in the most serious predicaments.

Lastly, the conscientious student should avail himself of every possible opportunity to acquire experience in the administration of anæsthetics. He can do this with a minimum of risk to the patients in hospital

where his earlier steps will be taken under the supervision of skilled and experienced persons. Let him never forget that the various anæsthetics are lethal drugs if improperly or incautiously used. Let him remember that he has no more right to administer chloroform recklessly than to dispense with the use of the measure when about to administer strychnine solution or other violent poison. Many of the mishaps which are daily occurring are, it is to be feared, the result of ignorance or carelessness. Every practitioner is sure to be called upon to administer an anæsthetic at some time or another, and it behoves him, therefore. to ensure that his doing so does not expose his patient to any unnecessary risk.

The Services.

For a certain proportion of young medical men the Services will be certain to offer invincible attractions. The remuneration is fair, and the duties, for the most part, not of too exacting a nature; and last, but not least, there is a security of tenure which does not obtain in private practice. The past year has brought to pass a reform which had long been agitated for in the Army Medical Service, which had deservedly become so unpopular that the greatest difficulty was experienced in filling up the vacancies; indeed, even at the present time, a large number remain unfilled. We need not go into ancient history as to the reasons for this unpopularity, suffice it to say, that the Service has been transformed into a Royal Corps, the officers of which are described by corresponding military titles. It is hoped that under the new *régime* the old spirit of discontent will give place to a happier state of things, and that the Service will once more regain its popularity.

In addition to the Army and Navy, there is the Indian Medical Service, which annually attracts the *élite* of our young surgeons, and there are medical appointments in the colonies details whereof will be found elsewhere.

Post-Graduate Tuition.

One of the most remarkable features in medical education during the past few years is the growth in popularity of the system of post-graduate teaching. It would seem that the medical authorities in the metropolis have at length awakened to the fact that a demand exists for such teaching, and that the time has arrived to deal with it on a scale commensurate with its importance. That no facilities of the kind were available a few years ago for alien practitioners who visited this country for the purpose of improving their knowledge was a condition of things which compared very unfavourably with the Continental homes of medical learning —and thus it has come to pass that foreign medical men have never been attracted to London for the purpose of study, nor even of following the hospital practice of those British practitioners whose names happen to be well known for distinguished work. This reproach has now to some extent been done away with, at any rate in London. Post-graduate lectures have been organised in connection with many of the large general hospitals, and a focus of post graduate work has been constituted at the Polyclinic, in Chenies Street, which promises to develop into an important centre of study within the near future.

LONDON SCHOOLS.

The Schools of Medicine in the Metropolis are the following, the scholarships, prizes, students' appointments, fees, &c., being set forth in connection with each place named. The names of the hospital staff, lectures, residential, and other detailed information, will be generally found in our advertisement columns.

St. Bartholomew's Hospital.—This hospital has 750 beds, and for many years past the school attached has occupied the enviable position of being the most popular with students, and of having a larger number of entries than any other medical school in London. Collegiate residence is here permissible, subject to the ordinary rules. A recreation ground for the use of students has recently been purchased at Winchmore Hill.

Appointments.—Ten house physicians and ten house surgeons are appointed annually. During the first six months of office they act as "junior" house physicians and house surgeons, and receive a salary of £25 a year. During their second six months they become "senior" house physicians and house surgeons, and are provided with rooms by the hospital authorities, and receive a salary of £80 a year. A resident midwifery assistant and an ophthalmic house surgeon are appointed every six months, and are provided with rooms and receive a salary of £80 a year. Two assistant anæsthetists are appointed annually, and receive salaries of £120 and £100 a year respectively. An extern midwifery assistant is appointed every three months, and receives a salary of £80 a year. Two assistant electricians are appointed every six months, and in-patient dressers, in-patient clinical clerks, clerks and dressers to the assistant physicians and to the physicans and surgeons in charge of special departments are appointed every three months without fee.

Scholarships, &c.—There are four open scholarships in science, £75, £75, £150, £50, in biology, chemistry, physics, and physiology, tenable for one year, and a Jeaffreson exhibition, value £20; four junior scholarships, of £30, £25, £20 and £10, respectively; Treasurer's prize for practical anatomy; Foster prize in practical anatomy; senior scholarships, value £50, for anatomy, physiology, and chemistry; Wix prize; Hichens prize; Lawrence scholarship and gold medal, value 40 guineas, for medicine, surgery, and midwifery; two Blakenbury scholarships, of £39 in medicine and surgery; Bentley prize, for reports of surgical cases; the Kirkes gold medal for clinical medicine, with scholarship of £30. Shuter scholarship of £50; Skynner prize of £15; Sir G. Burrows' prize of £10 and Matthews Duncan medal and prize, value about £20; the Treasurer's Research Studentship, of the value of £100 is given annually, the elected student being required to engage in original research in pathology.

Fees.—Fees for perpetual attendance on lectures and hospital practice, 160 guineas, payable in the following instalments:—First year, 40 guineas; second year, 40 guineas; third year, 40 guineas; fourth year, 40 guineas; or a single payment of 150 guineas. Fee for general subjects for students of dental surgery: First winter, 31½ guineas; first summer, 31½ guineas; or a single payment of 63 guineas. Fee to University students, 80 guineas; Fee for laboratory instruction for D.P.H., 20 guineas; Composition Fee to University of London students for one year's instruction for the Preliminary Scientific Examination, 20 guineas. Composition fee to University of London students who have passed the preliminary scientific examination, 150 guineas.

The Warden, Dr. James Calvert, will furnish further details on application.

Charing Cross Hospital.—The school attached to this hospital is situated in central London, and contains new physiological, pathological, and bacteriological laboratories, materia medica museum, an anatomical theatre, enlarged dissecting-room, ard chemical theatre. The hospital, which is now being enlarged, contains 180 beds, making, with the 30 beds at the adjoining Royal

Westminster Ophthalmic Hospital (to the practice of which general students are admitted free) a total of 210 beds available for clinical study.

Clinical instruction is given in medicine, surgery, and obstetrics, and in the special department, diseases of the skin, diseases of children, the throat, the nose and ear, and in the orthopædic, Röntgen, and electrical departments.

Scholarships, Medals, &c.—Five entrance scholarships, the Livingstone scholarship, 60 guineas, and 55 guineas; Huxley scholarship, 40 guineas and 30 guineas. Three (100 guineas, 60 guineas, and 40 guineas) are open to all general students, one (55 guineas) is reserved for the sons of medical men, and one (30 guineas) is open to dental students only. All are awarded annually. Two Universities Scholarships, value 60 guineas each, are open to students from the University of Oxford who have passed the 1st M.B., to students of the University of Cambridge who have passed the 2nd M.B., and to students of the University of London who have passed the intermediate examination in medicine. Candidates must give notice to the librarian of their intention to compete on or before September 23rd, 1899. The Golding Prize of £10 is open to students at the end of their first winter session. The Huxley Medal, with prize of £10, is open to students at the end of their second winter session. The Pereira Prize of £5 is open to all general students. The Llewellyn Prize of £25 is awarded annually. The Governors' Clinical Gold Medal is open to students at the end of their fifth winter session. And a silver medal, or its equivalent in books, is awarded to the most distinguished student in each class.

Appointments.—The curator and pathologist is appointed annually, and receives £100 a year; medical and surgical registrars to the hospital receive £40 a year each, with luncheon in the hospital; six house physicians, six house surgeons, and two resident obstetrical officers are appointed each year; clinical clerks, dressers, and surgical ward clerks are appointed in all the general and special departments of the hospital.

Fees.—For the curriculum of study required by the various examining bodies and hospital practice, 110 guineas in one sum, or 121 guineas in five instalments.

The composition fee for sons of registered medical practitioners is 100 guineas, and the fee by instalments 110 guineas.

ST. GEORGE'S HOSPITAL.—This hospital is situated in a favoured position in the West End, facing Hyde Park. It contains 350 beds, and special wards for ophthalmic cases and diseases of women.

Appointments—Four house physicians and four house surgeons, entitled to reside and board in the hospital free of expense; two assistant house physicians, two assistant house surgeons, four assistants in the special departments. Candidates for the above offices are selected quarterly by competition from among the perpetual pupils, and hold all the offices in succession during a period of two years, sixteen pupils being in office at any one time. Obstetric assistant with a yearly salary at the rate of £100 and board and residence in the hospital; pathological curator with a salary of £50; assistant curator with a salary of £30; two medical registrars, with salaries of £50 and £30 per annum; a surgical registrar with a salary of £50 per annum; an administrator of anæsthetics with a salary of £50 and two with salaries of £30 per annum; a surgery officer with a salary of £100 a year; three demonstrators of anatomy with a salary of £50 each; and assistant demonstrators. All offices are open to candidates without additional fee.

Exhibitions, &c—The Brown exhibitions, one of £100 per annum, tenable for two years, and open to perpetual pupils possessing a registrable diploma; and one of £40 per annum, tenable for three years and open to students in their third year. The Brackenbury prizes of the value of £40 each, one each in medicine and surgery. The Webb prize in bacteriology, value £30. The Clarke good conduct and clinical work prize in surgery, the Thompson medal, the Brodie clinical prize in surgery, the Acland clinical prize, the Johnson prize in Anatomy, the Pollock prize in physiology, the Treasurer's prize for clinical reports, and four general proficiency prizes of ten guineas each.

Scholarships.—One in arts of £150 for sons of medical men who have entered the school during the current year. Two in arts of £50, open to commencing students. Examination, September 26th. Two of £85 in anatomy and physiology, open to students who have signed up for or passed the first M.B. Oxford or second M.B. Cambridge. Two of similar value for students of Provincial University colleges of similar standing. Examination, October 3rd.

Fees.—Composition fee for perpetual pupils, £150, or £160 in the following instalments: First year £50, second year £50, third year £40, fourth year £20. The fee for general subjects in dental surgery is £55, payable in two instalments: first year £30, second year £25. Only perpetual pupils can hold house office or compete for the Brown exhibitions

GUY'S HOSPITAL.—This hospital is situated on the Surrey side of London Bridge, and contains 546 beds with special wards for ophthalmic and obstetric cases. Attached to the hospital is a large residential college with rooms for about sixty men, whilst for students who prefer to live in the suburbs, no other hospital is so conveniently placed, the railway accommodation being good and close at hand. There is now a complete School of Dental Surgery at this Institution, which is recognised by the Royal College of Surgeons of England, the facilities thus afforded of completing the whole course of dental study within the walls of one hospital, and the professional and social advantages to the dental student of a close connection with a large school of general medicine and surgery have already led to a considerable entry of students in this department.

Re-opened Ward.—One of the wards which have for many years been closed for want of funds was re-opened in October last as a special ward for diseases of women, eight beds being set apart for difficult cases of labour. An obstetric registrar and tutor and an ophthalmic registrar and tutor have recently been appointed to augment the teaching in the special departments.

Appointments—Eight house surgeons, eight house physicians, eight assistant house physicians, twenty-four assistant house surgeons, eight obstetric residents, twenty-four clinical assistants, and ninety-six dressers are selected annually from the students according to merit, and without payment. There are also a large number of junior appointments, every part of the hospital practice being systematically employed for instruction.

Scholarships.—Open scholarships of £100 or £50 in classics, mathematics, and modern languages. Open scholarships of £150 and £60 in chemistry, physics, and biology, and an open scholarship of £50 for University students in two of the following subjects:—Anatomy, physiology, organic chemistry, zoology, physics. Six scholarships, varying in value from £10 to £25 each, for general proficiency in medical study, open to students of different years The Treasurer's gold medal in medicine; the Treasurer's gold medal in surgery; the Sands Cox scholarship of £15 per annum for three years for physiology; the Michael Harris prize of £10 for anatomy; Beaney prize in pathology, 30 guineas; the Beaney scholarship in materia medica, 30 guineas; the Bredin prize for clinical study, £25, the Golding-Bird gold medal and scholarship (£20) for sanitary science; and the Gull Research scholarship of £150 per annum. The Physical Society awards two prizes, each of £5 to the authors of the best assays on selected subjects, prizes of £10 and £5 for the best papers read before the Society, and a prize of £5 to the member who has most distinguished himself in the debates of the session.

New School Buildings.—A considerable addition to the school buildings was opened in 1897, comprising a series of class-rooms, laboratories, and a lecture theatre for the teaching of physiology.

Fees.—For the entire course of lectures and hospital practice, 150 guineas, if paid in one sum on entrance; or payment may be made by four instalments of 40 guineas

each, payable at the beginning of the first, second, third, and fourth years respectivaly.

King's College Hospital.—This hospital is centrally situated, being contiguous to the Royal College of Surgeons, Lincoln's Inn Fields, and the New Law Courts, Strand. The College adjoins Somerset House, and is close to the hospital. There are 220 beds; ophthalmic, ear, throat, skin, and dental departments, are attached to the hospital. Some wards are specially devoted to children's diseases, and ophthalmic diseases.

Scholarships.—£800 are awarded annually in scholarships and prizes. At entrance two science exhibitions of £60 and £40 value are open to all candidates under the age of nineteen; two scholarships of the value of £75 each (subjects literary) and two exhibitions of the value of £60 and £40 each (subjects scientific) are open to students commencing their curriculum. Two scholarships, value seventy and sixty guineas, are open to students of a British University who come up to London to complete their curriculum; two junior scholarships of £20 each for first year students, one of £30 for second year students, one of £50 for third year students in residence, and one of £40 for fourth year students. In addition students may compete for the Daniell scholarship, value £40; the Warneford prizes, value £40; the Rabbeth scholarship, value £20; the Carter, Todd, Jelf, Tanner, Leathes prizes, and all class and clinical prizes.

Appointments.—Medical and surgical Sambrooke registrarships, tenable for two years, each £50 per annum. Resident hospital appointments, viz., senior and junior house physicians, assistant house physician, physician accoucheur's assistant and assistant house accoucheur, and three house surgeons with free board and residence at the hospital; and senior and junior clinical assistants in special departments.

Residence of Students.—There are chambers allowing some students the opportunity of residing at the College.

University of London.—Special courses of lectures and practical instruction in the chemical, physical, and physiological laboratories have been arranged for students preparing for preliminary scientific and intermediate science examinations of the University of London.

London Hospital.—This hospital is the largest in the United Ringdom, containing as it does 800 beds. It has, moreover, wards and a teaching staff for almost every special department in the domain of medicine; the scholarship and prizes are many and valuable, and school and staff are alike deservedly popular with the students.

Scholarships and Prizes.—At Entrance.—Price scholarship in science, £120; Price scholarship in anatomy and physiology, £60; entrance scholarships in science, £60 and £35; Epsom scholarship, £126; Buxton scholarships in arts, £30 and £20. After entrance—Anatomy and biology scholarship, £20; anatomy and physiology scholarship, £25; Letheby prize, senior, £20; Letheby prize, junior, £10; scholarship in clinical medicine, £20; scholarship in clinical surgery, £20; scholarship in clinical obstetrics, £20; Duckworth Nelson prize, £10; Hutchinson prize, £35; Sutton prize, £20; Sir Andrew Clark, prize. £26; Anderson prizes, £9, Out-patient dressers' prizes, £60; practical anatomy prizes, £10.

Appointments.—The "House" appointments, which are more numerous than at any other hospital in the Kingdom, are made withuut fee of any kind, and all resident officers are provided with free board and rooms, and in a few instances with a small salary also.

Additional buildings for the department of public health, for the biological, chemical, and physical laboratories, materia medica museum, &c., and a new bacteriological department with general laboratory, research laboratories, class rooms for D.P.H. work, sterilising room, animal room, &c., have just been erected and are now open. For all these departments, special teachers have already been appointed who are devoting their entire time to the particular subjects that they have undertaken. In addition to these alterations and additions, arrangements have been made in the hospital for additional clinical teaching.

Fees.—Perpetual fee for lectures, demonstrations, and Hospital Practice, payable in three instalments of 45, 45, and 40 guineas at the commencement of the 1st, 2nd, and 3rd years respectively, 130 guineas; or if in one payment, 120 guineas. A reduction of 8 guineas for chemistry and physics, and 5 guineas for elementary biology, is made from the above fees, in the case of students who have passed in these subjects at the First Conjoint Examination before entering the College. Fee for students entering in their third year (their first and second years having been spent at a recognised medical school elsewhere), 60 guineas. (This fee is payable by students entering who have passed the first M.B.Oxford; the second M B.Cambridge; or the Intermediate M.B. London.) Fee for University students for hospital practice and appointments, 50 guineas. Dental students (general hospital practice and lectures), 40 guineas. General fee for dental practice, 10 guineas.

Note.—A reduction of 50 guineas will be allowed to the sons of medical men from the perpetual fee if paid in full, or 5 guineas from each instalment.

Special entries can be made either for single courses of lectures or for hospital practice.

Accommodation is obtainable at a very reasonable rate close by, or in the suburbs a few minutes' distant by train. Dinners and luncheons are provided in the Student's Club, which, with the reading and smoking-rooms, now form part of the college buildings. Students wishing to reside with a member of the profession can obtain information as to vacancies and terms from the Warden. A list of approved lodgings is kept All inquiries should be addressed with reference to these and other matters to the Warden. The "London Hospitals' Club Union" has a field for cricket, football, &c., with an excellent pavilion, at Lower Edmonton The clubs and societies are open to all the students, and are warmly encouraged by the staff. Full particulars of the Warden, Dr. Munro Scott.

St. Mary's Hospital.—This hospital is situated at Paddington, near the terminus of the Great Western Railway, and contains 281 beds, of which 128 are devoted to medical and 153 to surgical cases. A fresh Laboratory, fitted with electric light and all modern improvements, for the study of biology, pathology, and bacteriology, has recently been added, and also a new physiological theatre. The whole of the building hitherto used for the Out-Patients' Department of the Hospital has been apportioned to the Medical School for the purposes of new laboratories, class-rooms, and a new museum. There are also special wards for the diseases of women and children, and a new and very extentive out-patient department.

Appointments.—There are, in addition to clinical clerks and dressers, appointments in the hospital each year open to students as house physicians, house surgeons, and obstetric officers, free of all expense for board and residence. Two paid prosectors or more as occasion arises are appointed annually; two demonstrators of anatomy, receiving £70, and one junior, £50; also two or more assistant demonstrators of anatomy; a demonstrator of physiology is appointed with an annual salary of £100, and two or more assistant demonstrators.

Scholarships, &c.—One scholarship in natural science, of the value of £144, open to any gentleman who has not completed a winter session of study at a medical school. Two scholarships in natural science, each of the value of £78 15s, and one of £52 10s., under the same conditions One scholarship of the value of £144 open to students from Epsom College, being sons of medical men, and who have not completed a winter session of study at a medical school. Two scholarshtps, each of 55 guineas, open to students from the Universities of Oxford and Cambridge, who have not entered at any London medical school. All these scholarships are awarded by examination on September 20th and 21st.

Fees.—Fee for attendance on the full five years' curriculum of hospital practice and all lectures, demonstrations, and all classes of the medical, surgical, and

obstetric tutors given in the school and hospital, including membership of the Library, Medical Society, Students Club, and all the athletic clubs, and the receipt of the hospital *Gazette* for five years, £139 paid on entering the schoool; or in instalments. £144. The only additional fee is one of £3 3s. for those desirous of taking up a course of dispensing in the dispensary of the hospital.

Students who have completed the examination in anatomy and physiology at the Universities of Oxford, Cambridge, or other University, are admitted as perpetual pupils of this hospital and Medical School on payment of a fee of 55 guineas in one sum, or pay an annual fee of 28 guineas. University students, prior to completing the anatomy and physiology examinations, pay an annual fee of 28 guineas. After completing the anatomy and physiology examinations the inclusive fee or the annual fees detailed above may be paid.

Residential College. Gentlemen desirous of entering the residential college pay £75 for the academic year.

MIDDLESEX HOSPITAL.—This hospital, which is conveniently situated in the centre both of business and residential London, contains 320 beds. There are special departments for cancer, and for ophthalmic, throat, aural, skin, dental, and children's cases. Wards are also devoted to cases of uterine disease and of syphilis. The medical school buildings have been considerably enlarged and improved during the last twelve months. The new dissecting-room and pathological, bacteriological, physiological, and chemical laboratories are now in regular use. Residence for students is here obtainable in the college buildings attached to the school, additions to which have also been decided on.

Appointments. — Casualty surgical officer, casualty medical officer, six house surgeons, six house physicians, and two resident obstetric physicians. The above officers have residence and board in the college free of expense. Clinical clerks and dressers in all the departments are also appointed in addition to the foregoing.

Scholarships, &c.—Two entrance scholarships of the value of £100 and £60 respectively. One entrance scholarship of the value of £60, open to Oxford and Cambridge students only. (Subjects—Anatomy and physiology, including histology.) Two Broderip scholarships of £60 and £40 respectively, for medicine and surgery; John Murray medal and scholarship, awarded every third year; the Governors' prize of £21 for students in their final year. Hetley clinical prize, value £25, awarded annually for proficiency in practical clinical medicine, surgery, and obstetrics; the Lyell Gold Medal in surgery and surgical anatomy; the Leopold Hudson prize, value 11 guineas, in surgical pathology, including bacteriology; Freeman scholarship, £30, in obstetrics and gynæcology; exhibitions of 10 guineas and 5 guineas for anatomy and physiology to second and first year's students respectively, as well as class prizes in all subjects.

Fees.—General fee for the entire course of hospital practice and lectures, 135 guineas if paid in one sum on entrance, or by instalments of 60, 50, and 35 guineas, payable at the commencement of the first, second, and third years respectively. General fee for members of a University who have completed one year of medical study, 90 guineas if paid in one sum, or by instalments of 60 and 40 guineas. For those who have completed their anatomical and physiological studies the fee is 70 guineas on entrance, or in two instalments of 40 and 35 guineas. The composition fee for London Uniuersity students who have passed the preliminary science examination is 115 guineas. The fee for the curriculum for dental students is 54 guineas on entrance, or two instalments of 40 guineas and 20 guineas.

ST. THOMAS'S HOSPITAL.—This hospital with its medical school attached is situated on the southern embankment of the Thames, facing the Houses of Parliament, and contains 572 beds.

The school buildings, which are separated from the hospital by a quadrangle containing a lawn tennis court for the use of the residents, comprises numerous theatres, laboratories and class rooms, and are well adapted for the modern teaching of large bodies of students in all the subjects of the medical curriculum. A large library and reading room and a very complete museum are open to all students. The new club premises, opened in 1894, contain a dining room, a smoking and reading room supplied with daily and illustrated weekly papers, and a gymnasium.

A clinical laboratory has been recently built, in which, all the more difficult methods of diagnosis, bacteriological, chemical and microscopical, are carried on under the direction of a superintendent. The department for out-patients has been re-arranged, so that large numbers of students are enabled to follow closely the practice and teaching of the assistant staff.

Appointments are open to all students. A resident assistant physician and a resident assistant surgeon are appointed annually at a salary of £100 with board and lodging. Two hospital registrars, at an annual salary of £100 each are appointed yearly. An obstetric tutor and registrar is appointed each year at an annual salary of £50. The tenure of these offices may be renewed for a term not exceeding three years. Four house physicians, two assistant house physicians, four house surgeons, four assistant house surgeons, two obstetric house physicians, two ophthalmic house surgeons and eight clinical assistants in the special departments are appointed every three months. Clinical clerkships and dresserships to in and out-patient departments are available to the number of more than 40 each year.

Scholarships, Prizes, &c.—Three Entrance Scholarships are offered for competition in September, viz.: one of £150 and one of £60, in chemistry and physics, with either physiology, botany, or zoology at the option of candidates for first year's students. (The Medical School Committee is empowered to grant an exhibition of £20 to any unsuccessful competitor who obtains sufficient marks to qualify for a scholarship): one of £50 open to University students who have passed in anatomy, physiology, materia medica and pharmacy for a medical degree in any of the Universities of the United Kingdom and have not entered as students in any London medical school. Copies of the examination papers of last year may be obtained on application to the medical secretary. Applications must be sent in not later than September 19th, with certificate of birth and of preliminary examination, and in the case of candidates for the Science scholarships with a notification of their choice of optional subject. Numerous scholarships, prizes, and medals are open to competition throughout the whole career of a student, including a Fellowship of £100 given by the Salters' Company for research in pharmacology.

Fees.—The fees may be paid in one sum or by instalments. Entries may be made separately to lectures or to hospital practice. Special arrangements are made for students from the Univesities and elsewhere entering in their second or subsequent years, also for dental students and for qualified practitioners.

Special classes for the preliminary Scientific and Intermed., M.B.Lond. for the Oxford and Cambridge examinations, and for the Primary, F.R.C.S., are held throughout the year.

A register of approved lodgings is kept by the medical secretary, who has a list of local medical practitioners, and others who receive students into their houses.

The prospectus of the school containing full particulars as to fees, course of study advised, &c., and all necessary information will be given on application to Mr. Rendle, the medical secretary.

UNIVERSITY COLLEGE HOSPITAL.—This hospital is situated in Gower Street, not far from Euston Railway terminus. The college where the classes are held faces the hospital, on the opposite side of the street. The number of beds available for teaching purposes is 210.

Appointments.— Eight house physicians, six house surgeons, four senior and four junior obstetric assistants, and two ophthalmic assistants, are selected annually by examination from among the senior students, without fee. The house physicians and house surgeons reside in the hospital for a period of six months, and the senior obstetric assistants for three months, and receive their board and lodging free.

The offices of out-patient physicians' and surgeons' assistants, clinical clerks, surgeons' dressers, and ophthalmic surgeons' assistants are filled by pupils who are also students of the college, without additional fee.

Scholarships, &c.—Entrance Scholarships: One of the value of £120, and two of 55 guineas for proficiency in science, the subjects being those of the Preliminary Scientific Examination of the University of London, and two of 76 guineas each, the subjects being Anatomy and Physiology; the Atkinson-Morley surgical scholarship of £45 a year, tenable for three years; Atchison's scholarship, value £55, tenable for two years; Sharpey physiological scholarship, value about £110 a year, tenable for three years; Filliter exhibition for proficiency in pathological anatomy, value £30; Erichsen prize, operating case, value £10 10s., awarded for practical surgery. Dr. Fellow's clinical medals, the Liston gold medal, Alexander Bruce gold medal, Cluff memorial prize, Tuke medals for pathology class medals, &c.; gold and silver medals, or other prizes as well as certificates of honour, are awarded after competitive examinations in particular branches of study. The Tuffnell scholarship of £100 for chemistry, two years; and the Clothworkers' exhibitions in chemistry and physics of £30 each, can also be held in the medical faculty.

Fees.—The following have been grouped to meet the requirements of the various examining boards:—1. For the medical examination required by the Examining Board in England and the Society of Apothecaries (exclusive of instruction in vaccination and attendance at a fever hospital): 135 gs., if paid in one sum at the commencement of the course; 140 gs. if paid by instalments, as follows: First year, 65 gs., second year 50 gs., third year 25 gs. 2. For those students who do not require to attend chemistry, pharmacy, and elementary biology at a medical school (under the regulations of the examining board in England) the fee is: 117 gs. if paid in one sum; 122 gs. if paid by instalments, as follows: First year 55 gs., second year 40 gs., third years 27 gs. 3. For the courses necessary for the preliminary scientific examinations of the University of London, 35 gs. 4. For the course of instruction for the intermediate examination in Medicine of the University of London, 55 gs. paid in one sum. 5. For the course of instruction for the final M.B. examination of the University of London, 76 gs. if paid in one sum; 78 gs. if paid by instalments, as follows: First year 45 gs.; second year 33 gs. This course of instruction is also suitable for the corresponding examinations at the Universities of Oxford, Cambridge, and Durham. 6. Composition fee for dental students, for the courses required for the L.D.S., 65 gs., or exclusive of chemistry, practical chemistry, physics, and materia medica, 50 gs. The composition fees, 1, 2, 4, and 5, admit to attendance on systematic lectures and to hospital practice, where this is included in the fee, during five years.

Westminster Hospital.—This hospital is conveniently situated, facing the Abbey, and is readily accessible from all parts of the metropolis. It contains 205 beds for general cases, and all the special departments. New school buildings have been erected close by which afford accommodation for 150 students. The class rooms, dissecting rooms, and lecture theatre are excellent samples of modern erections, affording ample scope for study.

Appointments.—Curator and pathologist, receiving respectively £40 and £50 per annum; medical and surgical registrars, each £40; two house physicians, two house surgeons, two assistant house surgeons, and resident obstetric assistant. These officers, except the four first named, are all boarded free of expense. Fourth year's students are appointed to be clinical assistants in the various departments.

Scholarships, &c.—(*a*) Winter Session.—The Guthrie Scholarship £60, entrance scholarship £40, entrance scholarship £30, colonial scholarship £60, colonial scholarship £40, dental scholarship £20; subjects, Latin, mathematics, experimental physics, chemistry, and either Greek, French, or German. Oxford and Cambridge Scholarships, £40, subject—anatomy and physiology, Natural science scholarship, £60, same as for Prel. Sci. of University of London. Natural science scholarship, £40, chemistry and physics. Free presentation, open to pupils of Epsom Medical College. (*b*) Summer Session.—Natural science scholarship, £60, same as winter. Natural science scholarship, £40, same as above. Arts scholarship £50, arts scholarship £50, colonial scholarship £60, colonial scholarship £40, Oxford and Cambridge scholarship £40, subjects same as in winter session. (*c*) Prizes.—Treasurer's, 10 guineas, for first year's men; President's, 20 guinaas, for second year's men; Chadwick, 20 guineas, for students of any year not exceeding fifth; Fish, £20, for proficiency in pathology. To be competed for by unqualified men. Bird medal and prize, £14, for students who have completed fourth winter session. Sturges prize in clinical medicine £8, clinical surgery prize £5, to be competed for by unqualified men. And class prizes in the various subjects.

Fees.—In one payment of 110 guineas, or two payments of 60 guineas each, payable on entrance, and at the commencement of second year respectively, or by six payments distributed over six sessions of 25 guineas and 20 guineas alternately. Fees for shorter periods or for single courses may be learned on application to the Dean. Fees for dental students, payable in one sum on entrance, 50 guineas, or in two instalments of £27 10s.

London (Royal Free Hospital) School of Medicine for Women.—This school, which is situated in Hunter Street, Brunswick Square, opens at the same time, and the periods of study, lectures, &c., are similar to those at the ordinary medical schools. A commodious dissecting-room, physiological and chemical laboratories, and library are provided at the School, and clinical lectures are regularly delivered at the Royal Free Hospital, Gray's Inn Road, which institution is appropriated to the students at this School as a field of practical study and experience; clerkships, dresserships, being tenable there without fee by the women.

Scholarships, &c.—Entrance Scholarship of £30. Bostock Scholarship, £60, for two or four years, given on the result of the Preliminary Scientific Examination of the University of London. The John Bryon scholarship of £20 a year for four years, the Stuart Mill scholarship of £30 a year for four years, the Fanny Butler scholarship of £14 10s. a year for four years are offered from time to time. The Mabel Webb Research Scholarship, value £30 for two years, for research work in chemistry, physiology, or pathology. The Helen Prideaux prize of £50 is offered every other year to graduates of the School. Three Evans prizes of £3 3s., £2 2s., and £1 1s. respectively, are given in the midwifery class, and two Durham prizes of £5 and £3 are given in the gynæcology class. Two Mackay prizes of £20 each are offered annually. There are other scholarships for ladies willing to qualify themselves as practitioners in India. There is also a small fund from which assistance can occasionally be given to students who specially require pecuniary help.

Fees.—The fee for the ordinary curriculum of non-clinical lectures is £90 if paid in one sum, or £96 if paid in instalments. The fee for clinical teaching is £35, or £40 if paid in instalments.

Classes for the Preliminary Scientific Examination of the University of London will commence in October, 1899. Fee for the whole course, 16 guineas.

Women are eligible for the diplomas of the University of London, the Royal University of Ireland, the University of Durham, the Universities of Edinburgh, Glasgow, Aberdeen, and St. Andrews, the Conjoint Examinations of the Royal Colleges of Physicians and Surgeons, Edinburgh, and Faculty of Physicians and Surgeons, Glasgow, the Royal Colleges of Physicians and Surgeons, Ireland, and the Society of Apothecaries, London, each of which gives a qualification in medicine, surgery, and midwifery.

EXTRA-ACADEMICAL INSTITUTIONS IN LONDON.

Cooke's Medical School.—The school is prepared to admit to its supplementary work all who may wish to join the same, but in regard to its curriculum work it does not receive more than half-a-dozen students in the course of the year, these have special advantages both as regards anatomy and physiology. Charges but slightly in excess of current charges. The Bland Sutton Presenta-

tion—named after Mr. Bland Sutton, F.R.C.S., surgeon to Middlesex Hospital (a former pupil of the school)—confers the privilege of free education during the first two years of medical studies. Particulars forwarded on application. By decision of various examining bodies gentlemen rejected at their anatomical and physiological examinations (second conjoint, &c.) can get signed up for the supplementary work they are required to put in before re-examination. The school is also recognised for the special dissections for the Fellowship of the Royal College of Surgeons. The surgical operations are performed on the dead body, and these courses are recognised for army examinations and the College of Surgeons, &c. The school possesses a good collection of physiological and chemical apparatus, and gentlemen preparing for the higher examinations receive special instruction in the more difficult subjects by separate classes.

LONDON SCHOOL OF DENTAL SURGERY.—This institution is the oldest of the Dental Colleges in the United Kingdom, and its teaching is recognised by the Royal College of Surgeons for the dental diploma. It is centrally situated in Leicester Square, is open daily, and under the supervision of a special staff and house surgeon. The mechanical laboratory is the most perfect of its kind, and its usefulness can hardly be over-estimated. At the present time its accommodation is hardly equal to increasing requirements, and an enlarged building is in contemplation. Four demonstrators have been appointed to instruct the new students in the elements of operative dental surgery, and at the beginning of the session each demonstrator gives a course of lectures on this subject. There is the Saunders Scholarship and Walker Scholarship (entrance) value £20 each, awarded yearly, and the eight house surgeoncies are filled by students of the hospital holding the L.D S. Fee for two years' hospital practice required by the curriculum including lectures, £50.

NATIONAL DENTAL HOSPITAL.—This institution is situated in North-West London (Great Portland Street) and the same teaching facilities and hospital practice are obtainable here as at the foregoing institution, special demonstrations being given by members of the staff daily. There are also a mechanical laboratory, students' common room, a metallurgical laboratory, extraction and stopping rooms, students' hall, &c., all lighted by electricity, and warmed and ventilated after the most approved requirements; in fact, this institution may be pronounced a model dental hospital and school. The winter session commences at the same time as at the medical schools, on October 3rd. The medical tutors hold special classes before each College examination. The prizes include one entrance exhibition, value £15; and the Rymer prize of £5 5s The fee for two years' hospital practice required by the curriculum, including lectures, is £40.

UNIVERSITY EXAMINATION POSTAL INSTITUTION.—There is an institution conducted by Mr. E. S. Weymouth, M.A. (27, Southampton Street, Strand, which offers special courses of lessons through the post for the medical examinations of the London University (including the M.D.), and of the Royal Colleges. Also for the Diploma in Public Health of Cambridge or the Royal Colleges. Three of the medical tutors are Gold medallists.

Medical students are admitted to the practice at the following metropolitan hospitals, to which no medical school is attached. Detailed particulars will be supplied on application to the various secretaries.

ROYAL FREE HOSPITAL, Grays' Inn Road.—This hospital contains 170 beds. It is here that the students at the London School of Medicine for Women do their medical, surgical, and clinical work. The clinical clerkships and surgical dresserships are held exclusively by these students. The fees payable are £28 the first, and £16 each succeeding year. The composition fee for all classes and lectures, except clinical, is £80 in one sum, or three payments of £40, £30, and £15.

WEST LONDON HOSPITAL, Hammersmith.—This contains over 100 beds, and has an extensive out-patient department. Dresserships and clinical clerkships may be obtained. Two house-surgeons and two house-physicians are elected every six months. Special departments have recently been opened for diseases of the throat, ear, skin, and deformities. An electrical department has also been added.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—This institution has been recently enlarged, and now contains 155 beds. The practice of the hospital is open to practitioners and senior students, and clinical assistants are appointed in the wards and out-patient departments, as in the larger general hospitals.

BETHLEM HOSPITAL.—This hospital is open for the admission of two recently qualified resident medical assistants who are desirous of acquiring special knowledge regarding the insane. The next election takes place in October at Bridewell Hospital, and the elected candidates will be expected to take up their residence on November 1st.

NATIONAL HOSPITAL FOR EPILEPSY AND OTHER DISEASES OF THE NERVOUS SYSTEM.—Contains 200 beds. It has on its staff men of European reputation, and the Institution is recognised by the Conjoint Board where part of the fifth year of study may be devoted to clinical work. Clinical clerks are appointed to the physicians for out-patients, and courses of lectures and clinical demonstrations are given each year.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—The largest institution for the treatment of affections of the chest in the United Kingdom, there being 321 beds in the two buildings. There are four house-physicians, who reside in the hospital, each for a period of six months. Lectures and demonstrations are given by members of the medical staff on Wednesdays and Fridays at 4 o'clock, save during the vacations. Pupils are admitted to the practice of the hospital. Terms, £3 3s. for three months; six months, £5 5s.; perpetual, £10 10s.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—This is a large and well-equipped hospital at the East End, containing 164 beds. Clinical lectures and demonstrations are given by the members of an exceptionally experienced staff. Fee for three months' attendance on hospital practice, 2 guineas; six months, 3 guineas.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, contains seventeen beds, with an extensive out-patient department recently enlarged. Clinical demonstrations and instruction to qualified practitioners and senior students daily during the hours of the surgeon's visits. Twelve clinical assistants who must be duly qualified are elected to assist the surgeons. Operation days—in-patients, Tuesdays, 2.15 p.m.; out-patients, Fridays, 2 p.m. Fees for the three months' attendance, £3 3s.; six months, £5 5s. Full details of this institution will be found on reference to our advertisement columns.

HOSPITAL FOR DISEASES OF THE THROAT AND CHEST, Golden Square, W., with branches at Newington, Walworth and Notting Hill, contains 50 beds. Students are admitted to hospital practice on payment of fee of three months' course, £3 3s.; for six months, £5 5s; perpetual, £7 7s.

THE HOSPITAL FOR WOMEN, Soho Square.—The hospital contains 61 beds. In connection with this institution there is now an organised school of gynæcology, open to qualified medical men and to students after their third year. Clinical assistants to the physicians and surgeons in the in-patient and out-patient departments are appointed every three months. Fee for the three months' course, £5 5s.

THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Lower Seymour Street, W., offers excellent opportunities for clinical study and training in the details of operative gynæcology. The success of the staff in this department have gained for them an European reputation. There are 47 beds.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Queen's Square, and Cromwell House, Highgate. Fee for three months' attendance, £3 3s.; perpetual, £5 5s. There are now 244 beds, and it is probably the largest institution of its kind in the world. The practice of the hospital has been thrown open gratuitously to pupils of

the different hospitals and medical schools of London, on conditions to be ascertained from the secretary.

Royal London Ophthalmic Hospital (formerly in Moorfields, rebuilt during the present year in the City Road), is the largest hospital devoted to this specialty in Great Britain. Students and practitioners are admitted to the practice daily at 9 o'clock. Operations, 10 o'clock and after. Fee for six months, £3 3s.; perpetual, £5 5s. Further particulars of the secretary, Mr. R. J. Bland.

Royal Westminster Ophthalmic Hospital, King William Street, Charing Cross, has about 30 beds, and a very large out-patient clinique. The lectures and demonstrations are arranged with special reference to the requirements of practitioners and senior students. Fee, six months, £3 3s.; perpetual, £5 5s.

Royal Eye Hospital, St. George's Circus, Southwark. —There are 40 beds and 2 cots. Fees £2 2s. for 3 months, £3 3s. for 6 months, and £5 5s. perpetual. Courses are held on ophthalmoscopy, refraction and diseases of the eye; fee £1 1s. for each course, but perpetual students may attend each course once without extra fee. Pathology class, £1 1s. extra to cover cost of materials.

St. Peter's Hospital for Stone.—This is the only special hospital for the treatment of stone and genito-urinary diseases in the United Kingdom. It contains 26 beds and one private ward, and has an excellent record. Students are admitted on the usual terms.

Seamen's Hospital.—This is situated on the Thames at Greenwich, having bed accommodation for 225 patients, with a branch at the Victoria and Albert Docks containing 23 beds. In connection with this institution there has recently been established a school for the study of tropical diseases, at which opportunities are afforded to students and others who may be desirous of studying diseases incidental to tropical climates, and also practical surgery, before entering the Services or going abroad.

Resident chambers are available for students who must be post-graduates or in the fifth year of their medical studies.

Metropolitan Hospital, Kingsland. — This was until recently known as the Metropolitan Free Hospital, is situated in the north-eastern district of the metropolis, and contains 160 beds. It is a general hospital, with various special departments for the treatment of diseases of the eye, throat, ear, &c.

Skin Hospitals.—"St. John's Hospital for Diseases of the Skin." Out-patient Department, 49 Leicester Square; In-patient Department, 238 Uxbridge Road. This hospital has now a splendidly-equipped in-patient department, with 50 beds, some of which are entirely isolated from the main part of the building for the reception of contagious cases. One of the oldest institutions of the kind is the Western Skin Hospital, which was started as long ago as 1851. In recent years the number of patients has greatly increased. The practice of the hospital is open to students and practitioners. Students of this speciality have also the "London Skin Hospital," in Fitzroy Square, with seven beds and an out-patient department of over 1,400. There is also the Stamford Street Skin Hospital, in the southern part of the metropolis, with 10 beds and an out-patient department of 5,600, so that students' needs in this direction are well catered for.

PROVINCIAL MEDICAL SCHOOLS.

Birmingham.—The Mason University College.—The School of Medicine, formerly in existence at the Queen's College, is now united with the Mason University College under the title of "The Queen's Faculty of Medicine." New buildings have been specially erected for the purpose, and contain large dissecting-rooms, museums, theatres, and all the necessary accessory rooms of a large and well-equipped school. A new bacteriological laboratory has recently been built, capable of accommodating about 75 students, and a Professor appointed to devote the whole of his time to the subject. At the Queen's and General Hospitals, to which students at this college have access, there are 400 beds available for clinical instruction. Students also have admission to the City Lunatic Asylum, the City Fever Hospital, the Eye, Orthopædic, and Ear and Throat Hospitals. Students are admitted—(1) as matriculated students who enter for their entire medical education; (2) as occasional students for one or more courses of lectures. There are thirty-five resident appointments in the hospitals of the City, open to students of the School.

Scholarships, Prizes, &c.—Two Ingleby Scholarships for obstetric medicine and surgery and diseases of women. Sydenham, Queen's, and Sands Cox scholarships of £31 10s. Clinical prizes:—Senior medical prize for third and fourth year's students, £5 5s.; Junior medical for first or second year's students, £3 3s. Senior surgical prize for third and fourth year's students, £5 5s.; Junior surgical prize for first and second year's students, £3 3s. Midwifery prize, £4 4s. Examinations are held in the various subjects at the end of each session, and medals and certificates are awarded.

Fees.—College fees for all lectures amount to £70, payable by two equal instalments. There is an entrance fee of £3 3s. Students entering for single courses have to pay entrance fee, £1 1s. for each winter, and 10s. 6d for each summer session. All students will be required to attend at the Queen's and the General Hospitals as directed by the Clinical Board, excepting students who enter the hospital for six months only. Fees for attendance for four years on the medical and surgical practice, and on the clinical lectures at both hospitals, £42.

Special facilities are offered at Mason University College to medical students for the work of the Preliminary Scientific Examination of the University of London.

The Dental Department, in conjunction with the General, Queen's and Dental Hospitals, affords a complete curriculum for all Dental Diplomas. There is an entrance scholarship value 15 guineas, and medals and honour certificates are awarded in the classes.

Bristol University College.—Faculty of Medicine.—This is the only medical school in the West of England. The lectures and instruction given in the Faculty of Arts and Science of University College, Bristol, are adapted to the various preliminary examinations, and students can complete in Bristol the entire course of study required for the medical and surgical degrees of the University of London and the Royal College of Surgeons of England, and of the Apothecaries' Society of London, and for the examination of the Army and Navy Boards. It is now arranged that students of the college shall be admitted to the clinical practice of the Bristol Royal Infirmary and the Bristol General Hospital conjointly, and consequently both these institutions are open to all students. The infirmary and the hospital comprise between them a total of 470 beds, and both have very extensive out-patient departments. Special departments for the diseases of women and children, and of the eye, ear, and throat, besides large outdoor maternity departments and dental departments. Very exceptional facilities are thus offered to students for obtaining a wide and thorough acquaintance with all branches of medical and surgical work.

Appointments.—At the Royal Infirmary, and also at the General Hospital, clinical clerks and dressers reside in the house in weekly rotation. A pathological clerk is appointed every three months.

Clinical lectures are given regularly at both institutions.

Scholarships, Prizes, &c.—Prizes and certificates of honour are given in University College in all the subjects of the curriculum, open only to *perpetual* students. There are two entrance scholarships, value £50 and £30 respectively, two Martyrs' memorial scholarships (pathology and morbid anatomy) of £10 each, the Tibbit's memorial prize, value £9, for proficiency in practical surgery, one gold and silver medal awarded by the committee, and various prizes for clinical work in surgery and medicine.

Fees.—School fees for attendance on all courses of lectures except comparative anatomy, 65 guineas, or 55 guineas. Clinical fees—Surgical practice, one year, 12 guineas; perpetual, 20 guineas. Medical practice pupil, 20 guineas; perpetual medical and surgery, 35 guineas; clerk or dresser, 5 guineas; obstetric clerk, 3 guineas.

Prospectus and further information on application to the Dean, Professor E. Markham Skerritt.

Yorkshire College School of Medicine, Leeds.—This school, which was founded sixty-nine years since as the Leeds Medical School, forms the medical department of the Yorkshire College, one of the colleges constituting

the Victoria University. Students of the Yorkshire College are therefore eligible for the degrees of the Victoria University as well as for those of the London, Durham, and Edinburgh Universities, and for the ordinary diplomas. The building erected on a site contiguous to the infirmary, and opened five years ago contains one of the finest dissecting rooms in the kingdom, extensive laboratories for physiology and pathology with the most recent improvements in fittings and apparatus, ample lecture room accommodation, a large library, and separate museums for pathology and anatomy. Professors and lecturers are attached, and the clinical teaching is given by the physicians and surgeons attached to the infirmary. Ophthalmic demonstrations and demonstrations of skin diseases are given in the infirmary by surgeons in each department, where also are obtainable various clinical clerkships, dresserships, and other appointments; and an extern maternity charity is attached, at which the necessary attendance at labours can be taken; besides the infirmary, there are a large dispensary, a large hospital for infectious diseases, and a hospital for women and children, all of which are open to students of the schools.

Students here have also excellent opportunities of acquiring a thorough insight into psychological medicine, as the renowned West Riding Lunatic Asylum is in connection, whereat lectures on mental diseases are delivered during the summer.

Scholarships, Prizes, &c.—(1) A Gilchrist scholarship of £50 a year for three years is awarded annually, and a second biennially, to the candidate who stands highest at the June Preliminary Examination at the Victoria University, provided he passes in the first division. (2) A university scholarship of £50 is awarded anually on the results of the second examination for the degree of M.B. and Ch.B, *held in March*. (3) An entrance scholarship of 64 guineas (covering composition fee for a full curriculum of lectures) is offered every September to university students. There are also a Hardwick prize in clinical medicine, a M'Gill prize in clinical surgery, each of the value of £10, and Thorpe prizes of £10 and £5 in forensic medicine and hygiene, besides silver and gold medals and other class prizes. The composition fee for attendance upon all the required courses of school lectures is 64 guineas for university students who have attended the preliminary scientific courses, and the same for non-university students, exclusive of chemistry and biology.

At the General Infirmary, containing 447 beds, the perpetual fee for medical and surgical practice and clinical lectures is £42 in one sum, or two instalments of £22 each. These fees are not included in the composition fees for lectures, and are payable separately.

A scholarship of £42 to cover the cost of medical and surgical practice is also offered annually.

LIVERPOOL UNIVERSITY COLLEGE (VICTORIA UNIVERSITY).—New physiological and pathological laboratories were opened by Lord Lister last October. The college contains ample class-room and laboratory accommodation for study and research in pathology and bacteriology, and provision in the way of laboratories and museums for the study of public health. The museums of anatomy, pathology, materia medica, and public health are furnished with complete provision for the needs of students, and have recently been reorganised and revised.

Royal Infirmary.—The Royal Infirmary which adjoins the school, contains 300 beds, with 40 special beds for the treatment of diseases of women. The Lock, Lying-in, Eye and Ear, Children's, and Dental Hospitals are in the immediate vicinity, and their practice is open to the students of the medical faculty.

Fees.—The composition fee for lectures and classes is £24 15s. for preliminary scientific classes; £60 for the medical classes required for the Victoria University Degree; £70 for classes required for the Diplomas of the Conjoint Boards. Royal Infirmary, £42, All fees, except the first named, are payable in two instalments.

Appointments at the Royal Infirmary.—Three house surgeons, 3 house physicians, and one extern house surgeon are appointed for six months. Three clinical clerks for each physician; three or more dressers for each surgeon, and two clerks to the Thornton Ward for diseases of Women are appointed every three months. Post-mortem clerks are appointed for six weeks.

Scholarships.—(*a*) Four Gee Entrance Scholarships are awarded annually of the value of £25. On the results of a special scholarship examination, and numerous class prizes are awarded annually. (*b*) Two Lyon Jones scholarships, of the value of £21 each, a junior scholarship, open at the end of the first year of study to Victoria University students, in the subjects of the first M.B. examinations; and a senior scholarship open to all students in the school at the end of the third year of study, on the subjects of anatomy, physiology, and materia medica. (*c*) The Derby exhibition of £15 is awarded in clinical medicine and surgery in alternate years; in 1900 the subject will be clinical surgery. (*d*) Two Holt fellowships, each of the value of £100, to senior students, for study and research in physiology and pathology. (*e*) A Robert Gee fellowship in anatomy of the value of £100, for study and research in anatomy. (*f*) An Alexander fellowship of £100 a year is offered for research in pathology. (*g*) The Torr gold medal in anatomy and the Holt medal in physiology.

School of Dental Surgery.—There is a School of Dental Surgery in connection with the medical faculty. The curriculum includes lectures and demonstrations on all the subjects required for diplomas in dental surgery. In addition, laboratory courses are conducted in dental histology and dental pathology. Practical instruction in dentistry is given at the Dental Hospital in Mount Pleasant, where an admirable operating room and a new mechanical laboratory have recently been constructed.

Fees.—A payment of £50 on entrance, or in two equal instalments, entitles the student to attendance on all lectures and demonstrations (medical and special) required for the dental licence of the College of Surgeons. The fee for two winters' surgical practice is £10 10s., and for two years' dental hospital practice, £21.

A limited number of apprentices are taken at the hospital, fee, £105.

Scholarships.—(*a*) A Fletcher scholarship of the value of £20 is awarded for excellence in Dental Mechanics to students beginning their course. (*b*) A scholarship in Dental Surgery (value £10 10s.) is awarded as the results of examinations in general and dental surgery. (*c*) Quinby prizes (of the value of £20 altogether) for operative denistry. (*d*) A prize (value £5 5s.) for Dental Mechanics. (*e*) Ash's prizes (value £2 2s.) for an essay on some subject in Dental Surgery. (*f*) Medical faculty prizes, medals, and certificates.

School of Pharmacy.—A department of Pharmacy has been instituted, comprising the necessary courses for the minor and major examinations of the Pharmaceutical Society, in chemistry, physics, botany, materia medica, and pharmacy. The composition fee is £17, and the classes may be attended in one or two years.

MANCHESTER.—VICTORIA UNIVERSITY. OWENS COLLEGE SCHOOL OF MEDICINE.—The medical school buildings, which include large laboratories, dissecting-rooms, library and reading rooms, are on the most modern principles, and students wishing to engage in anatomical, physiological, or pathological research will find excellent opportunity for study in the complete and well furnished laboratories. The buildings were extended only a few years ago, but owing to the rapid growth of the school further large additions have been made, including lecture theatres and laboratories. Hospital practice is taken out at the Royal Infirmary, which contains 300 beds. The Cheadle Lunatic Asylum, St. Mary's Hospital, the Southern Hospital, and other special hospital also afford teaching facilities of great importance.

Appointments—The following appointments are made in connection with the Manchester Royal Infirmary; Surgical Registrar, at £80 per annum; a Pathological Registrar, at £100 per annum; a Medical Registrar, at £70 per annum; two Assistant Medical Officers, each at £80 per annum; a Resident Medical Officer at the Convalescent Hospital, Cheadle, one year, £150 per annum; Resident Medical Officer, one year, £150; Resident Surgical Officer, one year, £150 per annum; two Chloroformists, annually, at £50; two House Surgeons and one House Physician are appointed every three months for

a term of six months; a Resident Assistant at the Convalescent Hospital, Cheadle, appointed every six months.

Scholarships.—Dalton Entrance Scholarship, £40 per annum for two years: Cartwright Entrance Scholarship, £35 per annum for three years; Hulme Entrance Scholarship, £35 per annum for three years; Rogers Entrance Scholarship, £40 per annum for two years; Seaton Entrance Scholarship, £40 per annum for two years; James Gaskill Entrance Scholarship, £40 per annum for two years; Kay Shuttleworth (Sir Jas. Philips) Scholarship, £30 per annum for three years; Theodores Modern Languages Exhibition, £15; Honorary Research Fellowships; Manchester Grammar School Scholarship, £18 per annum for three years; Turner Scholarship of £20 to students who have completed four years of study in the College; Platt Physiological Scholarship, value £50, tenable for two years, open to students between the ages of 18 and 25; two Platt exhibitions, £15 each, for first and second year's students in physiology; Sidney Renshaw Physiological Exhibition, £15; Dumville Surgical Prize, £15, at the end of the winter session; two Dauntsey Medical Entrance Scholarships, value £35, tenable for one year; John Henry Agnew Scholarship in Diseases of Children, value about £30 awarded annually; Gilchrist Scholarships of £50 per annum, tenable for three years in any of the Colleges of the Victoria University, awarded annually to the candidate gaining the highest number of marks in the first division of the Preliminary Examination of the Victoria Universary; the Bradley Memorial Scholarship, £20, in Clinical Surgery is offered annually in the summer session to candidates who must be fourth year students; one Medical and one Surgical Clinical Prize are also offered annually.

Fees.—Composition fee, £70, in two sums of £35 each, Hospital practice: composition fee, £40, or two instalments of £25 each.

Dental Fees.—Composition fee, £50, payable in two sums of £25 each. Hospital practice, £21.

Sheffield University College, Medical Department.—The Sheffield School of Medicine has been incorporated by Royal Charter with Firth College and the Technical School to form the "University College, Sheffield." The new medical school was opened in 1888. It contains a medical library, good class-rooms, an excellent anatomical department, and every provision for medical education under the most modern principles. Last year the physiological department was entirely reconstructed and equipped, in memory of the late president of the school, Mr. Wm. F. Favell, through the generosity of anonymous donors. The department consists of a lecture and demonstration theatre, students' laboratory, preparing room and galvanometer room. Each student has his own laboratory bench, with gas, water, electric light, and all the requisite apparatus. New premises have been acquired near the College for the pathological museum and laboratory, and also for a bacteriological laboratory, which has been completely eqipped through the generosity of "A Sheffield Citizen." The course of lectures and instruction is adapted to meet the requirements of the various examining bodies. Students at this college obtain medical and surgical practice at the Royal Infirmary, a well-appointed institution, containing 240 beds, and also at the Sheffield Royal Hospital, containing 125 beds. The fees for attendance, £6 6s. each for medical and surgical practice during the winter session, and for three months £3 3s. each. Perpetual fee for medical and surgical hospital practice in a single payment of £45, or in two payments, viz., £26 on entrance, and £22 within twelve months afterwards. Students are also admitted to the practice of the Jessop Hospital for Diseases of Women, to the City Fever Hospitals, and to the South Yorkshire Lunatic Asylum at Wadsley. Some of the lecturers and other local members of the profession receive house pupils, assisting them in their studies where such arrangements are desirable. The winter session will commence on October 2nd. Dean, Dr. W. T. Cocking, to whom applications may be addressed.

Scholarships, &c.—An entrance scholarship of the value of £110 is annually awarded to the best candidate (if of sufficient merit) in mathematics, elementary physics, inorganic chemistry, Latin, English.

Composition fee, 60 guineas, or in two instalments of 35 guineas and 30 guineas for lectures and practical classes required by the Examining Board in England.

Prizes for clinical medicine and clinical surgery of 10 guineas; prizes in books and certificates awarded annually.

University of Durham College of Medicine, Newcastle-upon-Tyne.—A very commodious and ornate new building has been erected here at a cost of about £31,000. The electric light has been installed throughout the whole of the working part of the college. The Royal Infirmary, at which clinical instruction is obtained, contains 280 beds. Pathological demonstrations are given as opportunity offers. Practical midwifery can be studied at the Newcastle Lying-in Hospital. Opportunities for practical study are also afforded by the Dispensary, City Infectious Diseases Hospital, Eye Infirmary, Children's Hospital and Northumberland County Lunatic Asylum. Lectures are given on psychological medicine and public health.

Appointments.—Assistant demonstrators of anatomy receiving each an honorarium; prosectors for the professor of anatomy, assistant demonstrators of physiology and pathology, assistants to the dental surgeons, clinical clerks, and dressers are appointed at regular intervals. One year attendance at the College is required on the part of candidates for the degrees in medicine of the University of Durham.

Scholarships, &c.—University scholarships, value £100, for proficiency in arts, awarded annually at the beginning of winter session to full students in their first year only The Dickinson memorial scholarship (value: the interest of £400 with a gold medal) for medicine, surgery, midwifery, and pathology, open to full students, who have passed the primary examination of a licensing body. The Tulloch scholarship, interest of £400 annually, for anatomy, physiology, and chemistry. The Charlton memorial scholarship, interest of £700 annually, open to full students entered for the class of medicine at end of the fourth or fifth winter. The Gibb scholarship, interest of £500 annually, for pathology, at end of summer session. Goyder memorial scholarship in clinical medicine and clinical surgery, proceeds of £325 annually. The Luke Armstrong memorial scholarship, interest on £680. The Stephen Scott scholarship in surgery, interest on £1,000. The Heath scholarship in surgery, the next award will be in 1900: the interest on £4,000 is awarded every second year. The Gibson prize in midwifery and diseases of women and children; the interest on £225 is awarded yearly. At the end of each session a prize of books and honours certificates are awarded in each of the regular classes.

Fees.— *a*) A composition ticket for lectures at the college may be obtained—1. By payment of 70 guineas on entrance. 2. By payment of 45 guineas at the commencement of the first sessional year and 35 guineas at the commencement of the second sessional year. 3. By three annual instalments of 35, 30, and 20 guineas respectively at the commencement of the sessional year. (*b*) Fees for attendance on hospital practice: For three months' medical and hospital practice, 5 guineas; for six months, 8 guineas; for one year, 12 guineas; perpetual, 25 guineas; or by three instalments at the commencement of the sessional year, viz., first year, 12 guineas; second year, 10 guineas; third year, 6 guineas; or by two instalments, viz., first year, 14 guineas; second year, 12 guinaas.

University College, Cardiff, School of Medicine.—The winter session commences on Monday, October 2nd. The annual address to students will be given on the evening of October 6th by Professor A. W. Hughes, of King's College, London.

The courses of study are recognised as qualifying for the preliminary scientific examination and the intermediate examination in medicine in the University of London, and for the corresponding examinations in the Universities of Edinburgh, Glasgow, St. Andrews, Aberdeen, and Durham, in Victoria University, and in the Royal University of Ireland. Students who are preparing for these examinations may compound for their

courses by paying a fee of £57 10s., while a composition fee of £40 includes all the courses necessary for the first and second examinations of the conjoint board or for those of the Society of Apothecaries, London. In all cases these composition fees may be paid by instalments.

Particulars regarding the staff of the school and the various courses will be found in our advertisement columns.

Scholarships, &c.—The attention of students about to matriculate is drawn to the numerous entrance scholarships and exhibitions which are offered at this college for competition during the present month, most of which may be held by medical students. Full particulars of the examination for these may be obtained from the Registrar.

The college is furnished with all modern requirements for teaching and for laboratory work, whilst hospital instruction is given at the Cardiff Infirmary which is within five minutes' walk of the college. The institution contains 200 beds and has a large out-patient department as well as special departments for the eye, ear and throat.

During the last year it has been found necessary to considerably extend the Chemical Laboratory and a new lecture theatre for the physical department has also been built.

LIVERPOOL ROYAL SOUTHERN HOSPITAL.—The clinical school of this hospital is situated within convenient distance of the School of Medicine, and affords every facility for clinical and pathological study. The hospital contains 200 beds, and, in addition, to the general medical and surgical cases, attention is devoted to the diseases of women and children. The medical and surgical staff visit the wards daily, and the ward instruction is supplemented by weekly clinical lectures. Additions have been made to the teaching staff, so that students may now obtain instruction in diseases of the eye, ear, and throat. The medical and surgical tutors attend every day to instruct the junior students in the methods of diagnosis, and to prepare the senior men for their final examinations. There is an excellent pathological department, with laboratory attached, where demonstrations are arranged for, and regular instruction is given in practical pathology. The practice of St. George's Hospital for Diseases of the Skin is free to students. Ample opportunity is afforded for acquiring a knowledge of dermatology.. Recently a bacteriological laboratory has been added where students can obtain a practical knowledge in bacteriology. In connection with the hospital a course of instruction for gentlemen desirous of obtaining a diploma in public health is given, and with this object a chemical and bacteriological laboratory under Mr. Herbert Davies, M.A.Camb., B.Sc., and Dr. Hugh R. Jones, M.A., M.D., B.Sc. (Lond.) has been opened. In addition to the clinical clerkships which are allotted to the students the resident post of ambulance officer is given to the student whom the board may think most suited to hold it every three months. A prize of £20 is annually competed for which affords special advantages for clinical and pathological researches to the holder, and three prizes of £5 each are also awarded to the gentlemen who present the best taken series of medical and surgical cases. Fees.—Perpetual, £26 5s.; one year, £10 10s.; six months, £7 7s.; three months, £4 4s. There are rooms for a limited number of resident students; terms exclusive of fee for hospital practice), £15 15s. per quarter. The practice of the hospital is recognised by all examining bodies.

BRISTOL ROYAL INFIRMARY.—This is one of the largest provincial hospitals in Great Britain, and contains 270 beds. It is provided with all the necessary appliances for a complete clinical education. The resident appointments are five in number, the two juniors of which are each tenable for six months, and are intended for qualified students of the infirmary who have previously acted as medical and surgical registrars. Several scholarships and prizes are obtainable. Fees for admission to the medical practice, six months, 7 guineas; twelve months, 12 guineas; perpetual, 20 guineas. The same fees are payable for surgical practice. Perpetual fee for medical and surgical practice, 35 guineas. Dental practice, one year, £7 7s.; perpetual, £12 12s.

The following are the principal provincial hospitals to which students are admitted where clinical instruction can be obtained, but to which there is no medical school attached:—

BATH ROYAL UNITED HOSPITAL.—This is a well-appointed hospital in the West of England, with 120 beds, at which students can obtain clinical instruction. The hospital is recognised by the Colleges, and is licensed for dissection. It contains also an excellent museum and library. Fee for six months' attendance, five guineas; twelve months', ten guineas.

BRADFORD INFIRMARY.—The hospital contains 210 beds. Non-resident pupils are received—and abundance of clinical material is obtainable. One year's attendance is recognised by the Examining Boards. Fee, perpetual, £10 10s.

BRIGHTON SUSSEX COUNTY HOSPITAL contains 173 beds. It is recognised by the College of Surgeons and by the Conjoint Board. Out-pupils are admitted to the clinical teaching and the classes at a fee of £21 for two years.

NORFOLK AND NORWICH HOSPITAL.—This hospital is recognised by the Colleges, and contains 220 beds. Fees, £10 10s. for six months', £15 15s. for twelve months' medical and surgical practice. Pupils, resident and non-resident, are admitted.

WOLVERHAMPTON GENERAL HOSPITAL.—The hospital contains 230 beds, attendance at this hospital being recognised by all the Examining Boards. Pupils are trained in clinical work by the medical and surgical staff. Fees.—Six months, £6 6s.; twelve months, £12 12s.; perpetual. £21.

THE ENGLISH UNIVERSITIES.

The English Universities are five in number—viz., Oxford, Cambridge, London, the Victoria, and Durham. Each of these "turns out" a due proportion of medical graduates every year. Those students who have means at command will probably elect to enter at either Oxford or Cambridge, where, perhaps, the social advantages arising from residence at the ancient seats of learning form the chief attraction. Of the University of London we have already spoken, and the Victoria University comprises Owens College, Manchester; University College, Liverpool; and the Yorkshire College, Leeds. With regard to Durham University, great facilities have within the past few years been provided in the matter of medical degrees.

OXFORD.

There are two degrees in medicine, M.B. and M.D., and two degrees in surgery, B.Ch. and M.Ch. The M.B. and B.Ch. degrees are granted to those members of the University who have passed the second examination. Graduates in Arts, B.A. or M.A., are alone eligible for these two degrees. In order to obtain the degrees of M.B. and B.Ch., the following examinations must be passed:—1. Preliminary subjects: Mechanics and physics, chemistry, animal morphology and botany. 2. Professional (*a*) First Examination: Subjects—Organic chemistry, unless the candidate has obtained a first or second class in chemistry in the Natural Science School; Human physiology, unless he has obtained a first or second class in animal physiology in the Natural Science School; Human anatomy, and Materia medica with Pharmacy. (*b*) Second Examination: Subjects—Medicine, Surgery, Midwifery, Pathology, Forensic medicine with Hygiene. The approximate dates of the examinations are as follows:—Preliminaries—Mechanics, physics, and chemistry, December and June; Animal morphology and botany, December and March; Professional (First and Second M.B.), June and December.

The degree of M.D. is granted to Bachelors of Medicine of the University—(1) who took the degree of M.B. previously to the end of Trinity Term, 1886, provided they have spent three years in the practice of medicine after taking that degree, and have composed a disserta-

tion on some medical subject approved by the Regius Professor of Medicine, before whom it must be read in public; (2) who took the degree of M.B. subsequently to the end of Trinity Term, 1886, provided they have entered their thirty-ninth term and have composed on some medical subject a dissertation which is approved by the professors in the Faculty of Medicine and examiners for the degree of M.B. whose subject is dealt with. A book published within two years of the candidate's application for the degree may be substituted for a dissertation. The degree of M.Ch. is granted to Bachelors of Surgery of the University who have entered their twenty-seventh term, who are members of the surgical staff of a recognised hospital, or have acted as dresser or house surgeon in such a hospital for six months, and who have passed an examination in surgery, surgical anatomy, and surgical operations. This examination is held annually, in June, at the end of the Second M.B. Examination.

The First Examination for the degrees of M.B. and B.Ch. may be passed as soon as the Preliminary Scientific Examinations have been completed. The subjects of this examination may be presented separately or in any combination or in any order, provided anatomy and physiology be passed together.

The Second Examination may be passed after the completion of the first. The subjects of medicine, surgery, and midwifery must be passed at the same examination, but candidates are allowed to offer pathology at a previous examination. Before admission to the second examination candidates must present certificates of instruction in infectious and mental diseases, and of attendance on labours, and of proficiency in the practice of vaccination.

Diploma in Public Health.—An examination is held yearly in Michaelmas Term, open to all registered medical practitioners. No one is admitted as a candidate unless his name has been on the *Medical Register* for twelve months, and unless he has spent after registration a period of at least six months studying in a public health laboratory, and not less than six months studying under the medical officer of health of a county or town containing at least 50,000 inhabitants, or has himself held the position of medical officer of health of a county or urban district of more than 20,000 inhabitants.

Scholarships, &c.—Scholarships in some branch of Natural Science (chemistry, physics, biology) of the average value of £80 per annum, tenable for four years and renewable under certain conditions for a fifth year, as well as exhibitions of a less annual value, are awarded after competitive examination every year by some of the Colleges. Notices of vacancy, &c., are published in the *University Gazette*. In February there is competed for annually, by those who, having obtained a first-class in any school (moderations or final), or a scholarship or prize open to general competition in the University, have passed all the examinations for the degree of B.A., one Radcliffe Travelling Fellowship. It is tenable for three years, and is of the annual value of £200. The examination is partly scientific, partly medical. The holder must travel abroad for the purpose of medical study. A Rolleston Memorial prize is awarded once in two years to members of the Universities of Oxford and Cambridge of not more than ten years' standing for an original research in some biological subject including physiology or pathology.

More detailed information may be obtained from the University Calendar; frem the Examination Statutes, 1894, which contain the official schedules of the several subjects of examination in both Arts and Medicine; from the Student's Handbook to the University; from the Regius Professor of Medicine; and from the Professors in the several departments of science.

CAMBRIDGE.

At the University of Cambridge five years of medical study are required for the M.B. and B.C. degrees. The candidate must have resided nine terms (three years) in the university, and have passed the "previous" examination in classics and mathematics. There are three examinations for these degrees. The first is in chemistry, physics, and biology; the second in human anatomy, physiology, and pharmaceutical chemistry; and the third, in the usual practical subjects with hygiene and pathology, each examination is divided into two parts, which can be taken separately. Subsequently to the third examination an Act has to be kept, which consists in reading an original thesis, followed by an oral examination on the subject of the thesis. As the subjects for the examination for the degree in Surgery are included in the third examination for the M.B. degree, candidates are admitted to the degree of Bachelor of Surgery on passing the third examination for Bachelor of Medicine.

The M.D. degree may be taken three years after the M.B. An Act has to be kept, with oral examinations, and an essay has to be written extempore. There is also the degree of Master of Surgery, for which the candidate, having already passed for B.C., or being M.A. has otherwise qualified in surgery, has to pursue extra study in Surgery, and pass a special examination or submit original contributions of merit to the science or art of surgery. The yearly expenditure of a student who keeps his term by residence in a college is from £150 to £200 a year. This, however, may include all payments to the University and the College—all fees, as well as clothes, pocket money, travelling expenses, &c. Non-collegiate students have only to pay the University fees, which are not large. They lodge and board as they like; their expenses, therefore, are entirely in their own hands.

The University degree grants a diploma in Public Health without the necessity of residence, the examination being in so much of State Medicine as is comprised in the functions of officers of health, and subject to the latest requirements of the General Medical Council in this respect. These examinations are held in Cambridge the first week in April and October. Candidates, whose names must be on the *Medical Register* of the United Kingdom, and need not be members of the University, should send in their applications to the Secretary of the State Medicine Syndicate a fortnight in advance. Every candidate who has passed both parts of the examination to the satisfaction of the examiners will receive a testimonial testifying to his competent knowledge of the subjects comprised in the duties of a medical officer of health. Candidates who desire to present themselves for examination in October next must send in their applications, and transmit the fees (£6 6s. for each part) to the Registrary, University of Cambridge, on or before September 25th.

An abstract of the Regulations and Schedules of the range of the examinations in chemistry, physics, biology, and pharmaceutical chemistry, may be obtained upon sending a stamped directed envelope to the Assistant Registrary, Cambridge. Full information is contained in the Cambridge University Calendar.

UNIVERSITY OF LONDON.

The Matriculation Examination.—Candidates for any degree in this university *must* have passed the matriculation examination. It is held twice in each year—on the second Monday in January, and the second Monday in June; and may be held not only at the University of London, but also, under special arrangement, in other parts of the United Kingdom or in the colonies.

The Preliminary Scientific M.B. Examination.—Professional studies pursued before the whole of this examination has been passed will not count towards the course required for the M.B. degree. The examination takes place twice in each year, once for Pass and Honours, commencing on the third Monday in July, and once for Pass candidates only, commencing on the third Monday in January.

Intermediate Examination.—The Intermediate Examination in Medicine takes place twice in each year—once for Pass and Honours, commencing on the second Monday in July, and once for Pass candidates only, commencing on the third Monday in January. The subjects of the examination are anatomy, physiology and histology, organic chemistry, materia medica, and pharmaceutical chemistry. No candidate shall be admitted to this examination unless he is nineteen years of age and has passed the Preliminary Scientific Examination at

least two years previously. Fee for this examination, £5.

4. *M.B. Examination.*—This examination is held for Pass and Honours in October, and for Pass only in May. The candidate must have passed the Intermediate Examination at least twenty-one months earlier, must have attended lectures and hospital practice in a recognised medical school for two years, including at least two months' attendance, each on lunacy and infectious diseases, one of which must be subsequent to the Intermediate Examination, must have conducted at least twenty labours, and have acquired proficiency in vaccination. After having attended Medical and Surgical Hospital practice for at least twelve months subsequent to passing the Intermediate Examination in Medicine, the student is required to attend to Practical Medicine, Surgery, or Obstetric Medicine, with special charge of patients in a Hospital, Infirmary, Dispensary, or Parochial Union during six months, such attendance not to count as part of the Surgical or Medical Hospital Practice already referred to. The examination, which is conducted by written papers, *viva voce*, and by practical examinations, comprises the following subjects:—Pathology, Therapeutics, Hygiene, Surgery, Medicine, Obstetric Medicine, and Forensic Medicine. The candidate must pass in all the subjects. Honours may be taken in Medicine, Obstetric Medicine, and Forensic Medicine.

Bachelor of Surgery.—The examination for the degree of Bachelor of Surgery takes place once in each year, in December. Candidates must produce certificates to the following effect:—1. Of having passed the examination for the degree of Bachelor of Medicine in this University. 2. Of having attended a course of instruction, in operative surgery, and of having operated on the dead subject. The subjects of the examination are surgery (including operatiohs on the dead body), pathology and surgical anatomy. Fee, £5.

Master in Surgery.—The examination for the degree of Master in Surgery takes place once in each year, in December. Candidates must be Bachelors of Surgery of at least two years' standing; one year is, however, remitted in the case of candidates who passed the B.S. examination in the first division. The examination comprises Mentai Physiology, Surgery, and Surgical Anatomy.

Degree of Doctor of M.D.—Doctor of Medicine.—The degree of Doctor of Medicine is granted after examination to Bachelors of Medicine of at least two years' standing The examination comprises mental physiology and medicine, and is conducted by written papers, clinical examination, and *viva voce*. A candidate who presents a thesis approved by the examiners is excused the written examination.

Doctor of Medicine in State Medicine.—This degree is granted to Bachelors of Medicine after examination on producing evidence of having been engaged in the study of State Medicine for at least two years. The examination is the same as for the ordinary M.D., with the exception that State Medicine takes the place of medicine.

Prizes: 1.—The Sherbrooke Prize is awarded triennially for the best essay, embodying original research in some branch of science.

2.—The Granville Prize is awarded in each of the two years intervening between the several awards of the Sherbrooke Prize.

UNIVERSITY OF DURHAM.

One diploma and six degrees in Medicine and Hygiene are conferred:—viz., the degrees of Bachelor in Medicine, Bachelor in Surgery. Master in Surgery, Doctor in Medicine, Bachelor in Hygiene, and Doctor in Hygiene, and Diploma in Public Health. These degrees are open to both men and women.

For the degree of Bachelor in Medicine (M.B.) there are four professional examinations. The subjects for the first are—Elementary Anatomy and Elementary Biology, Chemistry, and Physics. For the second—Anatomy, Physiology, Materia Medica, Therapeutics, and Pharmacology. For the third—Pathology, Medical Jurisprudence, Public Health, and Elementary Bacteriology; and for the fourth—Medicine, Clinical Medicine, and Physiological Medicine, Surgery and Clinical Surgery, Midwifery and Diseases of Women and Children.

It is required that one of the five years of professional education shall be spent in attendance at the University College of Medicine, Newcastle-upon-Tyne. Candidates for the First Examination who have passed the First Examination of the Conjoint Board in England, and candidates who hold a qualification from a recognised Licensing Body in the United Kingdom, will be exempt from the First Examination of the University, except in the subject of Chemistry with Physics. [N.B.—This regulation will not apply to candidates who commenced their medical studies on or after October 1st, 1896.] Candidates who have passed the First and Second Examinations of the University will be exempt from the First and Second Examinations of the Conjoint Board.

For the degree of Bachelor in Surgery (B.S.) every candidate must have passed the examination for the degree of Bachelor of Medicine of the University of Durham, and must have attended one course of lectures on Operative Surgery, and one course on Regional Anatomy. Candidates will be required to perform operations on the dead body, and to give proof of practical knowledge of the use of surgical instruments and appliances.

For the degree of Master in Surgery (M.S.) candidates must not be less than twenty-four years of age, and must satisfy the University as to their knowledge of Greek. In case they shall not have passed in this subject at the Preliminary Examination in Arts for the M.B. degree, they must present themselves at Durham for examination in it at one of the ordinary examinations held for this purpose before they can proceed to the higher degree of M.S. They must also have obtained the degree of Bachelor in Surgery of the University of Durham, and must have been engaged for at least two years, subsequently to the date of acquirement of the degree of Bachelor in Surgery, in attendance on the practice of a recognised hospital, or in the naval or military service, or in medical or surgical practice.

For the degree of Doctor in Medicine (M.D.) candidates must be of not less than twenty-four years of age, and must satisfy the University as to their knowledge of Greek. In case they shall not have passed in this subject at the Preliminary Examination in Arts for the M.B. degree, they must present themselves at Durham for examination in it at one of the ordinary examinations held for this purpose before they proceed to the higher degree of M.D. They must also have obtained the degree of Bachelor in Medicine of the University of Durham, and must have been engaged for at least two years, subsequently to the date of acquirement of the degree of Bachelor of Medicine, in attendance on the practice of a recognised hospital or in the military or naval services, or in medical and surgical practice.

Each candidate must write an essay, based on original research or observation, on some medical subject selected by himself, and approved of by the Professor of Medicine, and must pass an examination thereon, and must be prepared to answer questions on the other subjects of his curriculum so far as they are related to the subjects of the essay.

For regulations for degrees in Hygiene and for the diploma in Public Health see Calendar for 1899-1900.

Candidates for any of the above degrees must give at least twenty-eight days' notice to the Secretary of the College of Medicine, Newcastle-on-Tyne.

Residence can be had in separate hostels for male and female students at moderate inclusive fees for board, &c., particulars of which and any other college information will be given on application to Prof. Howden, Secretary, University of Durham College of Medicine, Newcastle-on-Tyne.

VICTORIA UNIVERSITY.

Colleges of the University: Owens College, Manchester; University College, Liverpool; and Yorkshire College, Leeds. Candidates for degrees in medicine and surgery must attend, during at least two years, classes in one of the colleges of the University, and one of these

years must be subsequent to the date of passing the First Examination.

The degrees in the Faculty of Medicine are Bachelor of Medicine (M.B.), Bachelor of Surgery (Ch.B.), Doctor of Medicine (M.D.), and Master of Surgery (Ch.M.). All candidates for degrees in medicine and surgery are required to pass the Entrance Examination in Arts, or to have passed such other examination as may from time to time be recognised for this purpose by the University.

The subjects of the Entrance Examination in Arts are —1, Latin; 2, Elementary Mathematics; 3, Elementary Mechanics; 4, English; 5, one of the following:— (*a*) French; (*b*) German; (*c*) Greek; (*d*) Italian; (*e*) Spanish; (*f*) any other modern language, permission to present which has been obtained from the Board of Studies. Notice of intention to present either Italian or Spanish must be given before March 31st in each year.

Before admission to the degrees of Bachelor of Medicine and Surgery candidates are required to send in the usual certificates of age and study as at the other Universities.

All candidates for these degrees must pass three examinations, namely—the First Examination; the Second Examination; and the Final Examination.

First Examination.—The subjects of the examination are—1, Chemistry; 2, Elementary Biology; 3, Physics.

Candidates must have attended, during at least one year, courses of both lectures and laboratory work in each of the above-named subjects.

Second.—1, Anatomy; 2, Physiology (including Physiological Chemistry and Histology); Materia Medica and Pharmacy.

Candidates must have passed the First Examination, and have attended courses of instruction in anatomy (systematic and practical) during two winter sessions and one summer session, in physiology for *two* winter sessions, in materia medica and pharmacy for *one* summer session. Candidates may present themselves separately in (*a*) Anatomy and Physiology; (*b*) Materia Medica and Pharmacy. Candidates may present themselves in (*a*) and (*b*) separately.

Final.—The examination is divided into two parts, which may be passed separately or on the same occasion, but the first part cannot be taken before the end of the third year, and the second part cannot be taken before the end of the fifth year of medical study in accordance with the University regulations. The subjects of examination are as follows:—1, Pharmacology and Therapeutics; 2, General Pathology and Morbid Anatomy; 3, Forensic Medicine and Toxicology and Public Health; 4, Obstetrics and Diseases of Women; 5, Surgery, Systematic, Clinical, and Practical; 6, Medicine, Systematic and Clinical, including Mental Diseases and Diseases of Children. Candidates may select as a first part of the examination two or three of the subjects 1, 2, and 3.

The certificates required from candidates at the Final Examination are practically the same as for the corresponding examination at the London University, and only those who have previously passed the Second Examination are admitted to it. The regulations relating to the M.D. and Ch.M. degrees can be obtained on application to the Registrar.

Fees.—Entrance Examination in Arts £2. First Examination £5; for any subsequent examination £2. The fees for the Second Examination, for the Final Examination, and for the Examination for the degree of Ch.M. are the same as for the First Examination. A fee of £10 is payable on the conferring of the degree of M.D., a fee of £4 on the conferring of the degree of Ch.M.

The Entrance Examination in Arts is held in June, and about the end of September. The first M.B. and Ch.B. is held in June; also about the end of September. The Second and Final Examinations held in March and July, the Examination for Ch.M. in July only.

THE ENGLISH COLLEGES.

The medical corporations in England are the Royal College of Physicians of London, the Royal College of Surgeons of England and the Society of Apothecaries of London. The two Royal Colleges now co-operate to hold a series of examinations, on passing which the candidate receives the diploma of Licentiate of the Royal College of Physicians (L.R.C.P.), and member of the Royal College of Surgeons (M.R.C.S.). The Society of Apothecaries grants a complete diploma in medicine, surgery, and midwifery.

Conjoined Examining Board in England (Royal College of Physicians of London and the Royal College of Surgeons of England).

Regulations relating to the several Examinations applicable to candidates who commenced their professional education on or after January 1st, 1892.

Any candidate who desires to obtain both the licence of the Royal College of Physicians of London, and the diploma of Member of the Royal College of Surgeons of England, is required to complete five years of professional study at recognised medical schools and hospitals, and to comply with the following regulations and to pass the examinations hereinafter set forth.

Professional Examinations.—There are three examinations, called herein the first examination, the second examination, and the third or final examination, each being partly written, partly oral, and partly practical. These examinations will be held in the months of January, April, July, and October, unless otherwise appointed. Every candidate intending to present himself for examination is required to give notice in writing to Mr. F. G. Hallett, Secretary of the Examining Board, Examination Hall, Victoria Embankment, W.C., fourteen clear days before the day on which the examination commences, transmitting at the same time the required certificates.

The subjects of the first professional examination are —Chemistry and physics, practical pharmacy, and elementary biology. A candidate may take this examination in three parts at different times. A candidate will be admitted to examination in chemistry and physics and elementary biology before registration as a medical student by the General Medical Council, and he may take pharmacy at any time during the curriculum. Rejection entails a delay of not less than three months from the date of rejection, and the candidates will be re-examined in the subject or subjects in which he has been rejected. If referred in chemistry or biology, he must produce evidence of further instruction at a recognised institution. Any candidate who shall produce satisfactory evidence of having passed an examination for a degree in medicine on any of the subjects of this examination conducted at a university in the United Kingdom, India, or in a British colony, will be exempt from examination in those subjects in which he has passed.

The fees for admission to the first examination are as follows: For the whole examination, £10 10s.; for re-examination after rejection in Part I., £3 3s.; and for re-examination in each of the other parts, £2 2s.

The subjects of the second examination are anatomy and physiology. Candidates will be required to pass in both subjects at one and the same time. Candidates will be admissible to the second examination at the expiration of two winter sessions and one summer session (or fifteen months during the ordinary sessions) from the date of registration as medical students and after the lapse of not less than twelve months from the date of passing Parts I. and II. of the first examination.

A candidate referred at the second examination will be required, before being admitted to re-examination, to produce a certificate that he had pursued, to the satisfaction of his teachers, in a recognised place of study, his anatomical and physiological studies during a period of not less than three months subsequently to the date of his reference.

The fees for admission to the second examinations are: £10 10s. for the whole examination, and £6 6s. for re-examination after rejection.

The subjects of the third and final examinations are:— Part I. Medicine, including medical anatomy, pathology, practical pharmacy, therapeutics, forensic medicine, and public health. Candidates who have passed in practical

The diploma of Member of the Royal College of Surgeons of England and the licence of the Royal College of Physicians of London are no longer granted separately except to students who commenced their professional study prior to October 1st, 1884.

pharmacy at the first examination will not be re-examined in that subject at the third examination. Part II. Surgery, including pathology, surgical anatomy, and the use of surgical appliances. Part III. Midwifery and diseases peculiar to women. Candidates may present themselves for examination in midwifery and diseases of women at any time after the completion of the fourth year of professional study, not less than one year after passing the second examination, on production of the required certificates. Candidates may take this examination in three parts at different times, or they may present themselves for the whole examination at one time. They will be required to produce the following evidence before being admitted to any part of the third, or final examination—viz.: In medicine, of having attended lectures on medicine, pathology including bacteriology, pharmacology and therapeutics, forensic medicine, and public health; practical instruction in medicine; medical hospital practice during two winter and two summer sessions; demonstrations in the post-mortem room during twelve months; clinical lectures on medicine during nine months; of having discharged the duties of medical clinical clerk; of having attended practice of a fever hospital and clinical demonstrations at a recognised lunatic asylum: In surgery, of having attended lectures on surgery and pathology including bacteriology; practical instruction in surgery; of having performed operations upon the dead subject; of having attended surgical hospital practice during two winter and two summer sessions; demonstrations in the post-mortem room during twelve months; clinical lectures on surgery during nine months; of having discharged the duties of surgical dresser and having received clinical instruction in ophthalmology: In midwifery, of having attended lectures on midwifery; practical instruction in midwifery; clinical or other lectures, with practical instruction in diseases peculiar to women; and of attendance on 20 labours.

Fees for admission to the third or final examination are as follows:—For the whole examination, £15 15s. Part I. For re-examination in medicine, including medical anatomy, pathology, therapeutics, forensic medicine, and public health, £5 5s.; for re-examination in practical pharmacy (if taken at this examination), £2 2s. Part II. For re-examination in surgery, including pathology, surgical anatomy, and the use of surgical appliances, £5 5s. Part III. For re-examination in midwifery and dieases peculiar to women, £3 3s.

A candidate referred on the third or final examination will not be admitted to re-examination until after the lapse of a period of not less than three months from the date of rejection, and will be required, before being admitted to re-examination, to produce a certificate, in regard to medicine and surgery, of having attended the medical and surgical practice, or the medical or surgical practice, as the case may be, during the period of his reference; and in regard to midwifery and diseases peculiar to women, a certificate of having received subsequently to the date of his reference, not less than three months' instruction in that subject by a recognised teacher.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Licentiates.—Candidates are now subject to the regulations of the Conjoint Examining Board in England.

Members.—The membership of the college is granted after examination to persons above the age of 25 years who do not engage in trade, do not dispense medicine, and do not practise in partnership.

Medical graduates of a recognised university are admitted to a pass examination, but others must have passed the examinations required for the licence of the college. The examination, which is held in January, April, July, and October, is partly written and partly oral. It is directed to medicine, and is conducted by the president and censers. Candidates under 40, unless they have obtained a degree in arts in a British univessity, are examined in Latin, and either Greek, French or German. Candidates over 40 are not so examined, and the examination in medicine may in their case be modified under conditions to be ascertained by application to the Registrar. The fee for the membership is £42, but if the candidate is a licentiate £15 15s. is deducted. In either case £6 6s. is paid for examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Membership.—The candidates are now subject to the regulations of the Conjoint Board.

Fellowship.—The Fellowship of the College of Surgeons is granted after examination to persons at least 25 years of age, who have been engaged in professional studies for six years. There are two examinations—the first in Anatomy and Physiology, which may be passed after the third winter session; the second chiefly directed to Surgery, which may be passed after six years of professional study. The Second Examination may be passed before attaining the age of 25, but the diploma is not granted until the age is reached. Candidates for this part of the examination must have passed the final examination of the Conjoint Board in England, and have been admitted members of the college before they can be admitted thereto.

Fees.—At First Examination: Members, £5 5s.; non-Members, £10 10s.; £5 5s. returned if rejected. At Second Examination; Members, £10 10s.; if not a Member, £21. In the latter case £10 10s. is returned in case of rejection. Further information can be obtained on application to the Secretary of the Royal College of Surgeons, Lincoln's Inn Fields, London, W.C.

SOCIETY OF APOTHECARIES OF LONDON.

Primary Examination.—This examination consists of two parts: Part I.—Elementary Biology, Chemistry, Chemical Physics, including the Elementary Mechanics of Solids and Fluids; Heat, Light, and Electricity; Practical Chemistry and Pharmacy. A synopsis indicating the range of the subjects may be obtained on application. Part II.—Anatomy and Physiology and Histology. A candidate rejected in one or more subjects is not re-examined in the subjects in which he passes. The examination is held in January, April, July, and October.

The Final Examination is held monthy, and is divided into Sections 1 and 2.

Section 1 consists of three parts.

Part I. includes:—Principles and Practice of Surgery Surgical Pathology, and Surgical Anatomy, Operative Manipulations, Instruments and Appliances.

Part II. includes:—(*a*) The Principles and Practice of Medicine, including Therapeutics, Pharmacology, Pathology and Morbid Histology. (*b*) Forensic Medicine, Hygiene, Theory and Practice of Vaccination; and Mental Diseases.

Candidates passing either (*a*) or (*b*) will not be re-examined therein.

Part III. includes: Midwifery, Gynæcology, and Diseases of New-born Cnildren. Obstetric Instruments and Appliaaces. Candidates may enter for Parts I., II., and III. together or separately.

Section 1 of the Final Examination, or any part thereof cannot be passed before the expiration of 45 months from the date of registration as a medical student. During the above period of 45 months not less than 3 winter sessions and 2 summer sessions must have been passed at one or more of the Medical Schools connected with a general hospital recognised by the Society.

Section 2.—This section consists of two parts.

Part I.—Clinical Surgery.

Part II.—Clinital Medicine and Medical Anatomy. Section 2 cannot be passed before the expiration of the fifth year.

Fees.—The fee for examination is £5 5s., total for the licence, £15 15s.; Re-examination—Primary for each Part, £3 3s.; Final, Sec. I., for each Part, £3 3s.; Final, Sec. II, for each Part £3 3s.

Further information, with particulars as to the course of study, and of the certificates required, can be obtained from the Secretary to the Court of Examiners, Apothecaries' Hall, E.C.

The licence is a registrable diploma in Medicine, Surgery, and Midwifery, and qualifies the holder to compete for medical appointments in the Army, Navy, and Indian Services, also for Poor-law, Civil, and Colonial appointments.

Ireland.

QUALIFICATION IN IRELAND.

The Medical Licensing Bodies of Ireland are five in number, and, as a rule, students gravitate into one or other of five classes:—*a*. Those who enter Trinity College, and take a full graduation in arts in addition to their professional degrees. *b*. Those who take the licence of the College of Surgeons with that of the College of Physicians. *c*. Those who take the licence of the Apothecaries' Hall. *d*. Those who take their qualifications at the Royal Irish University, because graduation in arts is not necessary to that institution. *e*. Those who pursue their studies in Ireland, but who migrate to Edinburgh or Glasgow for their licences. Almost all these emigrants come from the Queen's Colleges, and the greater number of them from Belfast, while the Dublin students qualify, as a rule, in Dublin.

We do not attempt to give details as to the requisite courses of instruction for degrees or diplomas, as our epitome must necessarily be insufficient for the information of the student, and we can occupy our available space with information more useful to him.

The Irish Licensing Bodies are as follows:—

THE UNIVERSITY OF DUBLIN,

which grants the degrees of M.B., B.Ch, and B.A.O. to students who have obtained their Arts degree, and the higher degrees of M.D. and M.Ch. to those who have held for at least three years the grade of M.B and M.Ch. It does not grant degrees to any but full graduates in arts, consequently its degrees hold the highest rank of social and educational qualifications, and are sought for by those who look forward to occupying the best positions in the profession.

The expense of obtaining the degrees of M.B., B.Ch. and B.A.O. is approximately as follows:—Lectures, £69 6s.; Hospitals, £55 13s.; Degree Fees, £27.—£151 19s.

The expense of the B.A. amounting altogether to £83 4s., should be added, making the total cost £235 8s.

Doctor in Medicine.—In addition to its ordinary qualifications, the University grants the following higher degree of M.D.:—Must be M.B., or qualified to take that degree for three years. Total fee for this degree, £13.

Master in Surgery.—Must be a Bachelor in Surgery of three years' standing, and he must then pass an examination in clinical surgery, operative surgery, surgical pathology, surgery, and surgical anatomy (on the dead subject). Fee for the degree of Master in Surgery, £11.

Master in Obstetric Science.—Must have passed the M.B. and B.Ch. examinations, and have completed in addition to the courses for M.B., B Ch, a course in obstetric medicine and surgery. Fee for the degree of M.A.O., £5.

Diplomate in Medicine, Surgery, and Midwifery.—The course and examination is the same as for the degrees, except that the lectures and examinations in botany and zoology need not have been taken out or passed. Fee for the diplomas in medicine, surgery, and midwifery, £21.

Qualification in State Medicine.—The candidate must be a M.D. of Dublin, Oxford, or Cambridge.

The candidate must have completed, subsequent to registration, six months' practical instruction in a laboratory, and also have studied practically outdoor sanitary work for six months, under an approved officer of health. This condition does not apply to medical practitioners, registered, or entitled to be registered on or before January, 1890.

THE ROYAL UNIVERSITY OF IRELAND.

The degrees of the university are granted on one year's acts, *i.e.*, the matriculation examination of this university (none other will suffice) and a "first university examination" at the termination of the first year. The cost of the M.B. and M.Ch. of the university, with all the necessary curriculum, is about £125. Some of the arts examinations are conducted, not only in Dublin but at certain local centres.

The university confers the following medical degrees:—

M.B., M.D., B.Ch., M.Ch., B.A.O., M.A.O.; in sanitary science, a special diploma; in mental diseases, a special diploma.

All degrees are open to persons of either sex.

The university examinations are held in the spring, beginning about May 1st, and in the autumn, beginning about September 24th.

All candidates for any degree must pass the matriculation examination and the first university examination.

The course for the degree of M.B., B.Ch., B.A.O., extends over five years.

Students will be admitted to the first university examination after one year from matriculation. Fee, £1.

The course consists in three previous examinations and one degree examination; one at the end of each year. Fee for each primary, £1; for the degree, £2; for the diploma, £10.

In addition the following degrees are granted:—Diplon a in Sanitary Science.—Conferred only on graduates in medicine of the university of one year's standing. Fee, £2. Subjects.—Climatology, chemistry, geology, physis, vital statistics, hygiene, sanitary law.

The M.B. Degree.—Conferred only on graduates in medicine of the university of three years' standing. Fee. £5. The examination will comprise medical diseases, and the theory and practice of medicine, including pathology.

The M.Ch Degree.—Conferred only on graduates in medicine of the university of three years' standing. Fee £5.

The examinat on comprises surgery, both theoretical and operative; surgical anatomy; ophthalmology and otology.

The Mastership of Obstetrics.—Conferred only on graduates in medicine of the university of three years' standing. Fee £5.

Examination comprises midwifery and diseases of women and children.

Honours, &c.—First Examination in Medicine. Two first exhibitions of £23 each, and two second of £10 each.

Second Examination in Medicine.—Two first exhibitions of £25 each and two second of £15 erch.

Third Examination in Medicine.—Two first of £30 each, and two second of £20 each.

Medical Degrees Examination.—Two first of £40 each, and two seconds of £25 each. One travelling medical scholarship of £100. One medical studentship of £200 per annum, tenable for two years.

ROYAL COLLEGE OF PHYSICIANS (L.R.C.P.I.) AND SURGEONS (L.R.C.S.I.).

The examinations held conjointly by the two colleges are the inlet of most Irish students to the profession, especially of those educated in Dublin The course, as in other bodies, extends over five years, with examinations at the end of the first, second, third, and final years, these examinations being conducted by examiners chosen by each of the colleges for the subjects appropriate to them. The five years may be described as—first, preparatory; second, theoretical; third and fourth, application of the theory to practical work; and, final, strictly practical in hospitals, general and special. The regulations are so voluminous that an epitome of them would

be unsatisfactory, and we recommend students to apply for the official programme to the Secretary of the Committee of Management, College of Physicians.

The total of the examination fees, spread over the four examinations, is £42, while the school and hospital fees, if taken in Dublin, amount to £124 19s., making altogether £167, exclusive of "grinding" or of re-examination fees which have to be paid in case the candidate fails to pass in all the subjects of his examination at the one time. The cost of education is much less if taken out in Belfast, Cork, or Galway, at a Queen's College.

All information may be obtained from the Secretary of the Committee of Management, College of Physicians.

PROFESSIONAL EXAMINATION.

Every candidate must pass four examinations—one at the end of each session.

APOTHECARIES HALL OF IRELAND (L.A.H.).

This body is now authorised to grant a complete qualification in medicine, surgery, and midwifery, recognised and registrable under the Medical Act of 1886, and entitling the holder to occupy medical appointments in all the public services. It also confers the legal right to dispense medicines in Ireland. The examinations will be held on the third Monday in January, April, July, and October, and the requirements in respect of studies will be approximately the same as those of the conjoint examinations of the Royal Colleges of Physicians and Surgeons in Ireland. The examination fees payable for the qualification of L.A.H. will be as follows:—First professional, £5 5s.; second, £5 5s.; third, £5 5s.; final examination, £6 6s.

A candidate is allowed for each professional examination which he has completed at any other licensing body, except the final. If he has passed only in part of his subject in a given division, he has to pay the whole of the fee for that division.

The fees for re-examination are for each subject, £1 1s., excepting in the subjects of chemistry, pharmacy, surgery, and medicine, the fees for which are £2 2s.

The fee for final alone, £15 15s. Candidates may be admitted to a special examination under special circumstances, at an extra fee of ten guineas.

Candidates already on the *Register* will receive the diploma of the Hall on passing an examination in medicine, surgery, midwifery, and pharmacy, and paying a fee of ten guineas. If medicine or surgery are required, two guineas extra will be charged. The candidate will be exempt from each of the above subjects, which are covered by his previous qualification or qualifications

THE PHARMACEUTICAL SOCIETY OF IRELAND.

THE above Society grants the diplomas of Pharmaceutical Chemist and Assistant to Pharmaceutical Chemists, and of Registered Druggist. The pharmaceutical chemist is not entitled by the Society's licence to prescribe. In this respect he differs from the apothecary. All persons who keep open shops for compounding prescriptions must hold the licence of the Pharmaceutical Society or Apothecaries' Hall. Pharmaceutical chemists under the Act are entitled to hold the office of apothecary to district lunatic asylums, county gaols, and, by a recent order of the Local Government Board, may also hold similar office in workhouses and dispensaries, and are also eligible to compete for dispenserships in naval hospitals. The registered druggist is entitled to sell poisons, but not to compound prescriptions. The Society, according to the Calendar, which was corrected to December, 1896, had the names of 528 pharmaceutical chemists, 305 chemists and druggists, 406 registered druggists, and 14 assistants to pharmaceutical chemists—in all 1,253 persons—on its registers.

Lectures are delivered on materia medica, and botany and chemistry, in the Society's schools, which will be reopened in October.

The Introductory Lectures in botany and materia medica will be delivered on October 5th, by Professor Falkiner, and that on chemistry by Professor Tichborne on October 1st.

ROYAL COLLEGE OF SCIENCE.

DEPARTMENT OF SCIENCE AND ART.

THIS College, situate in Stephen's Green, Dublin, supplies a complete course of instruction in science applicable to the industrial arts, especially those which may be cast broadly under the heads of chemical manufactures, mining engineering, physics, and natural science. A diploma of Associate of the College is granted at the end of the three years' course. There are four Royal scholarships of the value of £50 each yearly, with free education, including laboratory instruction and drawing, tenable for two years. Two become vacant every year. They are competed for by the associate students with certain restrictions at the end of the first year. The chemical, physical, zoological, and botanical, geological, and mineralogical laboratories and drawing schools are open daily for practical instruction. The session commences on Tuesday, October 3rd.

The course of chemistry, physics, botany, geology, and mineralogy, and zoology are recognised by the Royal University of Ireland, and certificates of attendance are granted to medical and other students, attending these courses, as also the courses of chemical, physical, zoological, and botanical and geological laboratories.

THE EDUCATIONAL PROSPECT.

THE Irish teaching centres, speaking generally, were fairly busy last year, and there seems to be no sufficient reason to fear that there will be a falling off in the coming Medical Session. There was a retrogression in the Dublin Schools, but it was more than compensated for by an increase in Belfast and Cork. The total output of students qualifying from Ireland showed a material advance, but the profession was most manifest in the number of candidates for the Scotch Colleges, although the Dublin Colleges and Universities participated to some extent.

THE IRISH MEDICAL SYSTEM.

The system of medical teaching in Ireland differs from that in England in important particulars. In London each clinical hospital has its attached medical school, which is fully equipped, and which educates the students of that hospital, and very seldom those of any other. In Dublin, on the contrary, the hospitals and schools are entirely separate (except that Sir Patrick Dun's Hospital is officially connected with Trinity College), and a student of any hospital is free to enter the whole or any part of his course at any school or hospital he pleases. As might be expected, religion, social rank, and locality of residence have their influence in causing certain classes of students to resort to schools and hospitals suitable to their condition. But scholastic or collegiate regulations impose no restrictions as to the place of study, and as the school and hospital fees are paid in detail in Dublin, and not in a lump sum, as in London, the pupil is absolutely free to do as he pleases.

In London the student bargains with his hospital and schools, in the first instance, for a complete course of instruction, for which he pays, in whole or part, in advance, and his entire study is conducted within the one institution. In Dublin, on the contrary, the student enters for hospital and for courses of study separately, and takes the courses at any school or hospital he pleases which "gives best value," migrating from one school or hospital to another as he thinks fit.

LODGING AND LIVING OF IRISH MEDICAL STUDENTS.

There is, unfortunately, in Dublin no proper organisation for domestic accommodation of medical students. For those who are passing through Trinity College rooms and "commons," or meals, are provided at fixed rates. Those who can afford to pay £6 6s. or £7 7s. per month for their lodging and maintenance may find accommodation in the family of some medical man who receives boarders, in which case they become members of the family for the time being, and subject to its discipline. The majority of Dublin students, however, take a lodging

in some economical locality, or they "chum" with some other student for the purpose. It is usual to contract with the lodging-house keeper for board or partial board, but some students cater for themselves. On the whole, the domestic arrangements of the Dublin student are unsatisfactory, cheerless, and not calculated to encourage home comforts or home discipline.

COST OF EDUCATION IN IRELAND.

The total expense of the course of study requisite for the Conjoint Diplomas of the Colleges of Surgeons and Physicians, or the College of Surgeons and Apothecaries' Hall, including "grinding" and all the necessary professional expenses, totals up to about £124 19s., spread over five years, and the cost of them is the same in all the Dublin Schools, but if they be taken out in the Queen's Colleges the amount is very much less.

This, with the examination fee of £42 for the Conjoint Diplomas of the College of Surgeons and College of Physicians, represent the essentials. Thus, the absolute payment will amount to somewhere about £166 19s., taking the minimum mode of payment. So that, assuming the extras or voluntary costs are incurred, the total will vary, say from £170 to £200. "Grinding" usually costs £5 5s. for each of the four examinations, but if a student needs "private grind" in special subjects he must pay extra for them.

This sum, or something like it, may be expended by the student or his parent paying for lectures, &c., and examination fees as they accrue, and there is not the least difficulty about obtaining the information needful for their guidance if they like to act independently, but if they prefer to pay a lump sum down, such payment will secure to a pupil the advantage (?) of being "apprenticed" to a teacher who will undertake all monetary responsibility for his education, and *may* be able to give him some special advantages as his own pupil at hospital, but the so-called apprenticeship is very generally a simple contract for the payment of fees, and involves but little of that special teaching which is due by a master to a true apprentice, and as it deprives the student of his independence in selecting the schools and hospitals which suit him best, we advise him not to be an apprentice unless he knows very well indeed the master to whom he entrusts himself. All the Dublin schools now require fees to be paid in advance, and the remainder on the issue of the certificate, while some will give credit for the whole amount. Most of the apprentice-holders will accept payments by instalments.

IRISH PRELIMINARY EXAMINATIONS.

The first work of the student is to pass a preliminary examination, without which he cannot get credit for any medical studies pursued. The next is to commence medical study. This he does by entering for lectures at a medical school. From the school registrar he gets a form of certificate, and his third act is to take it or send it to the Branch Medical Council, 35 Dawson Street, Dublin. He is thereupon placed upon the Register of Medical Students (without fee) and his period of study counts from that date. He must register at the earliest possible moment, or he will lose credit for his work.

The only preliminary examination held specially for medical students is now held conjointly by the Royal Colleges of Physicians and Surgeons, but other examinations, *e.g.*, the public entrance at Trinity College, the matriculation of the Royal University, the Intermediate Education passes in the required subjects, and all other examinations recognised by the General Medical Council are accepted as equivalent.

The Preliminary is held in March and September, in the subjects specified by the General Medical Council.

DATE OF ENTRY IN IRELAND.

The entry of names and commencement of study in Ireland is *supposed* to date from the 1st of October in each year, but the session really does date from the 1st of November, and the entry of names may be delayed by the dilatory to the 25th of the same month, but it should be recollected that no credit is given for studies or attendance until the entry is regularly made. The student must attend three-fourths of the lectures delivered, and if he loses a fortnight at the beginning he must "pull up" afterwards by constant attendance.

The student begins work attending a recognised medical school each morning at ten o'clock, and occupying his day, to five p.m., between lectures and dissections. His vacations are a fortnight at Christmas and a week at Easter, and he finally returns home at the end of June.

MEDICAL SCHOOLS AND HOSPITALS IN DUBLIN.

The clinical hospitals in Dublin are ten in number, exclusive of the Cork Street Fever Hospital, three lying-in hospitals, two ophthalmic hospitals, a dental hospital, the National Children's Hospital in Harcourt Street, the Orthopædic Hospital, and the other special institutions. Some of the clinical hospitals, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others, again, are without any special connection with any school. While, however, such affiliation of a school or hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital or any school he wishes, and to change his place of instruction from year to year as he may see fit.

The Irish Licensing Bodies require attendance on hospital for 27 months (*i.e.*, three winter sessions of 6 months and three summers of 3 months) within the five years of study. The fee at all general hospitals is £8 in winter, and for the summer £6, or £12 for the entire session of 9 months if taken together.

The names of the Professors, Lecturers, and Hospital Staffs of the following Schools and Hospitals, are not included in this place, being found in the advertisement of each Institution, as indicated on next column, in our advertising columns.

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The School of Physic is a medical school formed by an amalgamation of the School of Trinity College and of the College of Physicians. Some of the professors in the schools are *ex officio* medical officers of Sir Patrick Dun's Hospital. The school is freely accessible to all students, and the instruction provided occupies a high rank.

The arts students of the University have certain advantages in attending. In their "sophister" years medical students may drop certain languages out of their arts course. Every student of the school must be matriculated by the senior lecturer, for which a fee of 5s. is payable, but he need not attend any of the arts course unless he desires to obtain a university licence or degree, in medicine, surgery, and midwifery. No student is permitted to matriculate unless he has passed the entrance examination in Arts in Trinity College, the preliminary examinations of the Royal University, of the College of Surgeons, or some other examination recognised by the General Medical Council.

Two Medical Scholarships are given annually at the School of Physic, valued £20 per annum, tenable for two years, the examinations for which are held each year in June, in the following subjects:—Anatomy and Institutes of Medicine, zoology, chemistry, botany, and experimental physics. Three-fourths of the lectures must be attended, and a daily roll is marked by each professor.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND SCHOOLS OF SURGERY.—By the amalgamation of the Carmichael College and the Ledwich School with the School of the Royal College of Surgeons the combined schools form the largest medical teaching body in Ireland. These schools are attached by Charter to the Royal College of Surgeons. They are carried on within the College Building, and are specially subject to the supervision and control of the Council, who are empowered to appoint and remove the Professors, and to regulate the methods of teaching pursued. The Buildings have been reconstructed, the capacity of the dissecting room nearly trebled, and special histological, pathological, bacteriological, public health, and pharmaceutical laboratories fitted with the most approved appliances in order that students may have the advantage of the most modern methods of instruction.

Lady Students.—Ladies are eligible for all the Diplomas granted by the College, separate rooms have been provided, and careful provision is made for their instruction and comfort.

Prizes.—The Carmichael Scholarship, £15; the Mayne Scholarship, £15. The Gold and Silver Medals in surgery, and the Stoney Memorial Medal in anatomy will be awarded at the end of the session. The "Barker" Prize, £21 is also open to students of the school.

Class Prizes of £3 and £1, accompanied by medal if sufficient merit be shown, will also be given in each subject. Prospectus can be obtained on application to the Registrar.

THE CATHOLIC UNIVERSITY SCHOOL is situated in Cecilia Street, Dame Street. It prepares students for all medical examinations, particularly those of the Irish College of Physicians and Surgeons, and the Royal University of Ireland. The school has recently been rebuilt and refitted, its working space having thereby been nearly doubled, and several new laboratories including those for the study of Bacteriology and Public Health have been added. The institution has also been recently chartered, and it is now controlled by a Board of Governors.

There has been formed in connection with the school a "Medical and Scientific Society" for the discussion of medical and scientific subjects.

The following exhibitions are awarded annually:—Two first year's, value, £12 10s. each; two second year's, value, £10 each; two third year's, value, £12 12s. each; one third year's Royal Exhibition of £12 10s.; one final of £12 10s.; and two large gold medals, besides several other class.

A guide to students commencing medicine may be obtained free on application to the Registrar.

THE QUEEN'S COLLEGES—BELFAST, CORK AND GALWAY.

THESE three important academic institutions were the special schools of the Queen's University. They have ceased to have any direct relation to a central examining body, but educate students for all colleges and degrees, and are maintained, as hitherto, by a handsome Government grant. The same curriculum as that heretofore adopted will be continued. The various exhibitions and scholarships will still be available. Each college has the disposal of about £1,500 per annum in scholarships and prizes. The curriculum is generally well adapted for preparation for the Royal University examination. The colleges are well adapted for high-class technical education, having lecture rooms provided with every appliance necessary in the modern training of a medical student. The great want in the colleges of Cork and Galway is a summer session. This necessitates the loss to the student each year of three available working months. The colleges are completely equipped with students' reading rooms and lending libraries and refreshment rooms, and with all adjuncts to collegiate life, such as literary societies and athletic organisations. The students do not, however, reside within the college, but halls of residence and licensed boarding houses are provided for those who do not live with friends. The expense of living in the collegiate towns is quite moderate. The course of lectures in the winter session must be diligently attended, no student obtaining a certificate who has not put in three-fourths of a course. The winter medical session commences on October 29th and ends about Easter. The scholarships examinations are held in October. A detail of the prizes and exhibitions in medicine, the names of the professors, and other information may be found in the advertisements of this issue, and full details may be had on application to—

Belfast, John Purser, LL.D., Registrar.
Cork, Alexander Jack, M.A.
Galway, Edward Townsend, M.A.

CLINICAL HOSPITALS.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.—The accommodation of these hospitals is as follows:—Hardwicke Hospital, 120 beds; Whitworth Hospital, 82 beds; Richmond Hospital, 110 beds—total, 312 beds. These hospitals are visited each morning at 9 o'clock by the Physicians and Surgeons, and in addition to the usual bedside instruction clinical lectures are delivered on the most important cases. Special instruction is also given on various branches of medicine and surgery. The Truss Establishment for the distribution of trusses to the ruptured poor of Ireland is connected with these hospitals. There are very large ophthalmic, aural, throat, and gynæcological dispensaries, and instruction in these important subjects is given. Eight resident clinical clerks are appointed each half-year, and provided with furnished apartments, fuel, &c. The appointments are open not only to advanced students, as formerly, but also to those who are qualified in medicine or surgery. A house surgeon for the Richmond Hospital and a house physician for the Whitworth and Hardwicke Hospitals are elected annually, and receive a salary. The Richmond Lunatic Asylums, containing 1,600 beds, adjoin these hospitals.

MEATH HOSPITAL AND CO. DUBLIN INFIRMARY.—This hospital was founded in 1753, and now contains 160 beds available for clinical teaching. A new building for the isolated treatment of fevers has recently been added. The certificates of this hospital are recognised by all the universities and licensing bodies of the United Kingdom. Medical and surgical resident pupils and clinical clerks and dressers are appointed every six months, and a house surgeon is elected annually. A prospectus giving the complete arrangements for medical and surgical classes for the coming session may be obtained from the secretary of the Medical Board, R. Glasgow Patteson, F.R.C.S., 20, Lower Baggot Street, Dublin.

THE ADELAIDE MEDICAL AND SURGICAL HOSPITALS are in Peter Street, and occupy a central position within a few minutes' walk of the College of Surgeons and Trinity College. From October 1st the physicians and surgeons visit the wards, and give instruction at the bedside at the advertised hours. There is a large detached fever hospital, and also wards for infants and children. Operations are performed, except in cases of urgency, at 10 a.m. on Tuesday, Thursday, and Saturday. Special hours are devoted to clinical instruction in the diseases peculiar to women, and students are individually instructed in the use of the stethoscope, ophthalmoscope, laryngoscope, and microscope; also special instruction is given on practical pathology and X-ray photography. Three resident pupils are selected half-yearly and a house surgeon annually. Prize examinations, including examinations for the Hudson Scholarship, £30 and a gold medal, and a senior prize of £10 and a silver medal, in addition to surgical and medical prizes, are held at the termination of the session. The large dispensaries afford facilities for the study of eye, ear, throat, and cutaneous diseases, as well as of minor surgery and dentistry. Further particulars from Dr. Heuston, 15, Stephen's Green North.

SIR PATRICK DUN'S HOSPITAL is situated on the south-eastern side of the city, and about half a mile from the University School of Physic. It is officered exclusively by the professors and examiners in that school. Formerly all University students were compelled to attend this hospital, which was purely a medical institution, but some years ago the obligation was removed, and the hospital was opened for surgical cases. It is now perfectly free to all students.

The City of Dublin Hospital.—This hospital is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons and Trinity College. It has just been enlarged and improved to a very considerable extent. A special course of instruction is given on ophthalmic and aural disease. There are special wards for the treatment of diseases of the eye, of children, and of women, and practical instruction is given on diseases peculiar to women, also a separate building for infectious diseases. Clinical clerks to the physicians and dressers to the surgeons are appointed from the most deserving of the class. An entirely new operation theatre, sterilising room, and anæsthetic room, are being constructed in accordance with the most modern surgical requirements, and are now almost completed. A house surgeon is elected annually, and resident medical and surgical pupils are appointed from among the past and present students of the hospital. Operations are performed on Tuesdays, Thursdays, and Saturdays, at 10.30 a.m. Full particulars can be had on application to Mr. G. Jameson Johnson, Hon. Sec. Med. Board.

Mater Misericordiæ Hospital.—This hospital, the largest in Dublin, containing 335 beds, is open at all hours for the reception of accidents and urgent cases. Fifty beds are specially reserved for the reception of patients suffering from fever and other contagious diseases. A course of lectures and instruction on fever will be given during the winter and summer sessions. A certificate of attendance upon this course to meet the requirements of the various licensing bodies, may be obtained. Opportunities are afforded for the study of the diseases of women in the wards under the care of the obstetric physician, and at the dispensary held on Tuesdays and Saturdays. Lectures on clinical gynæcology will be delivered on Saturdays at 11 a.m. Ophthalmic surgery will be taught in the special wards and dispensary. A special course of instruction in pathology and bacteriology, as applied to medicine, will be given. Connected with the hospital are extensive dispensaries, which afford valuable opportunities for the study of general, medical, and surgical diseases, accidents, &c. Four house physicians and eight house surgeons will be appointed annually. Ten resident pupils will be elected, each to hold office for six months, from the most attentive of the class. For the current session the elections will take place in November and in May. Dressers and clinical clerks will be appointed, and certificates will be given to students who exhibit proficiency and punctuality in performing their duties. Leonard prizes: one gold and one silver medal will be offered for competition annually in the subject of medicine, and one gold and silver medal in the subject of surgery. Junior Leonard prizes: two prizes of the value of £3 and two prizes of the value of £2 will be offered for competition in medicine and surgery, respectively. They will be awarded on the aggregate of marks gained by reports of cases, and at a clinical examination to be held at the close of the summer session.

Mercer's Hospital, William Street, founded A.D. 1707.—This hospital educates students of all schools. It is situated in the centre of the metropolis, in the midst of a densely-crowded population, and its doors are open at all hours for the reception of accidents and acute cases. Dispensaries are held daily, and are largely attended. Special instruction is given in cutaneous, infantile, gynæcological, and ophthalmic diseases. From the large number of accidents which, from its position, come to the hospital, students are offered ample opportunities of rendering themselves familiar with the nature and treatment of disease in its various forms and of obtaining dexterity in the dressing and manual operations of minor surgery. In addition to the new wing built some years ago, another wing, facing Stephen's Green, has been completed, which contains a new operating theatre, students' room, lavatory, dispensary department, pay wards, and nurses' homes.

St. Vincent's Hospital, Stephen's Green, Dublin, was established in 1834. The hospital has 160 beds constantly full, and in connection with it there is a largely attended dispensary, a convalescent home, and a nurses' institute. In addition to the ordinary clinical instruction, systematic courses of lectures are given in each department of medicine and surgery, and are illustrated by cases in the hospitals. The resident officers consist of a house surgeon, a house physician, and four resident pupils. Three clinical lectures are delivered daily in the wards, illustrated by selected cases, and beginning at 9 a.m. A special feature of this hospital is the division of the students into senior and junior classes, thus providing for their systematic and appropriate instruction from the beginning to the end of the course.

Two gold medals and other valuable prizes and certificates of merit are awarded at the end of each session.

A prospectus can be had from Dr. McHugh, 25, Harcourt Street, Stephen's Green.

The Introductory Address will be delivered by Dr. Tobin, on Tuesday, October 3rd, at 4.30 p.m.

SPECIAL HOSPITALS.

The special hospitals of Dublin are the Rotunda, Coombe and National Lying-in Hospitals, Cork Street Fever Hospital, the Royal Victoria Eye and Ear Hospital (amalgamation of St. Mark's Ophthalmic Hospital, and the National Eye and Ear Hospital), the Dental Hospital, the Throat Hospital, the Orthopædic Hospital, and the Children's Hospitals in Harcourt Street and in Temple Street.

The Rotunda Hospital.—This, the largest and best-known lying-in hospital of the United Kingdom is every year becoming more appreciated as a school of midwifery, and of late, more especially, as affording peculiar advantages both to the student and the practitioner for acquiring a thorough knowledge of gynæcology. It contains two distinct departments—viz., the lying-in hospitals, into which about 1,600 cases of labour are admitted annually; and the hospital for the treatment of diseases peculiar to women, into which some 500 patients are now admitted during the course of the year. The present master, Dr. Purefoy, was previously well known as Gynæcologist to the Adelaide Hospital. There is a large extern maternity in connection with the hospital, more than 2,000 women being attended during the past year at their own homes, and also a large daily dispensary for the treatment of the diseases peculiar to women. Every facility is afforded for the study of the special departments of medicine to which the hospital is devoted, and both students and midwives are granted a diploma on passing an examination. Two clinical clerks, at a salary of £50 per annum each, are appointed every six months from among the students who have attended the full course of instruction in the hospital. A considerable number of female pupils are also yearly trained as nurse tenders and midwives.

National Maternity Hospital.—This institution, under the mastership of Dr. Barry and Dr. H. Horne, is situated in Holles Street, close to Sir Patrick Dun's.

Cork Street Fever Hospital is the only special fever hospital in Dublin. It is supported mainly by an annual Government grant. All particulars may be obtained on application to the Registrar and Resident Medical Officer.

National Children's Hospital for the treatment of all non-infectious diseases peculiar to children, 87 and 88, Harcourt Street, Dublin. The hospital, with which the Pitt Street Children's Hospital, founded in 1821, was amalgamated, is capable of containing 50 beds for the reception of cases of deformity and all other forms of surgical disease. There is a large general dispensary for extern patients held daily from 10 to 11. Operations are performed on Saturday at 12 o'clock. Practitioners and students can attend on application to Mr. Ormsby.

Dublin Orthopædic Hospital, Great Brunswick Street, containing 40 beds for the treatment of every class of deformities and for the practice of orthopædic surgery. This institution is under the management of Mr. Swan.

The Royal Victoria Eye and Ear Hospital consists—until the new combined hospital is erected—of the two institutions which have, heretofore, given special instruction in ophthalmology separately. They are:—

ST. MARK'S OPHTHALMIC HOSPITAL AND DISPENSARY.—This hospital was founded by the late Sir William Wilde, and contains 50 beds. Clinical lectures are delivered on the mornings of Mondays, Tuesdays, Thursdays, and Fridays at 11 o'clock, and operations are performed on Wednesdays and Saturdays at the same hour.

NATIONAL EYE AND EAR INFIRMARY, Molesworth St.—This hospital contains thirty beds. Clinical instruction in diseases of the eye, including the use of the ophthalmoscope, is given daily. Operations at 12 o'clock. Instruction in aural surgery is also given. Students may enter their names for a three months' course any day. Afternoon classes for practical instruction in the use of the ophthalmoscope, &c., and for the demonstration of cases, are formed from time to time by the assistant surgeons.

IRISH PUBLIC SERVICES.

SINCE the issue of our last Students' Number a vital change has taken place in the Irish Poor-law Medical Service—the service which has, heretofore, absorbed most of the Irish rising medical generation. By the Irish Local Government Act the administration of the system, the appointment and payment and allocation of duties of medical officers was transferred from the old Boards of Guardians composed, in due proportion, of members elected by the local voters and members who acted *ex-officio* in virtue of property qualifications to new boards composed wholly of the elected representatives. This change has had the most disastrous effect upon the service. The *ex-officio* guardians frequently perpetrated politico-religious jobs when they had the upper hand but, in a general sense, they inclined towards justice and decency of administration, and, even when they were in a minority, they maintained a drag upon the unscrupulousness of the village agitator, and the doctor managed generally to live in charity with his employers. All this is changed by the Act. The *ex-officio* guardians—*i.e.*, the local gentry were, thereby, eliminated, and the sole control of the service has been transferred to the elected Guardians, who have unhesitatingly seized the opportunity to sweat and worry the dispensary and workhouse medical officers. More work has, in every position, been imposed upon them, and their former miserable pittance has been, in every item, whittled down. If the Medical Officer does not happen to be of the predominant religion or politics a campaign is quietly organised to worry him into resigning his office, and a popular candidate is held in readiness to take the office when he does. We need go no further than to say, which we do in perfect honesty, that the Irish Poor-law Medical Service is one to get out of as speedily as possible, and one quite unfit for a self-respecting gentleman. Leaving this latter class out of consideration, there are, no doubt, a number of fifth-class practitioners whose professional or social attainments do not entitle them to any better position than that of running footmen to the elected guardians to whom their candidature will, no doubt, be acceptable. To all others who contemplate entering the Irish Poor-law service we emphatically say, Don't!

THE POOR-LAW.

THE newly-qualified medical practitioner who may elect to try his luck in the Irish provinces sets his hopes in the great majority of instances upon obtaining one or more Poor-law medical appointments in some district where there is hope of private practice. There are 159 workhouses and about 813 dispensary medical officers, besides apothecaries. The number of vacancies that occur annually averages 100. The salary in this service averages about £114, and when it is taken into consideration that in the vast majority of rural districts it is usual to keep one or more horses, the average area being from forty to sixty square miles, it is plain that there will not be a large margin left from the public emoluments. The medical officer is also *ipso facto* the registrar of births, marriages, and deaths, and medical officer of health for the district, under the Public Health Act passed in '73 and amended in '78.

The former office, in country districts, yields between £5 and £10 a year, and the emoluments of the latter appointment in very few cases reach £20, averaging about £12. The medical officer is also vaccinator for the locality, and is required to vaccinate everyone who wishes to come. For each patient his fee of 2s. is paid, along with his salary, by the guardians, and the sum total of those fees varies, according to the populousness of the district, from £4 to £100, an average for the provinces being about £10. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for—first, because they afford the new comer a certain, though hardly-earned salary, to supplement his private earnings; and secondly, because, if not secured by the new comer, they would of necessity bring a competitor for office into the field, and inasmuch as private income is of far greater import than public earnings, country medical practitioners are obliged to undertake the public duty in order to save themselves the monopoly of their private emoluments.

Appointments.—The qualifications required by the Poor-law Commissioners are a licence in surgery, in medicine, and in midwifery; the candidate must also be twenty-three years of age.

The appointment lies with the guardians, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter largely into the election of Poor-law medical officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required, and whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential; and accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away.

Duties.—The duty of the dispensary doctor is twofold. He is to attend his dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have perhaps to attend two days a week. He has also to visit at any hour of the day or night a sick person for whose relief a visiting ticket has been issued by a member of the committee or the relieving officer, and to continue his attendance as often as may be necessary to the termination of the same. Moreover, he has a great many registry books to keep and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependent on the goodwill of the guardians. If the medical man be a favourite with his masters they will give him very little trouble with "scarlet runners," as the visiting tickets are, from the colour of the paper on which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred guardians, who know nothing of the treatment fit for an educated gentleman or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—aye, even to the committeeman's own brother or daughter.

Workhouse Hospitals.—The number of unions in Ireland

is 159, to each of which is attached a medical officer, who is appointed and controlled by the board of guardians in the same manner as the dispensary surgeon is by his committee. The salary is usually better than that of the dispensary doctor, and the duties of a more easy and satisfactory description inasmuch as they are confined to daily attendance at the workhouse hospitals, and no night visits out of doors or any long journeys across the country are involved.

The Irish Lunacy Service.

This service, at present, affords a comfortable livelihood for 22 Resident Medical Superintendents and 32 Assistants. The Superintendent receives a handsome salary and allowances ranging, according to the number of inmates of the asylum, from £500 to £1,000 a year, and the Assistants receive salary and emoluments averaging about £200 a year. There are also Visiting Physicians receiving about £120 a year, but this class of officers is being allowed to die out, and no new appointments will be made.

The Superintendents and Assistants are supposed to devote their whole time to their duties and not to take any private practice, and if they attend to their business it will give them plenty to do, but complaints have been made to us of their trying to poach on the professional preserves of their neighbours occasionally.

Heretofore the appointments of Medical Superintendents have been in the patronage of the Lord Lieutenant, but, under the new Local Government Act, they will be in the hands of the County Councils, with the proviso that no one shall be appointed who is not a fully registered practitioner with five years' service as Assistant. The Assistant has been, heretofore, appointed by the Board of Governors, and will, in future, be appointed by the Committee of the County Council to which the management of the asylum is entrusted. In addition to these officers, there are, in certain larger asylums, Clinical Residents, who receive about £50 a year and full allowances. Those appointments afford excellent introduction to the higher places in the service.

It will be seen that the Irish Lunacy service is well, but not too well paid, not only for the valuable and responsible services rendered, but for the *désagrémens* of living in a lunatic asylum, but it is available for only a very few who have political or personal influence to obtain appointments.

Other Appointments.

There are, in addition to those which we have mentioned, certain emoluments open to medical practitioners in special localities. They are:—

1. Attendance on the Royal Irish Constabulary.
2. Attendance on the Coast Guards.
3. Factory Surgeoncies.
4. Attendance upon the depot soldiers when not otherwise provided for.

The Constabulary are paid for at the rate of 2s. per month for each member of the force on duty in the district, including the wives and children of the men but not of the officers. This includes the supply of medicines. The appointment to this position rests with the Inspector-General of Royal Irish Constabulary, who usually acts upon the advice of the local District Inspectors as to the convenience of the men.

The Coastguard appointments are, of course, only on the coast line. The duty of the Medical Officer is to attend the men when sick and to examine candidates either for admission or for superannuation. The fees vary from 5s. to 2s. 6d. per visit. The appointments rest with the Admiralty, but are usually secure for the local Poor-law Medical Officer.

Factory surgeoncies are in the gift of the Chief Inspector of Factories in Whitehall, and are, of course, available only in the few districts in which there are factories to inspect. There is a set scale of payment by the factory owner to the inspector for this work, but we believe it is not adhered to and, in some districts at all events, the emolument is a matter of arrangement. The amount depends, of course, upon the size of the factory, the position being, in Dublin or Belfast or in other large manufacturing centre, a lucrative one but in other places scarcely worth taking. The attendance on the military depots is not worth mentioning.

Scotland.

The Northern part of Great Britain has made a name for herself for many things. Scotland is the land o' cakes, of porridge, of the kilt, of thrift, the mother of golf; but she has also earned a well-merited reputation for the excellence and thoroughness of her system of education, and for the undoubted success of her alumni dating, not only from yesterday, but from some centuries back. She still maintains her educational system at the high level to which it long ago attained, and, with a less numerous population inhabiting her whole area than that of London alone, keeps up four venerable and historic Universities, all with a honoured past and a magnificent record. The Universities of Edinburgh, Glasgow, Aberdeen, and St. Andrews have sent forth many illustrious graduates in all the different branches of higher learning; few schools can show so illustrious a series of medical giants. In Edinburgh and Glasgow those who do not aspire to the honour of the University degree can obtain college diplomas and excellent medical teaching from the extra-mural schools.

The inhabitants of Scotland have always evinced a deeply rooted dislike to constraint; the regulations of their Universities are examples of this. The student in Scotland is his own master; he lives where he likes, dines where he pleases, and can clothe himself in any kind of garment he chooses. In but one of the Universities have students to don gowns. No doubt the great freedom allowed students occasionally leads to unsatisfactory results, but the advantages which accrue from the system may be held to more than counterbalance the drawbacks. The student is no longer a schoolboy, amenable to a common discipline, and impelled towards, rather than restrained from, enjoying forbidden pleasures; so alluring when against rules, so commonplace when free. He is only required by the authorities to attend with due regularity various compulsory classes, to give evidence of his diligence, and to conduct himself with proper decorum while within the University precincts. Several halls of residence for students have lately been established, but even here the students are their own masters. Absence of residential colleges implies the absence of college fees, and the invariable large extras incurred by college life.

Until recently the sole method of teaching medicine at these institutions consisted in the delivery of a stated number of didactic lectures and attendance on hospital practice; the students listened, took notes, and were supposed to be trained physicians and surgeons. Lately, however, although the lectures persist they are of a less theoretical nature, and are supplemented by numerous practical classes in which smaller numbers can receive greater individual attention. The large classes attendant at some of the universities render personal intercourse between the Professor and students impossible; but large classes (implying proportionate fees) compensate for this by permitting of a more extensive choice of teachers, and the probable appointment of the ablest men, and, what is more, their retention afterwards.

The co-existence of teaching and degree-granting universities and extra-mural medical schools in Scotland forms one of the most important factors in the system of medical education in the country. The extra-mural teacher, struggling for his own bread, naturally does his best; the professor cannot afford to fall behind, or his students will attend elsewhere. The medical education at the universities is the best of its kind, comprising courses on all branches of special medicine and surgery; at the extra-mural schools the special subjects are perhaps even better treated, as they are taught by specialists themselves. In the way of expense, there is little between the University course and the curriculum obligatory for the Licence of the Colleges. The minimum cost for five years' attendance for the Licence may be put down at £120, which includes class and examination fees; and at the universities at £146; a difference of about £5 a year. As the five years' course has been imperative in Scotland for five years, no note need be given as to the old four-year regulations. Anyone who commenced study before that date may be considered to be conversant with their main facts.

Perhaps the one blot upon the Scottish system of medical education at Universities arises from the plan adopted at their professional examinations of delegating the examiners' duties to the professors themselves, along with only one coadjutor for each subject. As University students are now allowed to attend one-half of the total number of courses required for graduation outside the University walls, it happens now and again that those who have done so in a subject, upon which they are examined by the professor teaching it, are placed at a disadvantage in not being thoroughly conversant with subjects specially lectured on by the examiner during the preceding session. The examining board for the diploma of the Scottish colleges, indeed, is largely made up of the extra-mural lecturers, but the number assigned to each subject is large enough to avoid the examination of a candidate by his own teacher in the majority of instances.

Apart from the educational attractions offered to students of medicine by the Scottish schools, a very important fact aids to explain the reason why so many students from all parts of the Empire enrol their names in their books: the cost of maintenance is less than in England. As a general rule the higher the latitude the cheaper is the living in Great Britain. Edinburgh and Glasgow are more economical than London; Aberdeen less expensive than they are.

UNIVERSITY OF EDINBURGH.

Four degrees in Medicine are granted: Bachelor of Medicine (M.B.), Bachelor of Surgery (Ch.B.), Doctor of Medicine (M.D.), and Master of Surgery (Ch.M.). The first two must be taken together, the last two may be taken separately.

No one is admitted to the degrees of Bachelor of Medicine and Bachelor of Surgery who has not been engaged in medical and surgical study for five years, after passing a preliminary examination in general knowledge in accordance with the medical ordinances. The degree of M.A. of a British University is held to supersede such preliminary examination. The subjects included in this general examination are English grammar and composition, English history and geography, Latin, arithmetic, and the elements of mathematics, and, in addition, as optional subjects, Greek, French, or German.

The *annus medicus* of each year is held to be constituted by at least two courses of not less than one hundred lectures each, or by one of such course, and two courses of not less than fifty lectures each, exclusive of the clinical courses, in which lectures are given twice a week during prescribed periods. Two years of the five must be spent at the University, the remaining three years at any University of the United Kingdom, or other Universities or Medical Schools recognised by the University Court.

During the first four years the student must attend elementary botany, elementary zoology, physics, practical chemistry, practical physiology, practical pathology, and medical jurisprudence and public health during courses of not less than 2½ months each; practical anatomy during two courses of not less than five months each; chemistry, anatomy, physiology, pathology, surgery; materia medica and therapeutics, medicine, and midwifery and the diseases of women and children, during courses of not less than five months each. Eight of these subjects must be taken at a University. He must attend a course of 25 meetings on practical pharmacy in a University or recognised school of medicine, or have dispensed drugs for a period of three months in a hospital or dispensary, or in an establishment recognised by the Pharmaceutical Society. He must attend a nine months' course in clinical medicine and in clinical surgery. During the fifth or final year he must be engaged in clinical study for at least nine months. In all, before graduation he must have attended for at least three years a hospital which accommodates no fewer than 80 patients, and possesses a distinct staff of physicians and surgeons, and he must have acted as clerk in the medical and dresser in the surgical wards of such a hospital, or the practice of a dispensary, or of a physician or surgeon. He must have had approved opportunities of studying at a hospital, post-mortem examinations, fevers, diseases of children, ophthalmology, vaccination, and mental diseases.

He must personally attend at least twelve cases of labour under the superintendence of a registered medical practitioner, or six such cases, and, for at least three months, the practice of a midwifery hospital in which practical instruction is regularly given.

Every candidate must deliver before the 31st day of March of the year in which he proposes to graduate to the Dean of the Faculty of Medicine—

1. A declaration in his own handwriting that he has completed his twenty-first year, or that he will have done so on or before the day of graduation, under articles of apprenticeship to any surgeon or other master. (This declaration, along with a statement of studies, is appended to the schedule for the final examination, and must be signed before the schedule is given in.)

2. A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates.

Each candidate is examined both in writing and *viva voce*:—

1. Zoology, botany, physics, and chemistry.
2. On anatomy, physiology, and materia medica, and therapeutics.
3. On pathology, medical jurisprudence, and public health.
4. On medicine, surgery, and midwifery.

The examinations in anatomy, chemistry, physiology, botany, and zoology, materia medica, and pathology, are conducted, as far as possible, by demonstration of objects placed before the candidates.

Candidates who are ready to submit to an examination in the subjects comprised in the first division, viz., botany, zoology, physics, and chemistry, may be admitted to examination in all or any two of these subjects at any examination held after they have attended a full course in each of the subjects professed.

Candidates who have passed their examination in the subjects in the first division may go up for examination in those of the second division at the end of their third winter session, but may postpone their examination in materia medica and therapeutics until the close of the summer session following.

They may, in a similar way, go up for the subjects of the third division at the end of their fourth winter session, and may postpone their examination in medical

jurisprudence and public health until the close of the following summer session.

Candidates who have passed their examinations in the subjects comprised in the first, second, and third divisions may be admitted to examination in the fourth or final division, when they have completed the fifth year of study.

The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degrees of Bachelor of Medicine and Bachelor of Surgery, and who is of the age of twenty-four years, and who produces a certificate of having been engaged, subsequently to his having received the degrees of M.B. and Ch.B., for at least two years in attendance on a hospital, or in scientific work bearing directly on his profession, or in the Military or Naval Medical Services, or in medical or surgical practice. The candidate shall submit to the Faculty of Medicine a thesis certified by him to have been composed by himself, and which shall be approved by the Faculty, on any branch of knowledge comprised in the professional examinations for the degrees of Bachelor of Medicine and Bachelor in Surgery, which he may have made a subject of study after having received those degrees. The candidate will also be examined in clinical medicine and in some of its special departments.

The regulations for the degree of Ch.M. are very similar, the candidate being examined in surgical anatomy, operations on the dead body, clinical surgery, and some of the special branches.

Candidates settled abroad, who cannot appear personally to receive the degree, may, after satisfying the Senatus to that effect, have the degree conferred on them *in absentia*.

Fees.—The fee to be paid for the degrees of Bachelor of Medicine and Bachelor of Surgery is twenty-two guineas and the proportion of this sum to be paid by a candidate at each division of the examination is registered from time to time in the University Court. The fee for the degree of Doctor of Medicine or of Master of Surgery is ten guineas.

The total expenses of the curriculum, including examination and matriculation fee, is about £146.

Bursaries and Scholarships open for Session 1899-1900. —Among the bursaries and scholarships open during the ensuing year are:—Two Sibbald Bursaries of £80 a year for three years, particulars from Messrs. Mackenzie, Innes and Logan, W.S., 23, Queen St., Edinburgh, before September 15th. Two Thomson Bursaries of £25 for four years, one conferred at each preliminary examination in October and March. Five Grierson Bursaries, natives of Crawford and Leadhills, have a preference. Names must be sent in before September 17th. Two John Aitken Carlyle Bursaries of £28 one year for proficiency in class examinations in anatomy and chemistry or physiology. Two Mackenzie Bursaries of £20 in practical anatomy. Renton Bursary of £20, for one year, for students attending classes of natural physiology, mathematics, chemistry, or political economy, who also can show they are in need of pecuniary aid. Names to be sent to secretary before the middle of September. Two Crichton Bursaries of £50, for four years, one competed for at each preliminary examination. Stark Scholarship in Clinical Medicine, of about £100, awarded in July, 1900; Murchison Memorial Scholarship, of the interest from £1,000, to take place in London in the summer of 1900; Buchanan Scholarship, of £40 10s., for proficiency in midwifery and gynæcology, as shown by class work and in the final examination. Other scholarships are:—The James Scott, £42 10s., annually, in midwifery; the Thomson, £40 for four years, in botany, zoology, and elementary mechanics in October; the Ettles, £31 5s. annually, to the most distinguished graduate; two Hope Prizes, £30 annually, in chemistry; two Crichton, £100 annually, in anatomy and physiology.

Full particulars of these and of the other prizes may be found in the "University Calendar" (published by Mr. Thin, South Bridge, Edinburgh, price 3s., post free, 3s. 6d.), or the "Medical Programme" (price 2d.) from the same publisher.

Graduation in Science.—The University of Edinburgh also possesses a Faculty of Science which may confer two degrees, Batchelor of Science (B.Sc.] and Doctor of Science [D.Sc.] These degrees are given in pure science and in applied science. Candidates for the degree of B.Sc. in pure science must attend at least seven courses of instruction in the subjects selected by them during the course of not less than three academical years. Three of these courses must be on subjects prescribed for the first science examination, and four on those for the final examination. Four of these courses must be taken in the University of Edinburgh. Among the subjects recognised are chemistry, human anatomy, physiology, zoology, and botany. Graduates as B.Sc. may, after five years, proceed to the degree of D.Sc., undergoing an examination in the subjects chosen, and presenting a thesis founded on original work.

Graduation in Public Health.—Similar degrees are conferred in Public Health. Candidates must be graduates in medicine of a university recognised by the University Court, and must matriculate for the year in which they appear for examination. Before proceeding to the first examination they must produce evidence that (1) they have worked for at least twenty hours a week during a period of not less than eight months, after taking their medical degree, in a recognised Public Health Laboratory. Five of these months must be spent consecutively in the Public Health Laboratory of the University of Edinburgh and (2) have attended a course of lectures on physics, and one, of at least three months' duration, on geology, such as the Senators may approve of.

Candidates for the second examination for B.Sc. in Public Health are not admitted until at least eighteen months have elapsed after having passed M.B., Ch.B., or sooner than six months after the first examination. They must have attended two separate courses of Public Health, or at least forty lectures in each, one dealing with medicine, the other with engineering, each in its relation to public health, in such manner as the Senatus shall determine. They must also have studied practical sanitary work under a Medical Officer of Health for six months, have had three months' clinical instruction in a recognised fever hospital and three months' instruction in mensuration and drawing.

Full details of the subjects included in the different courses are given in the official programme of the Faculty of Science, which may be obtained from the University (price 2d.).

In a similar manner to that described under degrees in pure science, a B.Sc. may after five years proceed to take the degree of D.Sc. in Public Health.

Fees for Science Degrees.—B.Sc., first examination, £3 3s.; B.Sc. second examination, £3 3s.; D.Sc., £10 10s.; total, £16 16s.

University Hall, Edinburgh.—In an educational number it is worth while to call attention to the advantages now offered to students coming to Edinbugh to study, in the shape of social residences akin to though very much less pretentious than, the English University Colleges. During the past six years several buildings have been acquired in Edinburgh for this purpose, in which students can live in a self-governing community. In each house there are private studies with or without bedrooms, and common sitting and dining rooms. The charges vary from 7s. 6d. to 22s. 6d. per week. The residents elect a treasurer from among their number, who acts as intermediary between them and the housekeeper or servants. It is a satisfactory indication of the comfort of the Hall that several graduates now live in it and are willing to help or coach the undergraduates for moderate fees. To gain admission two references must be produced from past or present residents. These are considered and voted on at a house meeting. In all disputed points Professor Geddes is the referee, while Dr. Ricardo Stephens is the rent treasurer, who will supply any further information required. The Hall is an admirable place for parents to send their sons to. Any unruly member may be expelled by a meeting of the residents similar to that held for elective purposes.

Medical School for Women in Edinburgh.—The Medical Teaching of Women in Edinburgh is carried on by the Scottish Association for the Medical Education of Women (the Secretary, Minto House, Chambers Street). The classes are conducted by the lecturers of the Medical

School of the Royal Colleges, and qualify both for the Edinburgh University degree and for the Licence of the Triple Board. The classes are for women alone. The University of Edinburgh does not recognise certificates presented by female candidates for mixed classes without special cause shown.

ROYAL MEDICAL SOCIETY, EDINBURGH.—Students commencing their medical studies in Edinburgh should not neglect to join this fine old Society. It still fulfils the purpose for which it was founded as far back as 1737; namely, to facilitate intercourse between medical students of different years of study, to afford them the use of a large medical and scientific library, and to promote the discussion of medical matters apart from the supervision of the professors or teachers. The post of Senior President of this Society is one of the highest honours to which an Edinburgh student may attain. The list of eminent men in the profession who have filled the presidential chair from time to time would be hard to parallel. Intending members should apply to the sub-librarian at the Society's Hall, 7 Melbourne Place, Edinburgh. The annual subscription is two guineas. Payment of eight guineas at once renders the student a life member.

UNIVERSITY OF GLASGOW.

The University of Glasgow is both a teaching and an examining body, but admits to examination only those candidates whose course conforms to its own regulations. Within certain limits provision is made for accepting instruction given by recognised medical schools and teachers; but eight of the subjects other than clinical must be taken in this or some other recognised University entitled to confer the degree of M.D., and at least two years of the course must be taken in Glasgow University. Under the new regulations, laid down in Ordinance No. 14, Glasgow No. 1, of the Commissioners under the Universities (Scotland) Act, 1889, four degrees, open both to men and to women, are conferred—M.B. and Ch.B. (always conjointly), M.D., and Ch.M. A preliminary examination must be passed in (1) English, (2) Latin, (3) Elementary Mathematics, and (4) Greek, French, or German, with possible options to students whose native tongue is not English in the case of the fourth subject, and on passing students must register in the books of the General Medical Council. By a regulation recently enacted, it is no longer compulsory to pass in all the four preliminary subjects at once, and they may now be passed at two stages. For M.B. and Ch.B. a curriculum of five years is required.

The fees for M.B. and Ch.B. are £23 2s., and the present fee for hospital attendance is £21. The fee for M.D. is £10 10s., and for Ch.M. is £10 10s.

Bursaries and prizes to the annual amount of about £900 are appropriated to medical students, including an Arthur bursary for women, £25 for three years.

Several bursaries open to students in any faculty are not infrequently held by medical students, and scholarships and fellowships to the annual amount of £1,600 may be held by medical students who have gone through the Arts course.

QUEEN MARGARET COLLEGE FOR WOMEN.—Founded in 1883 (by the Glasgow Association for the Higher Education of Women, which was formed in 1877 with the object of bringing university instruction, or its equivalent, within the reach of women), Queen Margaret College in 1890 added to its Faculty of Arts a School of Medicine for Women This was organised entirely on university lines, and with the view of preparing for university degrees: and when, in 1892, in consequence of the Ordinance of the University Commissioners authorising the Scottish Universities to admit women to instruction and graduation, Queen Margaret College became the Women's Department of the University of Glasgow, its classes in medicine taken previously to its incorporation with the University were recognised as preparing for the degree. A full course of study for M.B.Ch.B. is given, with excellent facilities for hospital and dispensary work. A Hall of Residence for the students was founded four years ago.

UNIVERSITY OF ABERDEEN.

The University of Aberdeen possesses under its charters the amplest privileges claimed or enjoyed by any academical institution. It confers degrees in the five faculties of Arts, Science, Divinity, Law, and Medicine. It also grants diplomas in Public Health, Agriculture, and in Education. It is, moreover, a teaching body, equipped with twelve distinct chairs in the various branches of medicine and surgery, besides a Lectureship in Tropical Medicine. The majority of the professors devote their whole time to the work of the chairs. There are fully-equipped laboratories, the accommodation for which has recently undergone considerable extension. The degrees of M.B. and Ch. B. are conferred together; they cannot be obtained separately. The curriculum of study is nearly the same as in the University of Edinburgh; the regulations in the preceding columns will therefore apply here. Two years must be passed at Aberdeen. With regard to fees, each candidate for the degrees of M.B. and Ch.B. must pay a fee of £5 5s. in respect of each of the first three professional examinations, and £7 7s. for the final examination. Class fees, £3 3s. each. Total cost, exclusive of the fees for degrees is about £100. Besides the Royal Infirmary, students have the opportunity of attending several other local institutions where special courses of instruction are given. Perpetual fee for hospital practice is only £6. The professional examinations are held twice in each year, namely, in March and July, directly after the close of the winter and summer sessions. Through the liberality of the late Dr. Charles Mitchell, students will be privileged to commence work in the coming session in the magnificently equipped extension buildings of the University.

BURSARIES.—Bursaries, Scholarships, and Fellowships, to the number of forty-two, and of the annual value of over £1,600, may be held by students of medicine. See University Calendar.

THE DEGREE OF M.D.—The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degrees of M.B. and C M. (Old Regulations), is of the age of twenty-four years, and has been engaged subsequently to his having received the degree of M.B. for two years in attendance in a hospital, or in military or naval medical service, or in medical or surgical practice, and has presented a thesis which has been approved of by the Medical Faculty. Candidates for the degree of M.D. (New Regulations) are required to pass an examination in clinical medicine in addition to presenting a thesis. Similar regulations apply to a degree of Ch.M. (Master of Surgery).

A Diploma in Public Health is conferred after examination on graduates in medicine of any university in the United Kingdom.—Regulations may be seen in the Calendar, or obtained on application to the Secretary of the Medical Faculty.

ABERDEEN ROYAL INFIRMARY.—This is a well equipped institution, containing 240 beds, and affords excellent opportunities for clinical study to students at the Aberdeen University. The city, moreover, offers inducements in the way of cheaper living and comparative quiet to that obtained in Edinburgh and Glasgow, and will doubtless be preferred by some on this account.

ST. ANDREW'S UNIVERSITY.

UNITED COLLEGE ST. ANDREWS AND UNIVERSITY COLLEGE, DUNDEE.

THIS University (session opens October 11th) grants the degrees of M.B., Ch B., M.D., and Ch.M., and also a diploma in Public Health. The degrees of the University are open to either sex. For the degree of M.B., Ch.B. two of the five years of medical study must be spent in the University of St. Andrews; the remaining three may be spent in any University of the United Kingdom, or in any foreign, Indian, or Colonial University recognised for the purpose by the University Court, or in such medical schools or under such teachers as may be recognised for the purpose by the University Court. The preliminary examination and the professional examinations are of the same character as in the other Scottish Universities.

University College, Dundee, was affiliated and made to form part of the University of St. Andrew's on January 15th, 1897, and the whole medical curriculum may be

taken in the college. The United College, St. Andrews, offers classes for the first two years of professional study.

Bursaries and Scholarships.

United College, St. Andrews.—Two Berry bursaries of £40 tenable for three years, open to men for arts, science, or medicine. Twelve Berry bursaries of £20 tenable for two years open to *men only* proceeding to graduate in medicine. Candidates must reach the standard necessary to entitle them to pass the medical preliminary examination of the university. Fourteen Taylor-Thompson bursaries £20 to £30 tenable for one year, partly for two, open *to women only* proceeding to graduate in medicine.

University College, Dundee. — Eleven entrance bursaries of £15 *open to men or women* for arts, science, or medicine, tenable for one year. Four £20 and three £15 second year bursaries for *men or women* in art, science, or medicine, tenable for one year. Four £20 and two £15 third year bursaries for *men or women* in arts, science, or medicine, tenable for one year. Two Educational Trust Bursaries of £25, tenable for three years. Applicants must have attended a public or state aided school in Dundee for at least one year before examination. Bute Bursary annual income from £1,000 (men only).

Preliminary Examinations.—The dates of the next two examinations are September 30th, 1899, and March 24th, 1900. Schedules (obtainable from the Secretary of the University) to be returned filled up, and fees paid by September 15th, 1899, on March 10th, 1900.

Fees for Degrees.—Total fees for M.B., Ch.B., are the same as at other Scottish Universities, *i.e*, 22 guineas (payable in instalments). Fee for the degree of M.D., and also for that of Ch M., is ten guineas in each case. For the Diploma of Public Health examinations the fee is £5 5s. for each of the two examinations. The diploma is granted on special examination to graduates in medicine of any University of the United Kingdom.

United College, St. Andrews.—*Class Fees*—The fee payable in each of the following separate classes is three guineas, viz., in Chemistry, Practical Chemistry, Physics, Zoology, Botany, Physiology, Practical Physiology, Anatomy, Practical Anatomy, Materia Medica, and Practical Pharmacy.

University College, Dundee.—*Class Fees.*—The fee payable in each of the following separate classes is 3 guineas, viz., in Chemistry, Practical Chemistry, Physics, Zoology, Botany, Physiology, Anatomy, Practical Anatomy, Materia Medica, Practical Pharmacy, Pathology, Practical Pathology, Bacteriology, Medical Jurisprudence and Public Health, Medicine, Surgery, Operative Surgery, and Midwifery.

In Clinical Medicine, Clinical Surgery, Ophthalmology and Mental Diseases, the class fees are 2 guineas each, and in Fevers 1 guinea. For the Chemistry required for the D.P.H. the fee is 7 guineas. A special class is also held for the D.P.H., for which the fee is 3 guineas.

Dundee Royal Asylum.—The appointments include a qualified resident assistant and two resident clinical clerks. Clinical instruction is given.

Further information will be found in the Calendar of the University, published by Messrs Blackwood and Sons, Edinburgh, or can be had of the Dean of the Medical Faculty, Professor Waymouth Reid, F.R.S.

Dundee Royal Infirmary.—The Infirmary contains 286 beds, with a special ward for the treatment of children. Three resident qualified assistants are appointed annually. Clinical clerks and dressers are attached to the physicians and surgeons, and students are appointed to assist in the post mortem room. Out patients are seen daily at 9 a.m. The instruction given at the Infirmary is recognised for purposes of graduation by the Scotch Universities, the University of London, the Royal University of Ireland, and by the Royal Colleges of England and Scotland. Hospital ticket for the Infirmary £2 2s. each session, or £3 3s. 0d. a year. Further information on application to the Medical Superintendent.

THE COLLEGES.

The Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow have made arrangements by which, after a series of examinations, the student may obtain the diplomas of the co-operating bodies.

The holders thereof are enabled to register three diplomas under the Medical Acts, viz., Licentiate of the Royal College of Physicians of Edinburgh, Licentiate of the Royal College of Surgeons of Edinburgh, and Licentiate of the Faculty of Physicians and Surgeons of Glasgow. The diplomas are also recognised by the Army, Navy, and other public bodies.

The three co-operating bodies grant their *single* qualifications only to candidates who are already registered as possessing another and opposite qualification in medicine or surgery, as the case may be.

Regulations of the Conjoint Board of the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons, Glasgow.—The candidate must produce certificates of having attended the following separate and distinct course of lectures, the certificate distinguishing the sessions and the schools in which the courses were severally attended. Anatomy, one course, six months. Practical anatomy, twelve months. Chemistry, one course, six months. Practical or analytical chemistry, one course, three months. Materia medica, one course, three months. Physiology, one course, six months. Practice of medicine, one course, six months. Clinical medicine, nine months. Principles and practice of surgery, one course, six months. Clinical surgery, nine months. Midwifery and diseases of women and children, one course, three months. Medical jurisprudence, one course, three months. Pathological anatomy, one course, three months. The candidates must also produce the following certificates:—(*a*) Of having attended not less than six cases of labour under the superintendence of the practitioner who signs the certificates, who must be a registered medical practitioner. (*b*) Of having attended, for three months, instruction in practical pharmacy. The certificate to be signed by the teacher, who must be a member of the Pharmaceutical Society of Great Britain, or the superintendent of the laboratory of a public hospital or dispensary, or a registered practitioner who dispenses medicine to his patients, or a teacher to a class of practical pharmacy. (*c*) Of having attended for twenty-four months the medical and surgical practice of a public general hospital, containing on an average at least eighty patients, and possessing distinct staffs of physicians and of surgeons. (*d*) Of having attended, for six months, the practice of a public dispensary specially recognised by any of the co-operating bodies; of having been engaged for six months as visiting assistant to a registered medical practitioner. (*e*) Of having been instructed in vaccination.

First Examination, Fee £5.—The first examination shall embrace chemistry, embracing the following particulars:—Chemical physics, heat, light, and electricity, the principal non-metallic and metallic elements, and their more common combinations, also the leading alcohols, organic acids, ethers, carbohydrates, and alkaloids; the candidate will also be examined practically in testing; physics and elementary biology. The first examination shall take place not sooner than the end of the first year, including a winter and summer session. Candidates who desire to enter for the first professional examination must apply to the Inspector of Certificates on or before the Friday preceding the day of examination, and must produce certificates of attendance on one course of chemistry, one course of practical chemistry, one course of anatomy, and six months' practical anatomy.

Second Examination, Fee £5.—The second examination shall embrace anatomy and physiology, and shall not take place before the termination of the summer session of the second year of study. Candidates must produce to the inspector certificates of attendance on the prescribed courses of anatomy, practical anatomy, and physiology.

Third Examination, Fee £5.—Comprises the subjects of pathology, materia medica, and pharmacology and advanced anatomy.

Final Examination, Fee £15.—The final examination shall embrace the principles and practice of medicine (including therapeutics and medical anatomy, clinical medicine); the principles and practice of surgery, (including surgical anatomy and surgical pathology); clinical surgery; midwifery and gynæcology, medical jurisprudence and hygiene; and shall not take place before the termination of the full period of study.

Subject of Preliminary Education.—(1) English language, including grammar and composition; (2) Latin, including grammar, translation from specific authors, and translation of easy passage not taken from such authors; (3) elements of mathematics, comprising (*a*) arithmetic, including vulgar and decimal fractions; (*b*) algebra, including simple equations; (*c*) geometry, including the first two books of Euclid; (4) elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics; (5) one of the following optional subjects:—(*a*) Greek; (*b*) French; (*c*) German; (*d*) Italian; (*e*) any other modern language; (*f*) logic; (*g*) botany; (*h*) zoology; (*i*) elementary chemistry.

Qualification in Public Health.—The College of Physicians, in association with the Royal College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, confers a certificate of competency in public health. The examinations are held in April and October. Fee, £10 10s.

For the special regulations of the Royal College of Surgeons of Edinburgh, intending candidates should apply to Mr. James Robertson 48, George Square, Edinburgh, and for those of the Royal College of Physicians, to Dr. R. W. Philip, 45, Charlotte Square.

The Fellowship of the Royal College of Physicians of Edinburgh is conferred only by election, and the candidate must have been a member of the college for at least one year previously, and have attained the age of twenty-five years.

The membership is conferred only on licentiates of the college or graduates of a Brirish or Irish university after an examination in medicine and therapeutics, and in any other branch of medical science to be selected by the candidate. Under certain conditions as to age and professional standing, candidates may, however, be admitted without examination to the licence of R.C.P.Ed.

The licence, or single qualification in medicine, is conferred on candidates who already possess a recognised qualification in surgery. The examinations of this licence are held on the first Wednesday of each month, save those of September and October, on medicine, materia medica, midwifery, and medical jurisprudence. The fee is £15 15s., and intending candidates should communicate with the Secretary of the College at least eight days before the date of examination.

The Fellowship of the Royal College of Surgeons of Edinburgh is conferred (except under certain conditions as to age and professional standing), only on candidates who have passed a special examination, and have previously obtained a diploma from the college, or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, or the surgical degrees of the Universities of Great Britain, and who are twenty-five years of age The subjects for examination for those who are already Licentiates of the College are on the principles and practice of surgery, clinical and operative surgery, and one optional subject.

Those who are not Licentiates of this College: on principles and practice of surgery, clinical and operative surgery, surgical anatomy, and one optional subject; and in such supplementary subjects as have not, in an adequate manner, been included in the examination for the registrable surgical qualification possessed by such candidates and which are required in the examination for Licentiates of this College.

The optional subjects shall embrace: (*a*) Surgery, special branches; (*b*) advanced anatomy and physiology; (*c*) surgical pathology and morbid anatomy; (*d*) midwifery and gynæcological medicine and surgery; (*e*) medical jurisprudence and hygiene; (*f*) practice of medicine and therapeutics. The examinations are written, oral, and practical. Three weeks' notice must be given to Mr. James Robertson, from whom full particulars as to certificates required may be obtained. The fee is £30 for those who hold the diploma of Licentiate of the College, and £45 to others (no stamp duty is payable on the diploma). Registered practitioners, aged not less than 40, who have been in practice for not less than ten years, and who have highly distinguished themselves by original investigations, may under special circumstances be elected without examination. Women are not admitted to the Fellowship.

LICENCE.—The examination embraces the principles and practice of surgery (including operative surgery and surgical pathology), clinical surgery, and surgical anatomy, and shall not take place before the termination of the full period of study. Fee £15 15s.

DENTAL DIPLOMA.—Every candidate for the dental diploma must have attended the general lectures and courses of instruction required at a university or an established medical or dental school recognised by the College as qualifying for the diploma in surgery. The fee is £10 10s.

EDINBURGH ROYAL INFIRMARY.—Clinical instruction is afforded at this institution, which contains 780 beds in the building, and 10 beds in a convalescent home, under the supervision of professors of the university and the ordinary physicians and surgeons of the infirmary. Special instruction is given on diseases of women, physical diagnosis, and diseases of the eye, ear, throat, and teeth. Separate wards are devoted to venereal diseases, diseases of women, diseases of eye. also to cases of incidental delirium or insanity, and three wards are specially set apart for clinical instruction to women students. Post-mortem examinations are conducted in the anatomical theatre by the pathologists, who also give practical instruction in pathological anatomy and histology. The perpetual fee, on one payment, £12; the annual fee, £6 6s.; half-yearly, £4 4s.; quarterly, £2 2s.; monthly, £1 1s Separate payments amounting to £12 12s. entitle the student to perpetual ticket. No fees are payable for any surgical or medical appointment.

The appointments are as follows:—

1. Resident physicians and surgeons are appointed, and live in the house free of charge. There is no salary. The appointment is for six months, but may be renewed at the end of that period by special recommendation.

2. Special non-resident clerks (in the special subjects, and for out-patient work) are appointed for six months. These also may be similarly renewed.

3. Clerks and dressers are appointed by the surgeons and physicians. Those are open to all students and junior practitioners holding hospital tickets.

4. Assistants in the pathological department are appointed by the pathologists to conduct post-mortem examinations in the anatomical theatre.

SCHOOL OF MEDICINE OF THE ROYAL COLLEGES, EDINBURGH.—This school, established in 1505, is constituted by over fifty lecturers especially licensed by the colleges.

The lectures qualify for the University of Edinburgh, and other Universities, the Royal Colleges of Physicians and Surgeons of Edinburgh, London, and Dublin, and the other medical and surgical boards.

The minimum cost of the education in the School of Medicine for the triple qualifications of physician and surgeon from the Royal Colleges of Physicians and Surgeons of Edinburgh and the faculty of Physicians and Surgeons of Glasgow, including the fees for the joint examinations, is about £115, which is payable by yearly instalments during the period of study.

The Winter Session opens October 2nd. The secretary, Mr. R. N. Ramsay, 24, Forrest Road, Edinburgh, will forward the School Calendar *gratis* to inquirers.

ST. MUNGO'S COLLEGE AND GLASGOW ROYAL INFIRMARY.—This college was incorporated in 1889 under its new title, being formerly known as the Glasgow Royal Infirmary School of Medicine. The Medical Faculty occupies buildings erected for the purposes of the medical school in the grounds of the hospital, and the laboratories, museums, and lecture rooms are of the most approved description. Attendance on the classes in St. Mungo's College qualifies for the medical degrees of the Universities and the medical and surgical colleges in accordance with their regulations.

The Royal Infirmary, which is at the service of the College for teaching purposes, is one of the largest general hospitals in the kingdom. It has 612 beds available for clinical instruction, including an ophthalmic department, and it has special wards for diseases peculiar to women, for venereal diseases, erysipelas, burns, and diseases of the throat. At the dispensary special advice and treatment are given in diseases of the eye, ear, teeth, and skin, in addition to the large and varied number of ordinary medical and surgical cases—about 44,000 per annum—which in a great industrial centre daily require attention. Students at the college and hospital get the benefit of dispensary experience free of charge, and no better or wider field for seeing hospital practice and receiving clinical experience can be found than in the Glasgow Royal Infirmary.

Appointments.—All appointments are open. There are five physicians' and seven surgeons' assistants who obtain free board and residence in the hospital and act in the capacity of house physicians and house surgeons, and there is an assistant to the gynæcologist who boards but does not reside in the hospital. There is also a house surgeon for the ophthalmic department. These appointments are made for six months, and are open to gentlemen who have a legal qualification in medicine and surgery. Clerks and dressers are appointed by the visiting physicians and surgeons. From the large number of cases of acute diseases and accidents of varied character received, these appointments are valuable to students. In the pathological department assistants are also appointed by the pathologist.

Fees.—The fees for Lectures, including Hospital attendance necessary for candidates for the Diplomas of the English, Scotch, and Irish Colleges of Physicians and Surgeons, amount to £72

Anderson's College Medical School, Glasgow.—New and excellently equipped buildings were opened in October, 1877, in Dumbarton Road, immediately to the west of the entrance to the Western Infirmary and within four minutes' walk of the university. Extensive laboratory accommodation is provided for practical anatomy, practical chemistry, practical botany, practical zoology, practical physiology, practical pharmacy, operative surgery, and hygiene and public health. There are also provided a library and reading room, and a students' recreation room. The buildings are constructed upon the most approved modern principles. The dissecting room is open in winter from 9 a.m. to 6 p.m., and in summer from 6 a.m. to 6 p.m. These students are assisted in their dissection by the professor and demonstrators, by whom daily examinations and demonstrations on the parts dissected are conducted. The supply of subjects is ample, and students are consequently provided with parts as soon as they may be ready for them. The dissecting room is provided with a complete series of dissected specimens mounted in plaster of Paris illustrating the anatomy of the human body. There is also a large Bone Room furnished with complete sets of painted and unpainted bones.

Dental Curriculum.—Students studying with a view to the dental diploma can obtain instruction in the following subjects:—Physics, chemistry, anatomy, physiology, surgery, practice of medicine, and materia medica. The special dental courses may be obtained in the Dental School, 5, St. Vincent Street, Glasgow.

Fees.—Fees for hospital practice and clinical lectures, first year, £10 10s; second year, £10 10s.; afterwards free. For six months, £6 6s.; three months, £4 4s. Students who have paid 20 guineas at another hospital for its perpetual ticket are admitted six months for £2 2s.; or one year for £3 3s. Vaccination certificate, recognised by Privy Council, £1 1s.

POST-GRADUATE COURSES IN SCOTLAND.

In Edinburgh a number of permanent post-graduate courses continue more or less continuously throughout the year. Among those open to or especially for post-graduates are:—

1. Ophthalmology: daily at the Royal Infirmary. 2. Ophthalmoscopy: Dr. George Mackay, Eye Dispensary, Chambers Street, fee £2 2s.; Dr W. G. Sym, Eye, Ear, and Throat Infirmary, Cambridge Street, fee £2 2s. 3. Aural Surgery, &c.: Dr. MacBride and assistants, Royal Infirmary; Dr. Hunter Mackenzie, Eye, Ear and Throat Infirmary, fee £2 2s. 4. Pathological Bacteriology: Dr. T. Shennan, Surgeon's Hall, fee £2 2s. 5. Dermatology: Drs. Allan Jamieson and Norman Walker, fee £3 3s.; Dr. Stewart Stirling, Skin Dispensary, Lauriston Place, fee £1 1s. 6. Diseases of Children: Sick Children's Hospital, Dr. John Thomson; minor surgical diseases of children, Mr. H. J. Stiles, fee £2 2s. 7. Chest diseases: Dr. R.W. Philip, Victoria Hospital and Dispensary, fee £2 2s. 8, Gynæcology: Dr. Brewis, fee £2 2s. 9. The Demonstrations on Modern Gastric Methods, by Dr. A. Lockhart Gillespie, fee £2 2s, available at any time during the year on the request of a sufficient number of post-graduates. All these courses are of short duration, varying in length from three to six weeks. In addition to these, arrangements have been made whereby a special series of short courses, including many of those above, are given simultaneously at a time to be afterwards fixed upon and advertised. The additional subjects dealt with include—Medical and Surgical Anatomy, Electricity in medicine, by Dr. Dawson Turner; Infectious Diseases, by Dr. C. Ker; Practical Sanitation, Dr. H. Littlejohn; Operative Surgery, &c The usual fee for each class is £2 2s. The Honorary Secretary, Post-Graduate courses, Surgeons' Hall, will supply a full syllabus on application.

In Glasgow, special courses in ear diseases are held in November and May at Anderson's College, and post-graduate courses in pathology and bacteriology at the University from September 13th to October 12th, 1898. Fee for either, £3 3s.; for both, £5 5s., with 5s. matriculation fee.

THE OPENING OF THE MEDICAL SCHOOLS, LONDON.

Charing Cross Hospital Medical School—Monday, Oct. 2nd. Introductory Address by Dr. Mitchell Bruce.
Dental Hospital of London—Monday, Oct. 2nd.
Guy's Hospital Medical School—Monday, Oct. 2nd.
King's College London, Medical Faculty—Monday, Oct. 2nd.
London Hospital Medical College—Monday, Oct. 2nd.
Middlesex Hospital Medical School—Monday, Oct. 2nd. Introductory Address by Mr. J. Murray, F.R.C.S.
Royal Free Hospital School of Medicine for Women Monday Oct. 2nd. Introductory Address by the Dean, Mrs. Garrett Anderson, M.D.
St. Bartholomew's Hospital and College Monday, Oct. 2nd.
St. George's Hospital Medical School—Monday, Oct. 2nd, at 4 p.m. Introductory Address by Dr. Howship Dickinson.
St. Mary's Hospital Medical School—Monday, Oct. 2nd, at 3 p.m. Introductory Address by H. G. Plimmer, Esq.
St. Thomas's Hospital Medical College—Tuesday, Oct. 3rd, at 3 p.m. Prizes distributed by Prof. T. C. Allbutt, M.D., F.R.S.
University College Medical School—Monday, Oct. 2nd, at 4 p.m. Introductory Address by Dr. G. F. Blacker.
Westminster Hospital Medical School—Monday, Oct. 2nd, at 4 p.m.

PROVINCES.

Birmingham, Mason College—Monday, Oct. 2nd.
Bristol, University College—October.
Cardiff, University School of Medicine—Monday, Oct. 2nd. Introductory Address on the evening of Oct. 6th, by Professor A. W. Hughes.
Durham University School of Medicine—Monday, Oct. 2nd.
Liverpool, University College—Tuesday, Oct. 3rd.
Manchester, Owens College—Monday, Oct. 2nd.
Sheffield, University College—Monday, Oct. 2nd. Introductory Address by Sir J. Crichton Browne, LL.D., M.D., F.R.S.
The Yorkshire College—Monday, Oct. 2nd. Introductory Address, followed by the Distribution of Prizes, at 5 p.m., by Dr. Byrom Bramwell.

IRELAND.

Adelaide Medical and Surgical Hospitals, Dublin.
Catholic University Medical School, Dublin—Nov. 2nd.
City of Dublin Hospital—Oct. 2nd—Monday, Oct. 2nd.
Dublin University. Oct. 2nd.
Meath Hospital—Monday, Oct. 2nd, at 4.30 p.m. Introductory Address by Dr. John William Moore.
Mercer's Hospital, Monday—Oct. 2nd.
St. Vincent's Hospital—Tuesday, Oct. 3rd. Dr. Tobin, 4.30 p.m.
Queen's College, Cork—Monday, Oct. 23rd.
Royal Col. of Surgeons, Dublin Schools of Surgery—Monday Oct. 2nd.
Trinity College School of Physic, Dublin, Dissecting Rooms, &c. First week in October: lectures begin first week November.

SCOTLAND.

Aberdeen University—Monday, Oct. 16th.
Dundee University College—Wednesday, Oct. 12th.
Edinburgh University—Tuesday, Oct. 17th.
Edinburgh School of Medicine, Rooms, and Laboratories, Monday, Oct. 2nd.
Edinburgh School of Medicine for Women—Tuesday, Oct. 17th.
Glasgow, Anderson's College Medical School—Thursday, Oct. 19th.
Glasgow, Queen Margaret College School of Medicine for Women—Oct. 19th.
Glasgow University—Thursday, Oct. 5th.
Glasgow, St. Mungo's College Thursday, Oct. 19th.
Glasgow Royal Infirmary—Thursday, Oct. 19th.
Royal Colleges, Edinburgh—Tuesday, Oct. 17th.
St. Andrew's University—Wednesday, Oct. 11th.

Notes on Current Topics.

The Question of Education.

THERE are many interested at this time of the year in the question how they can best prepare their sons for that business in life for which they are, in their opinion, best qualified, or are most likely to succeed in. School is over, and now certain lines of study must be selected which will gradually lead to qualifying for a profession or a business, by which an independence will be secured. The question we are considering is whether a boy, before he leaves school, can prepare himself for the line of study required by the Medical Council after he has registered, and before he can enter at a medical school. There are certain subjects which are not specially medical, such as chemistry, botany, and physics, and which are now taught at most of our public schools. Whether a boy shall acquire any knowledge of them or not while at school requires consideration. There is no doubt but that it gives a boy a great advantage, if he intends to register, to have acquired some knowledge of chemistry, biology, and physics before he leaves school, and there is no doubt but that every encouragement is being given to our public schools to provide tuition in science subjects. If our medical schools are relieved of these subjects, and those who enter them can at once begin to attend lectures on anatomy and physiology, it must greatly simplify matters. But we think it would be well if more care were taken at our medical schools to avoid a great deal of the useless detail which is taught in anatomy and physiology. It ought to be clearly recognised that these subjects should always be studied with a practical end in view. They are certainly sciences, but in the teaching of a science it is a mere waste of time to enter into minute details which are of no practical use to students. How much of the anatomy of the bones and other parts in our text books is really of use in the practice of medicine and surgery? For examination purposes they have to be learnt, but it would be well if examiners were prevented from requiring a student to cram for examination, and those who teach anatomy and physiology ought to be, not professors, but surgeons and physicians. The education of our medical students as at present carried out is far more a question of preparing them for examinations than of teaching them what they ought to know; and there is no doubt but that the teaching at our hospitals has sadly degenerated, and that a system of cramming has grown up which urgently calls for reform. The operating room ought to be the chief source of knowledge of surgery for students, but very little, if any, use is made of it for this purpose. The real reason of this is that there is no inducement for the surgeons at hospitals to give any time to teaching, for the good reason that they are not paid well enough to make it worth their while to do so. All that the student has to do is to get his lectures signed up, and as to learning anything from lectures which will help him in examinations he generally feels that the time would be far better spent in reading than in listening to a lecturer. We will not say more on this subject except that we think it would be well for the managers of our medical schools to set about the reform of the present state of things.

Secret Commissions and the Medical Profession.

CONSIDERABLE discussion has taken place in the daily press on the indictment framed by Sir Edward Fry concerning the alleged participation of members of the medical profession in the practice of receiving secret commissions. As might be expected, no further light has been thrown on the allegation which rests upon the unsupported assertions of two or three irresponsible witnesses. The ventilation of this unsavoury topic will, however, have rendered one signal service, for it will, we trust, have made it perfectly clear that even if a few individual members of the profession have really stooped to the practice it is heartily condemned and religiously shunned by the profession as a whole. The publicity given to the matter, moreover, may give rise to searchings of conscience and thus reinforce the abhorrence which is unquestionably felt by the vast majority of medical men towards such a degrading means of making money. It is within the experience of most medical practitioners that opportunities of the kind are very frequently offered but, as far as our experience goes, such offers are invariably regarded in the light of personal insults and recoil upon those who have had the temerity to make them. The matter is not one of which the General Medical Council has so far taken recognizance, but it has never been asked to do so. and in any event delinquencies of this kind are obviously very difficult to bring home to the offender. It would not be amiss, by way of reassuring public opinion, if the Council took an early opportunity of publicly stigmatising the taking of secret commissions as "infamous conduct in a professional respect." In so doing it would only voice the unanimous feeling in the ranks of the medical profession, and the pronouncement would go far to correct the impression which the mere mention of the contingency cannot fail to have left in the minds of a certain section of the public.

The Malarial Mosquito.

THE achievements of the little band of observers sent to Africa by the Liverpool School of Tropical Diseases are being well advertised in the lay Press, a course which is sufficiently at variance with custom to excite some diffidence in expressing approval thereof. We have had too much experience of these interim reports in the past for them to carry conviction, and we prefer to postpone judgment in respect of the results until the subject has been duly brought forward by the observers in medical circles and subjected to the disintegrating force of hostile criticism. Even if, as announced, the parasite of malaria has been discovered in the body of the anopheles, that fact does not clear up the mystery surrounding the etiology of the disease because, as

has been pointed out, malaria exists in places where the mosquito is unknown. Then, again, though the discovery, if authenticated, possesses considerable scientific interest, we are but on the threshhold of the preventive treatment of malaria. If, for instance, it were shown that measles was communicated by the bite of the flea, the extinction of the genus flea would not be easy of accomplishment, and the problem of the extinction of the mosquito is a problem of even greater magnitude. The attentive study of the natural history of the mosquito will doubtless enable us to follow it through the various phases of its evolution, but the uncontrollable facilities which nature provides for its multiplication in tropical climes are likely to defy our puny attempts at extermination. Our object in making these remarks is assuredly not to decry the invaluable work which is being done all over the world in the investigation of the causes and prevention of malarial disease, but rather to present these recent discoveries in their true light. It is greatly to be hoped that the Government will do its duty in providing the means of carrying on this line of research. At present it may truthfully be said that the field is vast, but the labourers are few.

Lord Rosebery and the Hospital.

In our recent article on the hospital question we pointed out in what respect the character of the hospital of to-day was changing from what it was some years ago. No longer is a hospital regarded as an institution limited in its purpose to the relief of the sick poor. Lord Rosebery seems to be in favour of organizing some hospitals on the same principles as those on which clubs, insurance companies, and other co-operative societies depend for their support. The hospital at Bishop Auckland will not depend on charity in any form, but on the contributions of those for whose benefit it is intended namely for the miners themselves. The question of chief interest to the profession is how it can best serve the good of society by assisting in the satisfactory arrangement of hospitals of this character. There seems to be rather a tendency on the part of the public to leave the profession very much out of the calculations in this matter. It is assumed that the medical and surgical work can be obtained much in the same way as any of the common necessities of a club or institution, and that contracts can be made much in the same way as for any articles of trade. To some extent this may be true, but how far it is so requires to be distinctly understood both by the profession and those who are disposed to follow the example set at Bishop Auckland. There may be no difficulty in organising a co-operative hospital on the same lines as an insurance company, but if the chief article required for the satisfactory working of such an association is not taken into much account, the association will fail in its chief purpose. If the profession should be seriously injured by such a system the public would suffer. If one of the objects of such co-operation is to cheapen as much as possible the service of the profession, troubles will attend it. It would be well for Lord Rosebery and others well capable to deal with this question to be careful how they give support to a movement which is not as simple in its practical working as they might at first suppose. One of the chief difficulties which the provident dispensaries have to deal with is the securing of efficient medical and surgical treatment for members. It is unreasonable to expect the profession to give its labour for inadequate payment, for the majority of the profession cannot work unless it is properly paid. If charity is to be called upon to support this system it at once loses its character, and the results will be disappointing. This is a subject deserving the serious attention of the whole profession, and we trust that it will be considered as such in a sensible and proper manner.

Labori's Bullet Wound.

An illustrated contemporary, *Black and White*, has with a good deal of enterprise presented English readers with a reproduction of the radiogram showing the bullet wound in Maitre Labori's back. So far as one can judge the missile has been arrested to the right of the spinal column somewhere between the fifth and sixth vertebræ. Less than an inch to the right, or two or three inches to the left, and the wound would have infallibly killed the illustrious advocate. On this side of the Channel it is hard to comprehend the fatuous psychology of attempting to settle a criminal trial by shooting the prisoner's counsel. It is not a little remarkable how quickly Labori recovered from the shock and was able to walk daily down to his labours in Court "with the anti-semitic argument in his back." Fortunately, this successful result of the new method of Röntgen photography has furnished a crushing reply to the report circulated by a few of the least scrupulous journals that the attempted assassination was merely a little theatrical spectacle arranged by Labori himself to further his own ends. The bullet displays a curious little "tail" of lead—a long, thin scrap, the thickness of fine twine, apparently shaved off by contact with an outstanding process of bone. The congratulations of the British public have been already showered upon this brave man and great lawyer, and will be echoed with peculiar force by members of the medical profession, who naturally recognise with more exact appreciation the hair's-breadth escape of Labori from the point-blank shot of the dastardly miscreant, apparently destined to escape the toils of justice.

The Hospital Reform Association.

A conference will be held next month under the auspices of the above Association to discuss various topics of vital importance to the medical profession. Its work will be distributed over two days, October 10th and 11th at the St. Martin's Town Hall, London. The three subjects chosen for discussion are (1) The enquiry system; (2) Payments by patients; (3) Provident dispensaries. It is to be

hoped that these meetings will be attended by many general practitioners, who here have an opportunity afforded them of laying their views and experiences before those influential laymen in whose hands, after all is said and done, the coming reform of the hospitals must lie. Unless medical men will attend meetings of the kind initiated by this energetic body, the world will never be persuaded that abuses exist in our great medical charities. At last year's conference in St. Martin's Hall a flood of light was thrown into the inner workings of the mind of some who pose as world-wide philanthropists. Further particulars of the forthcoming meetings may be obtained from the honorary secretary, Dr. Garrett Horder, of Cardiff, whose unceasing efforts in the direction of hospital reform deserve to be rewarded by crowded and enthusiastic meetings next October. It is particularly desired that medical men desirous of taking part in the discussions will send in their names to the secretary at the earliest possible date.

Salivary Superstitions.

APROPOS of our paragraph of a fortnight ago as to the unsavoury habits among many peoples based upon traditional tales of salivary virtues transmitted to them from the past, it might be worth our while to add another example to our former list. This example of the widespread belief in the wonderful powers possessed by saliva, is, however, less allied to imaginative superstition, but rather seems to savour of empiricism. In parts of Scotland, it may be throughout Scotland and perhaps in England, warts on the hands are supposed to vanish with great celerity should they be anointed each morning with the first spittle formed by their owner's salivary glands after awaking. The most extraordinary part of the story is that there seems to be some truth in the results following this procedure. On more than one occasion endeavours to eradicate the growth of warts on the hands of children, successful enough in so far as the destruction of the actual warts present at the time of treatment was concerned, but unsuccessful in the prevention of new crops, were desisted from, and, mostly owing to a feeling of curiosity as to the effect produced by a popular method of treatment, superseded by permission as sought for to soak the warty area in the spittle first secreted on awaking each morning. The idea appeared more than ludicrous; to be on a par with mediæval

"Eye of newt, and toe of frog
Wool of bat, and tongue of dog."

But the result was no less surprising. Whatever the explanation may be in truth, due to coincidence, or to some real property, in several instances we have watched the death of the warts and the non-appearance of a further crop. Canine wounds are almost invariably said to heal best if treated solely with the injured's tongue, and there is no doubt that solutions of continuity in the integument of dogs present healthy signs and escape septic invasions in apparently much larger proportion than such wounds would show in man were he to confine his treatment to oral and li gua applications. We are unaware of any observations as to the properties of the saliva secreted by the dog and his allies, but know that human saliva is markedly pro-septic. If its action upon the skin's tendency towards generating of warts be true, as smoke argues fire, so belief must have base, and tradition may be possibly right. Unless the small proportion of alkali of the saliva be the beneficial agent, the actual underlying cause is far to seek. Can the salivary glands be the producers of some dermatic tonic, like unto the products of other glandular tissues? Or is the "first spittle in the morning" a salivary superstition?

The Metric System.

THE Associated Chambers of Commerce, at their meeting on the 6th inst., adopted, almost unanimously, the following resolution:—

"That the Association, reaffirming its frequently expressed opinion that the metric system of weights and measures should be made compulsory in the United Kingdom, strongly urges her Majesty's Government to use it in all Government departments, and to strictly enforce the existing provisions in the Education Code with regard to the teaching of, and examinations in, the subject in elementary schools, and that representations to this effect be made to the Government."

Four resolutions to the same effect were on the notice paper, emanating from such commercial centres as Birmingham, London, Bristol, and Leicester, but they were all withdrawn in favour of the above. The advocates of the resolution urged, of course, the great stimulus given to foreign commercial competition by the continuance of the out-of-date British system of weights, measures, and currency, and we are able to endorse their arguments by pointing out that chemistry, pharmacy, and other cognate subjects lag behind the time in England, because none but the *cognoscenti* are able to translate our ounces, drachms, pints, quarts, inches, yards, and acres into their metric equivalents. It is to be hoped that our Government will respond to the above resolution by at least making a start towards reform.

The Congress of the Institute of Public Health

WILL open in Blackpool on September 21st under the presidency of the Marquis of Lorne, who will deliver an inaugural address. The usual division of the work of a Congress among sections—each dealing with its own speciality—will be made. A feature of the Health Exhibition, in connection with this Congress, will be special exhibition and discussion on smoke abatement. The Congress is expected to attract a large number of members of the Institute and visitors.

A REQUISITION has been presented to the Lord Mayor of Belfast to convene a public meeting to consider the propriety of inviting the British Association for the Advancement of Science to visit that city. The requisition has been very influentially signed.

The Medical Administration of Gaols in Scotland.

The Secretary for Scotland has appointed a Departmental Commission to investigate the housing, nursing, and dietary of prisoners, and certain other subjects bearing thereon. The Earl of Elgin as chairman, and Sir Thomas Carmichael, Sir Batty Tuke, and Sir Colin Moncrieff are members of the Commission.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, September 10th, 1899.

Treatment of Gunshot Wounds in the Back.

The gravity of gunshot wounds in the dorsal region varies essentially with the diameter, the weight, and the speed of the projectile.

The bullets, says Dr. Auscaler, of ordinary revolvers do not possess a great power of penetration. These projectiles, which do not weigh more than sixty or eighty grains, are frequently fired with an initial of speed of only 160 yards. Consequently they cannot pierce tissues of any resistance, glide upon bones of small dimensions, or are arrested by their contact without breaking them. The gravest cases are those where the projectile meets only with soft tissues. The bullet in such cases can penetrate even to the mediastinum and lodge in the immediate neighbourhood of the heart and the large vessels without wounding them or producing the slightest immediate accident. Death ensues later on from internal hæmorrhage, or the formation of an abscess at a time when the patient was considered cured. Projectiles, on the other hand, of great speed act differently. The Lebel ball, for instance, which has an initial speed of 700 yards per second, and capable of piercing through six men walking in Indian file produces quite different lesions. The projectile causes a wound much the more grave when it touches the osseous system. As example of the chances afforded by the modern rifle, Dr. Auscaler cites the case of a prisoner who in attempting to escape was shot at a distance of six yards, and pierced right through in the region of the liver. The man fell from the shock, but in eight days he was perfectly well. The ball of an ordinary revolver would have probably lodged in the liver and produced by subsequent inflammation fatal results. On the other hand, if the ball of a rifle struck the back in the median line, shaving as it were one of the transverse processes, it would smash to pieces the vertebra and cause immediate death from wound of the medulla, while the projectile of a cheap revolver would not produce any important lesion, it would be simply arrested by lamina of the vertebra as in the case of M. Labori, recently wounded at Rennes.

The approximative diagnosis of the seat of the projectile can be determined almost at the outset according to the symptoms observed.

If no hæmoptysis occurs, and if no symptoms of internal hæmorrhage be present, the wound is most probably localised in the soft parts of the posterior wall of the thorax. The wounded man rarely loses consciousness. The first symptom which should be sought for is paraplegia. If no sign of paralysis exists the wound is almost always benign. Where paraplegia is present a cure is rarely obtained, for almost always the medulla is cut across, and sutures never were successful. Sometimes, however, the medulla is simply compressed by the projectile or by a bony fragment. In any case where paraplegia is present surgical interference is imperative as soon as the patient has recovered from the shock and the foreign body removed. The paraplegia, however, will persist.

In cases where no paraplegia exists surgeons were not agreed as to the conduct to be observed. Some say that, as no important organ has been touched, matters should be left alone, while others pretend that a projectile lodged in the neighbourhood of the mediastinum, the patient is in permanent danger of prevertebral suppuration. The opinion of Dr. Auscaler is that intervention is here as necessary as in the first case, with the advantage that a perfect cure can be expected.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, September 9th, 1899.

How Far Can we Disinfect our Hands?

Once again this question has come up for discussion This time the inquirers are Drs. Gottstein and Blumberg, who publish the result of their research in the *Berl. Klin. Wochensch.* 34/99. Döderlein at the Surgical Congress, 1898, declared that the hands could be rendered perfectly sterile, that therefore Mikulicz's gloves for operation were at least superfluous if not positively harmful, and it was for the purpose of testing the accuracy of the declaration that the author undertook new and independent inquiry. Up to three years ago the method of disinfection in use in Mikulicz's Klinik was that of Fürbringer—viz., three minutes scrubbing in hot water and soap, one to two minutes soaking in a 6 per cent. solution of alcohol, and finally scrubbing with a 1 per 1,000 solution of perchloride of mercury. As the results of such disinfection were glaringly unsatisfactory, the periods were lengthened to eight to ten minutes hot water and soap, three minutes alcohol, at first 36 per cent. then 50 per cent., and at last 70 per cent. in strength, and then 2 to 3 minutes with sublimate solution as before. The results were now so much improved that the hands were infested with germ in 53 per cent. of cases instead 61·3 per cent. as before. For scientific purposes the different procedures in stages of the disinfecting process were now prolonged further than would be possible in practice, with the result that the germs were reduced in number; although they were still present. In 29 per cent. germs were still there. The germ almost always formed after completed disinfection was the staphylococcus albus. This showed that the germs on the skin were indeed removable, but that the normal epiphytes of the skin could not be removed. Bischoff has shown that in a certain number of cases the staphylococcus albus possesses pathogenic properties, and this being so, it is evident that in making or treating wounds there is always danger of infection from the surgeon's own hands. It was this evident danger of infection that led to the introduction of the glove by Mikulicz. Knitted gloves have always used worn by Mikulicz with satisfactory results. The authors, speaking of the good results obtained by Döderlein with Friedrich's indiarubber gloves in obstetric operations, maintain that this shows the enormous value of a covering for the hand. The Mikulicz glove has the advantage over the Friedrich that it can be changed oftener. It is of course understood that the hands must be as carefully disinfected as if no gloves were worn, so long as an impermeable covering for the hand is not procurable.

The authors sum up to the effect that absolute removal of all pathogenic germs is not possible by any method of disinfection, that, however, their numbers can be materially reduced.

Austria.

[FROM OUR OWN CORRESPONDENT.

Vienna, September 10th, 1899.

Premature Labour.

At the "Naturforscher Versammlung" Hucklenbroich raised a discussion on the utility of inducing premature labour in severe and dangerous cases. During the sixteen years he had devoted his attention to the subject he

had performed 60 operations on 29 females. In 26 of these cases the operation was on account of a narrowing of the pelvis; the other three were due to uncontrollable vomiting and carcinoma of the pylorus. In the "flat" pelvis the conjugata vera was never less than 8 centimetres (3·177 in.).

Of the 29 females who had the operation performed, 16 had it performed once, six had it performed twice, one had it three times, two had it four times, three had it five times, and one had it six times. One died after the fifth operation from septic peritonitis. A rise of temperature occurred in other three from septic poisoning, one had pneumonia, and another had an elevated temperature for twenty-four hours from catarrh of the stomach.

Forty-eight of the children were born alive, but twenty-one of these died in hospital before leaving, thus proving their weakness to resist the force of living ex-utero. Twins were born once, making in all sixty-one children. In respect of the position ten were cross births, seven feet, four buttocks, one brow, and one face.

Three times the umbilical cord prolapsed, three times the instruments were applied, once perforation was resorted to, and in eight of the cases cramps were so violent as to retard labour, and were alleviated by means of opium, warm baths, and rubefacient paints.

The weight of the children ranged between 2,250 to 3,000 grammes=4·96 to 6·6 lbs. The method of performing the operation was that recommended by Krause, by inserting a bougie and occasionally turning it to induce contractions; the bougie is held in position by tampons of iodoform gauze tightly packed into the vagina and, if no pains within twenty-four hours, the dressing is renewed. No anæsthetics should be given. It is worthy of note that a good thick bougie should be used as small ones are disappointing. As a rule pains commence in a few hours, or within six or twelve hours, although it is not unusual to run into two days. The birth usually terminates in eighteen hours to seven days.

In the mother that died from sepsis the pains had gone on for five and a half days, when severe bleeding commenced, necessitating the opening of the cervix and extraction of the fœtus. Four hours after delivery the mother developed tetanus, dying on the fifth day from peritonitis. The child died on the third day from erysipelas.

Fehling was the first to open the discussion, and said that these facts all tended to prove what he has long taught that premature labour should be more frequently practised than it usually is at the present time by the general practitioner, when the pelvis has an exit of not less than eight centimetres in the conjugate. He objects to Krausse's method of performing the operation as dangerous. He prefers using a modification of Barnes' "Colpeurynter" to the bougie which never should be used, as it goes too high up in the uterus for any practical use beside the danger of transmitting infection which is always to be avoided. The "vagino-cervix colpeurynter" is the quicker and safer instrument.

Hofmeir considered both of the foregoing instruments far too dangerous for every day use and recommended Kehrer's method of iodoform gauze tampons as safe and effectual. He admitted that this method does not bring on the pains as quickly as either of the above. When the cervix is open the "Colpeurynter" may be used to hasten the operation.

Mertens said he had obtained far better results with the bougie than he ever had with Fehling's modified Barnes' "Colpeurynter."

Continental Health Resorts.

[FROM OUR SPECIAL CORRESPONDENT.]

BRIDES-SALINS (SAVOY).

BRIDES-LES-BAINS, until recently, has been rather difficult of access, even from the chief Savoy Spa of Aix-les-Bains; for going even the short distance from Aix, travellers had to change railway carriages, or wait an hour or so at Chambery, change again at St. Pierre, wait another hour at Albertville, and drive from the railroad terminus at Moutiers up to Brides. The Paris, Lyon, and Mediterranean Railway Company have this season given some direct trains from Paris (*via* Aix-les-Bains) to Moutiers (promising more *direct* connections for next year), and an electric tramway is now constructed from Moutiers to Brides. These improvements will make Brides-Salins easily accessible from England.

Brides and Moutiers-Salins are two distinct health stations, belonging to one company and under one management. These twin stations are only two miles apart; their waters are frequently used together, and the communications between them are so easy that they really form one and the same watering-place. They are situated in the heart of the Tarentaise Alpine region, the most picturesque part of Savoy, rivalling, with its great glaciers and superb mountain scenery, anything of the kind to be seen elsewhere in Europe.

Moutiers, the P.L.M. railway terminus, is a town of prehistoric antiquity, and its immediate neighbourhood affords much of archæological and geological interest. Many venerable traditions cluster around it. Even in Hannibal's time it was an ancient city, and his passage through these Tarentaise defiles and gorges cost him much time, labour, and the sacrifice of many veteran soldiers, and the irremediable loss of most of his most potent military force, the elephants, in the first years of his Italian campaigns a novel terror to the Roman armies.

The Salins-Springs and Bath Establishment are about a mile from the town of Moutiers, on the road to Brides. Salins was itself an important town until submerged by the avalanche of almost an entire mountain in the fifteenth century. Now it is a hamlet, containing only the baths, with their adjoining hotel and park, some comfortable pensions, villas, and houses let out in furnished apartments.

The more desirable place of residence is at Brides, a pleasant village with excellent hotels, good Casino and reading-rooms, English and French churches, boarding houses, and furnished flats and cottages; affording both to invalids and to pleasure-seekers an agreeable summer home from May to October; the preferable months for British visitors to Brides are from the middle of May until July, and from early September to the middle of October. "The season" at Brides-Salins opens officially on May 15th and closes October 15th.

The leading hotels are the "Grand Hôtel des Thermes," "Hôtel de France," "Nouvel Hôtel," and the "Grand Châlet," all ably conducted by the same proprietors, Mr. and Mrs. Robin. There are various other good hotels, as the "Grand Hôtel" of Mr. Lafont, opposite the Catholic church.

The "Grand Hôtel des Thermes" has interior communications with the bath establishment at Brides, and is in the same park as "The Casino" and the "Grand Châlet."

Brides is also well supplied with thoroughly competent physicians; amongst them Dr. P. Delastre, so favourably known to many of the profession in London, Edinburgh, and Dublin, who has written much both in French and in English on the Brides and Salins Springs.

The Doctors Laissus (father and son), Dr. Desprez, and Dr. Emile Philbert, have also ably advocated the claims of these twin-stations. Likewise Dr. D. W. Samways, who practices at Brides in the summers, and at Mentone, Riviera, during the winters. An analytical laboratory, well equipped and directed by Mr. Boumat, is attached to the Moutiers-Salins establishment.

The Saline Baths form the basis of the treatment at Moutiers; the water is also much drunk for its thermal properties and its large proportion of carbonic acid gas. It is tonic and stimulating, especially upon the circulation, strengthening and increasing the pulsation, and its beneficial action is very remarkable upon the glandular system. Glandular swellings, diseased joints, emaciated limbs, anæmia, diseases of women, and fibrous growths are special indications for these Salins.

The springs at Brides itself are highly efficacious for diabetes, dyspepsia, gout, corpulence, constipation, kidney and liver troubles, and most maladies of the intestines.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

THE TREATMENT OF CHRONIC PHARYNGITIS.

To the Editor of The Medical Press and Circular.

Sir,—I have no desire to express any difference from the views of Dr. Woods on the importance of nasal obstruction as an etiological factor of chronic pharyngitis; on the contrary I cordially agree with them. But I venture to suggest that it was recognised long before "a considerable number of these cases" could have "passed through his hands." Nor can it be admitted by any one who can lay fair claim to be considered a throat specialist that "the necessity for rhinoscopy in throat disease was only pointed out a few years ago." The art of rhinoscopy dates from a paper published by Czermak (*Wien, Medicin Wochenschrift*, August 6, 1859), which was only fifteen months after the first publication in the same journal on the art of laryngoscopy as practised by him, the form, indeed, which it has ever since remained to us. I am indebted for these facts to the third edition of "*The Laryngoscope*" published in 1871, by Morell Mackenzie who, in an appendix, gave every detail necessary for rhinoscopy, and illustrative cases demonstrating its utility.

Without in the least desiring to detract from the merits of other teachers, I may be allowed to state my own position. In the first edition of my systematic work published in 1878—ten years before Dr. Woods took his degree—I wrote:—"Nasal respiration is often obstructed in certain pharyngeal diseases. . . . No examination of the throat is complete without careful inspection of the nasal passages through both anterior and posterior nostrils, and also where symptoms point to disease of the naso-pharnyx, by means of the index finger introduced upwards behinds the velum, though these are points much neglected both in precept and practice." (P. 43.) In later editions, especially in the third published in 1890, these points are still more strongly enforced as evidenced by the remark that "the first indication (against recurrence of chronic pharyngitis) is to establish actually free nasal respiration." (P. 198.)

While making this reclamation in favour of the position of the specialist on this subject, I fully agree with Dr. Woods that the importance of free nasal respiration, not only in chronic pharyngitis, but in affections of the whole of the respiratory and auditory passages, is not yet sufficiently recognised either by the leaders of general surgery or by the general practitioner, but this is no fault of the specialist. The article of Dr. Woods may reasonably be expected to result in a more extended appreciation.

I am, Sir, yours truly,
Lennox Browne.

Mansfield Street, W.,
September 8th, 1899.

NURSES OF THE LATEST FASHION.

To the Editor of The Medical Press and Circular.

Sir,—The "interest and vitality" of Mr. Gant's literary achievement may have suffered, as he complains, from your curtailing pen, but the only fault I personally find with the process of which he complains is that it did not extend to complete excision. Briefly, I regard his sketches as a prurient and indefensible attack upon a sisterhood which deserves tender treatment from all mankind, and most of all at the hands of the medical profession. He may qualify his statements as he likes, but they will go out to the world as aimed at trained nurses in general.

Take the men or women of any class of the community from the Royal court to the East-end court, and you will find a certain percentage worthless and criminal. In the modern nursing profession, I venture to assert that the average moral tone is far higher than that of any other class of the community drawn from similar stations of life. That statement applies to skilled nurses and not to social failures who have drifted into nursing as a mere means of livelihood. Supposing some writer of ability was to dip his pen in gall, and deck out in literary form the histories of the medical men at present lying in gaol, could that be taken as fair commentary upon the character of the main mass of their profession? Yet that is the principle Mr. Gant adopts in dealing with nurses. He would find no difficulty in writing a series of sensational articles on the moral delinquencies of men in holy orders, founded on the criminal history, say, of the past ten years. Why fix on a defenceless class of women? Why pen Philippics against womankind to the exclusion of the sex that plays no inactive part in the drama of life's treachery? Yet, Mr. Gant thinks that such men as the father and son he describes should be protected "from marriage in spite of their depravities."

Christian charity and kindly tolerance one looks for in a gentleman who has passed many years in the exercise of a liberal and humane profession like that of medicine, those qualities are not conspicuous in Mr Gant's articles.

I am, Sir, yours truly,
Bentinck St., W. David Walsh.

Munificences to the London Hospital.

The race of large-hearted, wealthy patrons to hospitals is not exhausted by any means, witness the recent gift of £10,000 by Mr. E. Raphael towards the establishment of a new Jewish ward at the London Hospital. Along with this announcement is that of a gift of £60,000 made by the executors of the late Baroness de Stern towards the establishment of a convalescent home.

Venereal Disease and Marriage.

A law has just been passed by the Michigan legislature forbidding the marriage of persons suffering from gonorrhœa or syphilis, offenders being punishable by a fine of from 500 to 1,000 dols. or a term of imprisonment not exceeding five years. No limit of time appears to have been imposed, so that the fear of proceedings may remain as a sword of Damocles held over the head of the erring party to the contract for an indefinite period; moreover, professional secrecy is to be abolished in respect of such actions. It is one thing to make such a law and another to enforce it. Were it otherwise it is probable that similar legislation would long since have graced our own statute book.

A Gallant Rescue.

Dr. Martin, of Gilford, near Wigan, narrowly escaped drowning last week when bathing at Douglas, Isle of Man. The sea was rough and the tide high, and he was in sore plight, when a lad of 13 went to his assistance, and after several attempts was successful in bringing him to land. That, at least, is the version given by a local newspaper, and if correct, every praise is due to the plucky youngster who thus prevented the depletion of the ranks of the profession.

A Surgical Catastrophe.

We regret to have to record the death of Dr. William McLaurin, of Barnsbury, from pyæmia, consequent upon a trifling injury received during an operation for removal of the tonsils, which took place a few days since. He at first made light of the matter, and when Mr. George Brown was called in the disease had already made such strides that treatment was powerless to avert a fatal result.

Death from Anthrax.

Another death from anthrax is reported to have occurred at Worcester, where a lad, æt. 13, employed at a horsehair factory, died of the disease, induced, it is believed, by his scratching a pimple while engaged in manipulating horsehair imported from abroad. This is the third death which has occurred in Worcester from this cause within the last few months.

The Peculiar People Again.

An adjourned inquest was held at Canning Town on the 5th inst. on a child, æt. 17 months, who had died of bronchitis in the absence of medical attendance. The jury on the former occasion failed to agree on a verdict, and they were not more successful at this, the resumed, inquest, so the coroner adjourned the inquiry to the Old Bailey.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO HOSPITAL AND COLLEGE DEANS.

THE Editor desires to thank those gentlemen attached to the various Medical Schools and Hospitals for supplying him with the information from which the foregoing pages have been composed.

NOTICE TO OUR READERS.

As this number is mainly devoted to information necessary for students intending to join one or other of the various Medical Colleges, and for those who, having passed their curriculum, are about to enter the ranks of the profession, much of the ordinary matter which usually fills our columns is necessarily deferred till next week. Should any of our readers desire to present this number to a patient or friend who contemplates sending his son to a medical college, our Publisher will be happy to supply him with a duplicate free of cost on receipt of address.

A PICTURESQUELY WORDED MEMORIAL.

The *Indian Lancet* publishes a memorial received by an administrative medical officer in India, praying for the removal of a native subordinate in favour of a rival, couched in terms not usually embodied in documents of the kind. The officer whose translation is desired is described as "a superannuated, lethargic, diabetic, worn-out dry stick of humanity," and the unhealthiness of the place is ascribed to the "foul-mouthed vituperations, peevish revilings, and short temper of the old diabetic Æsculapius" in question. The memorial winds up with the expression of a hope that the authorities would shortly see fit to rid them of "this old man of the woods." Even the most intemperate guardian, in his desire to obtain the dismissal of a medical officer, stops short of eloquence of this kind, though the difference is sometimes more of form than of substance.

DR. HORDER (Cardiff).—Next week.

MR. W. J. CORBET, M.P.—Your letter is unavoidably held over in consequence of pressure on our space by educational material.

DR. J. CONOR (Buenos Ayres).—Communication to hand is marked for early insertion.

DR. DUKE (Cheltenham).—We are a little surprised that our contemporary inserted the letter, which is an advertisement of a proprietary article, but more so that the author, who is admittedly one of the foremost men in the profession, should allow it to be printed and circulated broadcast as an advertisement. There would be a sudden outburst of indignant remonstrance if such a thing emanated from among the rank and file.

DR. COSGRAVE.—See reply to Dr. J. Conor.

C. S. G.—The Army Medical Service Corps does not confer any privilege in respect of the regular study of medicine, and it would be idle to base any plans on such an assumption. You must be under a misapprehension as to the nature of the duties devolving on members of that corps.

DR. N.—Technically, no doubt, the consultant was in the wrong, but as he duly communicated with you and declined to further attend the patient, we cannot hold that you have any tangible ground for complaint.

Vacancies.

Barnwood House Hospital for the Insane, Gloucester.—Junior Assistant Medical Officer. Salary, £120 per annum, with board, &c., rising to £140 per annum.

Borough Asylum, Portsmouth.—Junior Assistant Medical Officer. Salary commencing at £120 per annum, with board, lodging, and washing.

County Asylum, Prestwich, Manchester.—Assistant Medical Officer, unmarried. Salary commencing at £125, with board, apartments, washing, &c.

Cambridgeshire, &c., Lunatic Asylum, Fulbourn, near Cambridge.—Assistant Medical Officer. Salary, £140 per annum, with board, lodgings, and attendance.—Applications to the Clerk to the Visitors, Cambridge.

Manchester Clinical Hospital for Women and Children, Cheetham Hill.—House Surgeon. Salary, £80 per annum, with apartments and board.—Apply to the Secretary, Barton Arcade, Manchester.

Metropolitan Asylums Board.—Two Assistant Medical Officers at Darenth Asylum, near Dartford, Kent, and one at the Leavesden Asylum, near Watford, Herts. Salary, £120 per annum, rising, conditionally, to £150, with board, lodging, attendance, and washing, subject to statutory deductions.—Apply at the office of the Board, Norfolk Street, Strand, London. (See advert.)

North Staffordshire Infirmary and Eye Hospital, Hartshill, Stoke-upon-Trent.—House-Surgeon. Salary commencing at £120 per annum, with furnished apartments, board, and washing.

Queen's Colleges, Ireland.—Professor of Medicine in the Queen's College, Belfast.—Apply to the Under Secretary, Dublin Castle.

Royal Albert Asylum, Lancaster.—Resident Medical Officer. Salary, £400 per annum, advancing to £450, with furnished house, coals, gas, milk, and vegetables.

Royal Sea-Bathing Hospital, Margate.—Assistant Resident Surgeon. Salary, £52, with board and residence,—Apply to the Secretary, Royal Sea-Bathing Hospital Offices, 30, Charing Cross, London.

Royal South Hants Infirmary, Southampton.—House Surgeon. Salary, £100 per annum, with rooms, board, and washing.

Stoke-upon-Trent Union.—Resident Medical Officer for the Workhouse. Salary commencing at £100, with board, washing, and furnished apartments at the hospital.—Apply to the Clerk to the Guardians, Union Offices, Stoke-upon-Trent.

West Herts Infirmary, Hemel Hempstead.—House Surgeon and Dispenser, unmarried. Salary, £100 per annum, with furnished rooms, board, fire, light, attendance, and washing.

Whitehaven and West Cumberland Infirmary, Whitehaven.—House Surgeon. Salary, £120 per year, and £30 annually for dispensing, with furnished apartments and attendance.

Appointments.

BREBNER, C. S., M.B., Ch.B.Edin., House Surgeon to the Durham County Hospital.

DAVIES, L. G., M.D.Cantab., Medical Officer for the Workhouse and the Children's Homes of the Middlesborough Union.

EDINGTON, GEORGE H., M.D., M.R.C.S.Eng., L.R.C.P Lond., F.F.P.S.Glasg., extra Dispensary Surgeon to the Royal Hospital for Sick Children, Glasgow.

GALLWEY, T. J., C.B., M.D., M.Ch.Irel., President of the Board of Medical Officers to examine candidates for commissions in the Army in London.

HAWKINS, WM., M.R.C.S., Medical Officer for the Upway Sanitary District of the Weymouth Union.

LIVINGSTONE, THOS. H., M.B., Ch.B.Edin., House Surgeon to the Rochdale Infirmary.

MACVICKER, C. G., M.B., B.Ch.Irel., Medical Officer for the Fourth Sanitary District of the Wells Union.

MAYNARD, G. D., M.R.C.S., L.R.C.P.Lond., Junior Out-patient Surgical Officer to the Royal London Ophthalmic Hospital.

MORRIS, J. J. NIXON, L.R.C.P.Lond., M.R.C.S., (Honorary) Assistant Surgeon to the Royal Albert Hospital, Devonport.

PATCH, H. H., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Second and Third Sanitary Districts of the Hertford Union.

RAYNER, H. E., F.R.C.S.Eng., L.R.C.P.Lond., Medical Officer and Public Vaccinator for the Frimley District.

ROBINSON, E., M.D.Edin., C.M., Medical Officer for the Frensham Sanitary District of the Farnham Union.

TAYLOR, FRANK E., M.A., M.B., M.Sc.Vict., M.R.C.S., L.R.C.P., Assistant Resident Medical Officer to Queen Charlotte's Lying-in Hospital, London.

TETLEY, T. W., M.R.C.S., L.R.C.P., a House Physician to the General Infirmary at Leeds.

THUHNELL, H. L., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Gravesend Sanitary District of the Gravesend Union.

WILKIN, G. C., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Second Sanitary District of the Yeovil Union.

Births.

COLBECK.—On Sept. 5th, at Porchester Terrace, Hyde Park, W., the wife of E. H. Colbeck, M.D.Cantab., M.R.C.P.Lond., of a son.

WARREN-DAVIS.—On Sept. 5th, at Dorset Square, the wife of John Warren-Davis, M.R.C.S., L.S.A., of a son.

Marriages.

BENNETT—DEAKIN.—On Sept. 7th, at St. Peter's Church, Dulwich Common, William G. Bennett, LL.B., M.R.C.S., L.R.C.P.Lond., youngest son of William Bennett, of Worcester, to Jessie, only daughter of W. H Deakin, of Worcester.

BLOMFIELD—MILES.—On Sept. 5th, at St. Nicholas Church, Sutton, Surrey, Alfred Bealy Blomfield, M.R.C.S., L.R.C.P., L.S.A., third son of Josiah Blomfield, M.D., F.R.C.S., of Peckham, to Ellen Mary (Nellie), only daughter of John Frederick Miles, Esq., of Sutton.

DASHWOOD-HOWARD—BETTS.—On Sept. 6th, at St. James's Church, Hampton Hill, S.W., Arthur Dashwood-Howard, B.A., M.D., M.R.C.S., L.R.C.P., F.R.M.S., only son of J. Jackson Howard, LL.D., F.S.A., of Blackheath, Kent, to Melita Margaret, only daughter of the late Walter Betts, of Gately Hall, Norfolk.

NEWTON—ADAMS.—On Sept. 7th, at St. Stephen's, South Dulwich, Herbert W. Newton, M.R.C.S., eldest son of the late Rev. M. A. Newton, to Florence Beatrice, youngest daughter of Frederic Emilius Adams, of West Dulwich.

RUSSELL—CURRIE.—On Sept. 5th, at Stephen's Church, Edinburgh, Francis Rutherford Russell, M.D., Guildford, Surrey, to Mary Maxwell, second daughter of James Currie, Trinity Cottage, Edinburgh.

Deaths.

BRYDEN.—On Sept. 6th, suddenly, at Culm House, Southsea (the residence of his eldest daughter), of gastro-enteritis, Richard Bryden, M.R.C.S.Eng., L.A.H.Dubl., late of Uffculme, Devon, in his 89th year.

HOGBEN.—On Sept. 4th, suddenly, at his residence, Strathmigh, Fifeshire, Edgar Hogben, M.D., in his 39th year.

IRELAND.—On Sept. 11th, at Mavishush House, Polton, Midlothian, Margaret, the wife of William W. Ireland, M.D., Medical Superintendent.

TAYLOR.—On Sept. 8th, after a short illness, Alfred Augustus Taylor, M.R.C.S., L.S.A., of Kingston Hill, Surrey.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, SEPTEMBER 20, 1899. No. 12.

Original Communications.

THE "DE NOVO" ORIGIN OF SYPHILIS.

By JOHN A. SHAW-MACKENZIE, M.D.LOND.

IN the kind notice of a paper of mine (1) in an Editorial article in THE MEDICAL PRESS AND CIRCULAR of June 21st, request is made for further information regarding my "casual" reference to the *de novo* origin of syphilis. I would at once point out I used the term *de novo*, as I have elsewhere done (2) in the sense it has been used by various authorities in the past—viz., syphilis arising from promiscuous sexual intercourse apart from transmission.

The origin of syphilis has at all times been an interesting question. One set of authorities have contended for the existence of syphilis from all time; another set for its introduction into Europe at the end of the fifteenth century, and another for its *de novo* origin not only at that time, but constantly. The former and latter view was independently advanced by Fergusson, and I more especially noted the latter as evidence against the "extinction" of syphilis in Portugal, as erroneously in my opinion credited to him. "That Columbus," he wrote, "should have brought it from the innocent natives of the Carribee Islands is a fable too weak to be credited. The first devastations may have been contemporaneous with his return from the West Indies: but he found it in the stews of Madrid or the sea-ports, amidst the unspeakable abominations of common prostitution in the same way as at an after period the troops under the miseries and privations of the siege of Naples, where the women who followed the camp must have been of the most abandoned and revolting description, adopted the belief of its having originated there. In fact, I believe, with my friend, Mr. Guthrie, that whenever prostitution is foul and unclean, restricted to few women amidst crowds of men, there the infection will be generated which afterwards spreads through society at large." (3) "It would be altogether foreign to the scope of this work," wrote Erichsen, "were I to enter into the very curious and interesting question as to the origin of syphilis, a subject that admits of much dispute, and which has been keenly argued. After an attentive examination of it I think there can be little doubt that syphilis was either introduced into Europe or originated there *de novo* towards the end of the fifteenth century. . . ." (4)

Holmes Coote supported largely the *de novo* origin, while Acton opposed it. "I may at once state my opinion," wrote the former, "that gonorrhœa and syphilis are co-existent with promiscuous sexual intercourse as practised by the inhabitants of Europe, *i.e.*, where one woman receives several men They scarcely exist among the inhabitants of the East where the practice of polygamy is universal, unless indeed it has been introduced, as is the case in our Indian possessions by the formation of large military depôts or the construction of cities. The conditions necessary to call forth the venereal disease seem to be the same universally, namely, large assemblages of men with an inadequate proportion of females.

"In 1855 I was stationed for a few months in Smyrna, and was struck at once with the rarity of venereal disease—the same was noticed by me when visiting other places in Anatolia—of syphilis I saw nothing among any of the inhabitants. It appears then whenever large numbers of men are so placed that one female has connection with several of the opposite sex within the twenty-four hours for any length of time gonorrhœa and syphilis both become common. As regards the first, to which Mr. Acton has applied the term 'non-specific,' its spontaneous origin is admitted. Once developed it may be propagated by contact. Upon the question of the origin of the syphilitic virus there exists the greatest difference of opinion, and Mr. Acton hesitates to admit its spontaneous origin, 'All the experiments made to produce it *de novo* have completely failed, and a careful investigation of the disease shows, on the contrary, that it has been contracted from a person who has himself contracted it from another person.' Now I know of no series of experiments which any person has tried or would like to try, even if he had the power to ascertain this point. Let us for a moment consider the career of the female from whom a healthy man contracts a syphilitic sore. Originally virtuous, and, perhaps, an object of admiration, she receives as many men during the day as she can bear for the purposes of maintenance. Many of the lower order of prostitutes have informed the sister of the ward under my care that they have admitted seven or eight men a day, and perhaps even more. . . . It is, I presume, under circumstances like these that the source of the syphilitic virus must be investigated. What proof then have we that it is not generated every day, and wherefore should we revive the hypothesis of Van Helmont, who attributed syphilis to farcy, transmitted from the horse to the human being, until we have clearly ascertained that none of our social habits are in fault? . . .

"About ten miles from a station in Asiatic Turkey, to which I was appointed in 1856, was a large encampment of native cavalry in the pay of the British Government. I knew several of the medical officers, and was informed by them of the frequency among the men of primary venereal sores about the anus. The mode of communication may be understood without description; the vitiated habits of Orientals have not changed since the days of Cyrus. But the question arises, Whence came the poison? Was it introduced by someone who contracted the disease from a female? This is the most ready solution of the question; but then it is destitute of proof, and the difficulty of access to women in the East is proverbial.

"Dr. Gordon, surgeon, late of the 57th, now of the 10th, has shown in an interesting pamphlet not only that the relative prevalence of different forms of local ulcers varied according to the station of the regiment; but from the circumstance of the Hunterian chancre being most abundant in large garrison towns in England, such as Chatham, Canterbury, and Dublin, it may be presumed that the filthy habits of the prostitutes of such stations had something to do with the prevalence of this form, which is the most severe. . . . The prevalence of the severer forms of sore in densely crowded cities implies a power of aggravation of the virus through the deplorable habits of the female. Now if it could be proved that the poison remained under all circumstances the same, and that increase in its activity was due to its working upon a constitution on the side of the man impaired by excess, no particular inference already unacknowledged could be drawn. But if on the other hand it can be shown, as Dr. Gordon's statistics seem to prove that the poison may acquire a positive increase of virulence through habits of excess in promiscuous intercourse by the woman, I see no difficulty in imagining, that this is the source whence the poison may have originated from the beginning; that Nature has established laws, the transgression of which is followed by vitiation of the natural secretions producing poisons capable of acting upon the human frame in the same way as the decomposition of vegetable matter will produce the miasmata.

"I admit that the propagation of an unsound hypothesis is injurious, by diverting the mind from proper inquiry and by satisfying those who are easily captivated. We have no other course open, therefore, than to suspend our judgment whatever may be our bias, and to admit no new statements unless supported by recent investigation and the observation of facts." (5)

Acton, in opposition, relies on absence of well authenticated facts as opposed to convictions and errors in diagnosis in cases resembling syphilis of apparently spontaneous origin; he further adduces the case that came under the care of M. Rossignol in his *Aperçu* of the St. Lazare Hospital. It is the case of a young girl who had connection forty-seven times in twenty-four hours. No specific disease was found, but considerable inflammation, which soon abated by rest, antiphlogistics and low diet. If ever there was a case he argues, "to produce specific disease from excessive copulation, surely this was one." On the other hand, he quotes Carmichael: "From these circumstances we should be led to conclude that mild forms of disease are eternally arising from the sexual intercourse of even persons in health, and I have so often seen troublesome ulcers arise in men who had connection with women above suspicion, while they had on them at the same time crops of herpes præputialis, that I feel the more confirmed in this opinion." Acton agreed that excoriations, physically indistinguishable from chancres might arise. "We must, however, frankly admit it," he goes on to say, "that in the present state of science it is impossible to determine when or under what circumstances the virus and its effects first appeared; indeed, the origin of this as of a thousand other facts is entirely concealed from us, patent though their existence is. My own opinion is that syphilis in the human race originally arose from some poison introduced into the economy from animals or decomposing animal matter, and thus produced, it has been transmitted from one individual to another." (6)

Wallace, of Dublin, stated that he was convinced that no unprejudiced person can consider the subject without arriving at the opinion that the evidence of introduction of venereal disease from Americas into Europe is quite inconclusive; that they have coexisted with the earliest era of human society, that in the Irish annals of an earlier date by many centuries than the discovery of America, mention is made of a disease by the name of Bolgach Francach, which signifies a French eruption of pustules, and this is the name by which the venereal disease is at present designated in Irish; that the pustular primary and secondary manifestations of syphilis are the original forms, and would in all probability have long ceased to exist if it had not been generated anew. He denied that the venereal disease had undergone changes in the course of centuries, but that "its nature is the same as it has ever been," and while admitting severity due to bad treatment he also demonstrated from clinical observation and inoculation experiments the modification of syphilis by transmission and propagation, and concluded that "the venereal poison is from time to time reproduced, and consequently that if all the venereal poison existing in the world was at this instant annihilated, the promiscuous intercourse of the sexes or other circumstances would quickly lead to its renewal" (7).

Erichsen and others have noted the absence of constitutional symptoms in the records of contagious ulcers arising from sexual intercourse previous to the descriptions of disease at the end of the fifteenth century, when it was looked upon as a new and previously unknown affection. "If it (syphilis) had previously existed in the Old World in a mild or modified form different from what we now observe, it is certain that about this time it suddenly assumed greater intensity, all its symptoms being aggravated in a remarkable and fearful manner, presenting characters which had not been previously alluded to, but which have often been reproduced in modern times; as, for instance, in those severe forms that were observed in the British armies during the Peninsular war, and according to Larrey, among the French troops during Napoleon's German campaigns."

The same aggravation of pre-existing modified syphilis may be adduced in the testimony regarding syphilis in China. It may of course have originally been introduced into this country, though it would appear that it had existed there from time immemorial, and "as if China had undergone for thousands of centuries a kind of general syphilisation which has progressively attenuated the virulence of the infection in the organisms affected by it." Nevertheless "the venereal affections contracted there by Europeans assume a character of acuteness and severity disproportioned to the symptoms experienced by the Chinese." (Armand).

I regret that I have no facts to record from my own personal observation in proof or disproof of the *de novo* origin of syphilis. At the same time, while admitting the alternative views of introduction and aggravation into fresh countries, and of reactivity of pre-existing modified syphilis in epidemic form, it seems to me impossible to ignore the impressions of passed authorities in favour of the *de novo* origin of syphilis in Europe at the end of the fifteenth century, and in later individual cases. At the present day, while entertaining the microbic theory of syphilis and transmission, there is not, as far as I know, any proof that such germs may not originate also in promiscuous intercourse, retained and decomposing seminal and genital secretions in the woman, or by admixture of different virus; that the virus of local disease may be aggravated into the infecting; or that non-pathogenic organisms in the parturient canal may become pathogenic. In the case of gonorrhœa I have elsewhere ventured to

express the doubt as to the acquisition by transmission of the gonococcus in certain cases in women. However speculative this may be, it is admitted in cases of vulvitis in female children and in pyosalpinx of virgins in which the gonococcus has been present, acquisition has not been demonstrated, but has been hypothetically assumed by extra-genital or genital transmission. "All contagions, all morbid poisons must have had an origin We cannot presume that they have existed from the beginning; for, as Mr. Hunter observes, animals are not naturally formed with disease, or so as to run spontaneously into morbid actions, and it is not in opposition to the general laws of Nature to infer, that if a morbid poison has commenced at one period from the concatenation or combination of its essential causes, it may also commence in a similar way at other periods. On the contrary, such a supposition is in perfect unison with daily occurrence; for do not certain contagions frequently spring up, and again die away from combined causes whose mode of action we are not always able to appreciate ? " (8)

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(3) "Notes and Recollections of a Professional Life." P. 122.
(4) "The Science and Art of Surgery." P. 844, Vol. I., Ed. VII.
(5) "On Syphilis." Chap. I.
(6) "On Urinary and Generative Organs." Pp. XXIV., 259, 278.
(7) "Lectures on the Venereal Disease." The *Lancet.* 1836.
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Note.—Since the above was written it is interesting to find that in the case of a common cold Sir Douglas Powell, in his address in medicine at the British Medical Association meeting at Portsmouth, emphasises the conversion of quiescent pre-existing organisms into virulent and highly contagious "under the stimulus of a momentary chill at an open door or a wetting that would fail to affect us on the mountain side," and Dr. Burney Yeo on "Intestinal Antiseptics" notes that "the bacillus coli is a normal inhabitant of the intestine, and under ordinary circumstances is harmless." Under various conditions, however, it takes on virulent action.

ALCOHOLISM AND EVOLUTION.

By E. MacDOWEL COSGRAVE, M.D.Dub., F.R.C.P.I.,

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The abstract of Dr. Reid's article on Alcoholism in Its Relation to Heredity," published in the Medical Press and Circular, of September 6th, displays a chain of argument apparently intended to inculcate a "let it slide" attitude towards intemperance, handing on its treatment and correction to the slow workings of evolution. The chain, however, seems to have weak links, and the object of this paper is to point out some of these weak spots. In order not to misrepresent the author, his paragraphs are given *verbatim*, but the points of criticism will be better appreciated if read with the entire abstract.

"Every drunkard has in his nature a marked capacity for enjoying alcohol, and in addition to this a keen memory of the delights conferred by previous acts of drinking. The primary capacity for enjoying alcohol is an inborn factor, and thus, in harmony with the teachings of biological theory, it may be transmitted. The other element, however—viz., the keen memory of the delights conferred by acts of drinking—is a later trait, an acquired character, and this cannot be transmitted to the offspring of the drunkard."

As a matter of common experience many people live for years taking alcohol in moderation because it is the custom to do so, without experiencing a marked capacity for enjoying it, and yet afterwards develop into drunkards. We see this often in the case of women who, when they get out of health, increase their *quantum* in order to shake off lassitude and sickness; in doing so they often justify Sir B. W. Richardson's aphorism—"Those that rely on alcohol are lost." The keen memory of the delights conferred by previous acts of drinking is not as constant as Dr. Reid thinks; it is more often the awakening to unpleasant reality of aching head, sick stomach, and depressed nervous system that causes a craving for another dose of that which gives temporary oblivion to physical and psychical distress.

"Some men are abstainers or are temperate because their innate desire for drink is small or practically *nil*. Others, *per contra*, relish drink so greatly and crave it so greedily because, having once had experience of it, a very intense pleasure is felt and strong desire experienced. It is from the ranks of the latter that the army of drunkards is recruited. Between these two extremes are all shades of drinkers."

Here again is justification for temperance work; if the latter class are kept from having experience of it by being brought up abstainers, the strong desire will not be experienced. Again, in the intermediate group of all shades of drinkers are many who will gravitate to one or other extreme according as the strength of attraction varies. Drawing to the army of drunkards are the drinkshops, the drinking customs of society, &c.; is it not well that temperance organisations and counter-attractions should do a little pulling on the other end of the rope ?

"This shows that the effects of intemperance as acquired by ancestors are not transmissible, for were it the case then the constant accumulation of such effects, generation after generation, would render the race that had longest used drink the most inclined to drunkenness."

Dr. Reid here neglects the automatic action which avoids this increased inclination to drunkenness; in this the sins of the fathers are visited on the children to the third and fourth generation—and no farther, for by that time the race has died out, and so by natural selection there is a constant reversion to a more sober type. It is, of course, a matter of common knowledge that the transmission of acquired characters is not proven, and so inebriety is probably not handed down; but as Dr. Sims Woodhead lately said, "The taste for alcohol is not transmitted, but the disposition to yield to its influence." The offspring of inebriates inherit weakened vitality and so are subject to vicious example, and when in sickness or sorrow they have recourse to alcohol, and find it gives temporary alleviation, they learn to rely on it, and easily become drunkards. This is not handing down an acquired tendency, but it is more than an acquired character.

"The temperance reformer's plan of abolishing drink is not the true method of reform. Were such a procedure to come into force for a time the result would be that the nation now removed from alcoholic selection would revert to the ancestral type in which the tendency to excessive drink was greater, and directly the opportunity recurred would drink almost to extinction, like savage man unacquainted in the past with alcohol."

This argument has often been brought against the attempts of sanitarians to prevent infectious diseases. Measles introduced by sailors has devastated the native population of islands on which it was previously unknown. We are trying to bring up our people free from measles. Sometime measles will be re-introduced and then it will devastate the population—such was the argument used, yet, in spite of it, sanitarians are labouring to prevent measles, and in spite of Dr. Reid's arguments, sanitarians will try to prevent drunkenness. If Dr. Reid's proposition is true, the way to get rid of small-pox would be to return to universal inoculation and so give evolution

the best chance of separating off a race for whom small-pox would hold no terror.

There is good reason to think that the reverse of this proposition holds good, and that abstinence from drink for some generations would lead to such an improved standard that intemperance would be less likely to follow the re-introduction of drink. Indeed, we have a proof of it if we take the individual as following out the history of his race; those who abstain until they come to the age of 20 or 30, comparatively seldom become drunkards. By Dr. Reid's theory, the tissues kept from alcoholic selection ought to show an increased tendency to drink to excess.

Another reason why an appeal to evolution is useless is that we have not only to deal with black and white, but with intermediate shades. If excess in drink killed, and all those that survived were healthy, there would be some grounds for a policy of non-interference; but some who drink more than is good for them do not die off, and have wives and families depending on them, and depending unsuccessfully, for the housing, feeding, and clothing necessary for healthy lives, so even when the drunkard dies, lives wrecked by drink remain.

Evolution has the further disadvantage of working for posterity and doing nothing for the men and women of our day; and though the exhaustion of the coalbeds and of the atmospheric air are important questions, we give them but languid interest, knowing that there is is enough coal and air to last our time and to supply our younger friends. Temperance work has the decided advantage that, whilst it may trouble posterity and worry evolution, it certainly helps those of the present. The pressing questions are how are we to reclaim existing drunkards, how are we to stop the manufacture of new drunkards? Temperance workers may not be adopting the best plans, but they are the best they know, and they are much better than allowing the present evils to go on unchecked waiting for a far distant and problematical improvement.

INDICATIONS FOR CÆSAREAN SECTION AS COMPARED WITH THOSE FOR SYMPHYSIOTOMY, CRANIOTOMY, AND PREMATURE INDUCTION OF LABOUR.

By PROFESSOR LEOPOLD,
Dresden.

IN the following paper, which was read at the International Congress of Obstetrics and Gynæcology last month in Amsterdam, and furnished by "Our Own Correspondent," the author makes a very exact classification of the various degrees of pelvic deformity and distinguishes between the cases of primiparous and those of multiparous women. Three degrees of contraction ought to be distinguished:

1. The conjugata vera is more than 7 centimetres in the contracted nonrachitic or rachitic pelvis, more than 7½ centimetres in the justo-minor pelvis.
2. The conjugata vera is less than 7—7½ centimetres, but more than 6 centimetres.
3. The conjugata vera is less than 6 centimeters.

In the first group primiparæ generally have a tolerably good labour. The method of proceeding consists in preserving the membranes and waiting. The contraction in itself makes no demand on operative treatment. When the membranes are ruptured the colpeurynter may be introduced or the descent of the head may be facilitated by placing the woman in Walcher's position. With care and patience many useless and dangerous operations can be avoided. When the head does not enter the pelvic brim—perhaps on account of a bad presentation (the case approaches the second group)—a distinction is to be made between cases treated in hospital and in private practice.

In the hospital, Prof. Leopold does not hesitate to perform the Cæsarean section when all other means have proved useless and *when mother and child are in good condition. When the child is in danger* he prefers craniotomy, certainly the only legitimate operation when the child is dead.

In home practice craniotomy is the only indicated operation when the head is retained by a pelvis too narrow to allow the passage of a living child. Though Pinard has given as his opinion that "craniotomy of the living child ought never to be performed" and that "embryotomy of the living child is condemned," Prof. Leopold, appreciating the ideal view taken by the celebrated French obstetrician, agrees with Charles (of Liége) "that it is not easy to act up to these rules." Doubtless the craniotomy of the living child ought to be avoided as much as possible, and an operation, inoffensive for the child, ought to take its place, but *in difficult cases in private practice*, craniotomy, which saves the mother, is preferable to Cæsarean section or to symphysiotomy, which give a considerable maternal mortality.

In the third group Cæsarean section alone is indicated, forceps and version being impossible, and the extraction of the child after perforation, even after symphysiotomy, being very difficult, if not counter-indicated. With *multiparæ* the difficulties of labour are greater because of the greater weight of the fœtus and the lesser intensity of the contractions of the uterus and the abdominal walls.

In private practice the premature induction of labour, either by the bougie, or by the intra-uterine bag, is and will be the choice operation in the pelves of the first group, notwithstanding the brilliant results of Cæsarean section and of symphysiotomy. With the use of the bougie, the place of insertion of the placenta is to be taken into consideration. The converging or diverging of the Fallopian tubes and the round ligaments enables us to ascertain this place, and the bougie ought to be introduced in that uterine part which is opposite to the insertion of the placenta. During labour, rupture of the membranes has to be avoided and the descent of the head to be assisted, for in premature labour the prognosis of head-presentations is far better than that of other presentations. By the aid of Walcher's position the conjugata vera is widened from ½ to 1 centimetre.

The results of premature labour are very satisfactory Many obstetricians have noted from 60 to 80 per cent. living children, the mother leaving the hospital the eleventh day. In private practice the difficulty for the obstetrician is to determine the stage of pregnancy, the exact pelvic mensuration, and to obtain all that is necessary for the child (conveuse, nurse, &c.). A good deal of the bad results are due to such precautions being neglected. When the accoucheur is called and labour has begun with a multipara of the first group, above all things rupture of the membranes must be prevented, the colpeurynter must be introduced, and then wait for complete dilatation. If at that moment the membranes are intact, Prof. Leopold prefers the podic version followed by the extraction, facilitated by the enlargement obtained by Walcher's position. Although by the aid of complete narcosis, version is not impossible some hours after the rupture of the membranes, the results for the child are still a good deal less favourable, the difficulty or even the impossibility of version necessitating often dangerous operations.

In the pelves of the second group craniotomy should be performed when the child is dead. Prof. Leopold prefers also craniotomy to the other operations when the child is in danger

or the mother exhausted or ill. When the child is in good condition, Cæsarean section or symphysiotomy can be done in *hospital practice* (personally Leopold prefers the first operation).

In *private practice* these two operations may be, now and then, preferred to craniotomy, when the obstetrician is very skilful, and has sufficient assistance, and when the woman is in very good condition. In the third class of pelvis, Cæsarean section is the only operation indicated, alike for primi or multiparæ, symphysiotomy being forbidden by the excessive contraction of the pelvis.

Conclusions.

I. *Before term.*—When there has been one or more difficult labours caused by pelvic deformity, premature induction of labour is indicated when the pelvis is not too much contracted (conjugata vera more than 7 centimetres in flattened pelvis, more than 7½ centimetres in the justo minor pelvis). The best moment for intervention is the thirty-fifth week of pregnancy. Good results are not to be expected unless the membranes remain intact and there is a head-presentation.

II. *At term.*—Craniotomy is indicated: *a.* When the child is *dead* and labour does not advance, even when the pelvis is only slightly contracted. *b.* When the child is in *danger*, the contracted pelvis being an obstacle for spontaneous birth, forceps and version being too dangerous or impossible. This rule is valuable equally for hospital and home practice. The danger for the mother is too great to risk Cæsarian section or symphysiotomy when it is not quite sure that a living child will be born. *c.* When the child is *in perfect condition*, craniotomy will be performed only as an exception in hospital practice. But in private practice it is indicated when spontaneous birth, forceps and version are excluded and the termination of labour is necessary, the obstetrician, all circumstances duly considered, regarding Cæsarean section or symphysiotomy too dangerous. The conjugata vera must be more than 6 centimetres.

In exceptional cases, when for private reasons it is important that the child is born living, should it be only for some minutes, the advice of a colleague is to be asked and the family of the woman is to be acquainted with all the dangers accompanying the operations by which the child can be saved.

The *Cæsarean section* has absolute or relative indications. In pelves with a conjugata vera of 7½—6 centimetres the indication is a relative one. When this diameter is less than 6 centimetres the indication is an absolute one. Cæsarean section on relative indications requires the fulfilment of the following conditions: a spontaneous birth being impossible, forceps and version inadmissible, the child *in perfect condition*, and the woman either in a hospital or in circumstances quite as favourable as to the operation itself and as to subsequent nursing.

When the circumstances are not favourable enough, craniotomy of the living child is to be preferred.

Symphysiotomy is only indicated in pelves with a conjugata vera of 7½ to 6½ centimetres; the indications are therefore much more limited than those of Cæsarean section and do not all regard the pelves of the second class. With this restriction symphysiotomy may compete with Cæsarean section on relative indication, and requires the same conditions. When these conditions are not fulfilled, craniotomy must be performed.

The choice between symphysiotomy and Cæsarean section as relative indication depends on the experience of the operator. The results of both operations, performed under the same conditions, are almost equal for the mother as well as for the child.

MONISTIC PHYSIOLOGY.

By W. R. MACDERMOTT, M.B.,

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"A knowledge of Nature—more exactly scientific knowledge or knowledge of the physical world with the help and in the sense of theoretical natural science—is the reduction of changes in matter to the motions of atoms, motions effected by the intrinsic forces of the atoms independent of time or otherwise, the resolution of natural events into the mechanics of atoms.'

By a coincidence in the mechanics of cerebral atoms, this passage from du Bois Reymond's address, "Ueber die Grenzen des Naturerkennens," is not only quoted, but made the text of two recent works, Prof. O. Hertwig's "Mechanik und Biologie," and Prof. Verworn's "General Physiology." (*a*) The last, which I only know from Prof. Lee's translation, strikes me as of interest to us as showing the lines on which medical science must go in future, in detail at least. For instance, of what significance to us must appear the experiments of Demoor, which show that while the protoplasm of the cell is paralysed by chloroform narcosis the movements and functions of the nucleus appear undisturbed, and yet the nucleus is held by some to be the brain or regulative organ of the cell. The book abounds all through with facts and reasonings like this of immediate bearing in medicine.

It is well that general physiology and therefore medicine has a nucleus which somehow escapes the theory narcosis to which its environment is susceptible. It is Prof. Verworn's argument in his earlier pages that physiology is paralysed by the mechanical theory of which he takes du Bois Reymond as the exponent, an author who writes not only *ignoramus* but *ignorabimus* against the question of vital economy. If the reader skipped these earlier pages and read the technical part, the bulk of the book, he would find that Prof. Verworn systematically explains all vital phenomena by known mechanical principles, leaving no place for proper mental operation in the cell or organism. He would be at a loss in such case to distinguish the issue between his author and du Bois Reymond, or if he did recognise it might, irreverently, perhaps, underestimate its importance. One of these writers, Verworn, is alive, and, *Hibernice*, I cannot resist the opportunity of wishing him a long life; but he is evidently a skilled thinker and dialectician, and I dare much to paraphrase his meaning. Nevertheless, brevity compels me to do so, referring the reader to his book for his own words.

In du Bois Reymond's view, the cell organism or any physical item is taken as a real thing in itself, the operations in which it plays a part being independent of the operation whereby we know them, which is another real thing in itself. From Professor Verworn's standpoint, on the contrary, the only real thing is the thing as we know it, subject to the conditions of knowing, is an idea. "Beyond my own mind I cannot go. My own individuality, indeed, is only an idea of my mind, and therefore I cannot finally say the world is my idea, but I must say the world is an idea, or a sum of ideas, and what appears to me as my individuality is only a part of this complex of ideas, just as is the individuality of other men and the whole physical world."

In one view the physical world, or, to take a particular, a man's physical being, determines the idea of that being which otherwise would not even occur to us. Without an objective ontological base an

(*a*) "General Physiology." By Max Verworn, M.D., Ph.D. London: Macmillan. 1899.

ideal base in ourselves would give no representation. There are many forms of this opinion, one of which, monistic materialism, *i.e.*, where consciousness is taken as the product of the physical base, is popularly thought to be the settled creed of medical men. Our attitude, however, is one of eclectic agnosticism, that of innocent lambs who do not think of the thing at all. There are reasons, however, as I shall end by showing, tending to force us to forego that easy-going attitude. What from Prof. Verworn's view is the meaning of physiology, the base of medical science? It is an ideal science valid only as such, its statements purely mental and expressing truth, reality, causality, through the condition only of mental operation, the operation of my own mind which I cannot go beyond.

What I think about in physiology, he may be taken as saying, are the contents of my own mind in which alone the idea of connection, causality, interaction exists. "The idea of the physical world is only a product of the mind, and with the alteration of an old sentence of the sensualists, it can be said: *Nihil est in universo quod non antea fuerit in intellectu.*" Our problem "consists not in explaining psychical by physical phenomena, but rather in reducing to its psychical elements physical like all other psychical phenomena. Every process of knowledge, including scientific knowledge, is merely a psychical event; science deals with metaphysics as in accordance with an ancient and unfortunate manner of expression it is customary to term it, and science cannot exist without metaphysics. This fact cannot be banished by the method of the ostrich." Again, "the sole reality is our mind and all phenomena are only its contents; explanation, therefore, consists simply in the reduction of all psychical phenomena to their elements. In this sense all science, and, in general, all knowledge, is in the end psychology. We thus come to the only consistent standpoint, monism, the unitary view of the world, which seeks to derive all phenomena from a single cause."

The proof of all this is rested on the statement that we have created our knowledge of the physical world by sense-perception. "This is clearest in persons who are born blind and have built up their physical world through hearing, touch, &c." When made to see by a surgical operation they do not recognise an object known by touch, a ball for instance seems something quite new, and only when they touch it do they realise its identity. "At that moment a new world begins to rise in them."

I have given Prof. Verworn a fair half of the space I can take, not enough indeed, but must reserve the remainder for what will occur to men who want some base for the study of what is called mental disease. If only because we see a man's own mind so often in an abnormal state, so prone to aberration, weakness, and decided disease we would hesitate to take it in a rigidly individualised sense as the single self-sufficient source of causal law and governing power. Like most men who think at all, we sum ourselves as creatures, if not playthings, of circumstance, and assign to the individual mind the subordinate function of metabolism—accommodation from instant to instant to a play of circumstance in general beyond it. The circumstances under which individual minds act, and the capacities of accommodation of these minds to circumstance are so variable that we habitually reject the individual mind, the mental atom, as the essential element in thought. When Professor Verworn speaks of the contents of the individual mind, we think of an empty vessel, with a peculiar shape and capacity of its own, which determines what it will hold and how it will hold it, but its contents are put into it. This does not quite mean Locke's sheet of white paper, but it does mean that we have no right to reason about the contents of our mind as its own product and property. Farther while some small part of our ideas come into our minds as air into our lungs a large part of them we would say come to us not from single minds but as the elaborated product of a series of minds. The evolutionist would generalise this statement so as to include a pre-mental stage, and, if not a psychomonist of Professor Verworn's type, of distinctly physical nature. Again we practically hold in our professional view that mental health depends on mental metabolism, on the stream of incoming impressions and ideas being assimilated, and dissimilated to use the terms we find here, in which process we believe that the ingested materials often prove to individual minds undigestible or poisonous, and are often rejected as Professor Verworn rejects the ideas of du Bois Reymond's school.

As the contents of the individual mind are foreign in bulk to it as mind so the contents of each separate idea are foreign to it as idea. Reasoning from idea as idea *per se* is obviously invalid. An idea must be an idea of something, and for fundamental ideas we cannot go beyond what each affirms in mind as its something. If idea affirms itself of idea, of mind, we must accept its affirmation, and when it affirms itself of not-idea, not-mind, we must equally accept the affirmation. An idea separated from what it is an idea of, is incomprehensible to us, and denying its affirmation on the grounds that it is mental invalidates all mental determinations. The conception of idea apart from object on which Prof. Verworn rests is a conception which has no place in the contents of mind. But since idea affirms itself of idea as object we really have ideal science, a science of ideal objects. Prof. Verworn cites mathematics, but mathematics is only a branch of the science of language, of expression of idea. In language, perfectly arbitrary symbols are assigned to ideas, but just because these symbols are common to numbers of men assigning the same meaning to them, they evidently compel numbers to think in the same way, that is, collectively, not individually. It is language, including mathematical or arithmetical language, that supplies the bulk of the contents of individual minds. A man thus cannot take idea apart from object, and, unable to claim ownership of the contents of his own mind, he must go behind his own mind and inquire where they came from.

From sense-perception. That only means that the vessel is empty, and has capacity for holding what is poured into it - or not holding it. Most of us would say that without sense-perception we would have no knowledge, and with it alone we would still have none. Our mental, like our bodily, food has to undergo an organic process outside, and independent of us, before we can assimilate it.

My fragment of criticism of Professor Verworn's psycho-monism must conclude with the objection that it is in opposition to our views of the nature and treatment of insanity. We hold that a man not only can but does habitually go beyond his own mind, can and does correct mental error arising through defect in his organisation. The simplest illustration is where he wears spectacles to correct imperfect sight, but it is the same when he takes counsel with friends and submits his mind to theirs. He might be weak-minded if he carried this too far, but he would be insane if the mind and judgment of others had no value or weight with him. The insane treat themselves—for they often treat and cure themselves—by acting on this principle of realising and deferring to the mind of others and to the force of circumstance We should allow no theory to obscure a principle of such utility.

This leads to another position which I think we would stick to. The true response of healthy mind to disease is recognition, representation of the disease. When a man is mad there is true mental representation of a disordered physical state; his mind would really be mad if it gave the normal response. A person colour-blind is mentally sane exactly because he is colour-blind; a madman suffering from rapid succession of incoherent ideas is sane from the point of view that his mind truly represents a state of object, a cerebral storm. Many of us would hesitate to accept this purely dualistic conception of mind and body, though the observation of the phenomena of compensation in injury and disease of the brain is forcing us to adopt it. For my part I believe our ultimate position shall be that there is immediate presentation of all physical state in mind, and not merely mediate presentation through nerve state; the last I take, as much dead object to mind as a telegraphic system, deriving its mental importance from its value as bodily function.

But practically we allow no theory, and should allow none to obscure the distinct and useful impression that we are dealing with two separate factors in a patient, one physical the other mental state, each of which can be controlled or influenced separately. When bodily disease exists, fortunately as a rule there is not only true but conscious representation of it as disease, and in the case of cure mental effort directed to that end. The number of the insane would be vastly greater than it is if there was not a general perception of mental unsoundness due to personal organisation, and a capacity to travel beyond one's own mind to correct it. This mental ability and effort to transcend personal mind as function of organisation is at the bottom of more than medicine.

Farther we act on the belief that the physical factor is capable of control by our minds operating through physical means, means which usually operate unconsciously to us. We cure ourselves as we warm ourselves, not by ideal operation in our own minds, but by idea of physical circumstance directed to command the object by physical means. One may be impatient at such an argument as trivial, but the impatience should be with the occasion for it, a challenge to our practical philosophy.

Hugh Miller, in "Schools and Schoolmasters," tells a story of an imbecile fond of snuff to whom mischievous boys used to give a little in a small deep can. The imbecile would spend hours trying to get at the snuff without the idea ever occurring to him of turning the vessel upside down. We have here perfect sense perception of object as actually presented, but not ideation, which comprehends states of object contingent and possible though not presented. When out of the stores of a richly furnished mind Prof. Verworn displays before us the heritage of thought, it is to be remembered that those who accumulated it acted on the belief that a natural field existed in which idea and object are distinct yet inseparable, and that the object in reaction necessarily forms the idea. The doctrine of psychomonism which challenges that historical base of knowledge, I think, easily accounts for the imbecile, but only by a strained and supremely difficult interpretation for Prof. Verworn.

OUT-DOOR TREATMENT OF TUBERCULOSIS IN LARGE CITIES.

By DAVID SOMMERVILLE, B.A., M.D., B.Ch.

The fruits borne by the modern treatment of tuberculosis warrant the most persevering attention on the part of the physician, in a large number of cases formerly left to perish. Almost daily we hear of the remarkable and lasting effects of the out-door cure. This cure in essence consists in placing the patient under conditions in which his vital forces are so increased that his tissues are enabled to successfully battle with the disease—in short, it is a system of overfeeding, coupled with an out-door life, in an atmosphere possessing to the greatest degrees rarity, dryness, and sunshine.

That some of the Continental sanatoria possess advantages unattainable in England there is no denying. Their atmosphere is rarer, dryer, and they enjoy a larger share of sunlight. The rarity of the atmosphere compels an increased action of the lungs in inspiration; the diminished proportion of oxygen must be compensated by a larger intake of air. Perhaps the chief advantage of most of the elevated sanatoria is that they enjoy so much sunlight, a factor in the life of the organism of the first importance.

That this treatment can be successfully carried out in England is being slowly demonstrated, and even London, when occasion requires it, can become a sanatorium. A case that came under my care recently, adds to the mass of growing testimony in this direction.

A young man, H. N., æt. 21, a native of Germany, was sent to London to acquire English and a knowledge of the routine of an English business house. I saw him in the beginning of April last. He had then been suffering for more than three months from repeated "colds." He had always had a weak chest, and his throat "gave him trouble." He was emaciated, weak, and appeared to the most casual observer quite ill.

On examination, his chest presented typical characters of tuberculosis of the lungs. The supra- and infra clavicular regions were hollow; vesicular murmur at right apex was replaced by fine râles; signs of consolidation were apparent for some little distance downwards and inwards from the mid point of the clavicle on this side. Râles were not heard at the left apex, but inspiration was ill-defined and of the cog-wheel variety. Expiration was much prolonged. Sputum was abundant, nummular, streaked with blood, and a bacteriological examination showed numerous tubercle bacilli. Hæmoptysis at this date was marked. The pharynx presented a dark-red congested appearance, relieved here and there by pale patches. The larynx partook of this congestion to a considerable degree, the arytenoid folds and mucous membrane in the neighbourhood of the posterior ends of the vocal cords exhibiting the same swollen mottled appearance. When we add to this that an evening temperature was found elevated to the extent of 1½ to 2 degs. F., there is no doubt as to the nature of the malady. The pulse was rapid, weak, and very compressible, average rate 110, but at times very rapid; on two occasions in the first week of observation it was found to be 125 and 132 respectively.

My first thought was to send him at once to Nordrach, and accordingly I wrote to his family physician in Hamburg recommending this course. Circumstances prevented his going then, so the next best thing to do was to work out the Nordrach treatment in London. In charge of a most capable lady friend, who devoted her entire time to his care, he forthwith commenced his new life. The daily round consisted of one or two short walks in the open air, a certain amount of driving, according to the condition of the weather, a rest for half an hour, or longer before each principal meal, with a superabundance of easily digested nourishing food.

Two points struck me in the progress of this case: At first the patient had a very poor appetite and resented additional food. But on having it plainly put to him that his life depended on his eating, he struggled with his meals, and as the quantities of

various food stuffs eaten increased, the appetite and digestive ability progressed in like ratio, until in a few weeks he was digesting well, five pints of milk, five or six eggs, two large meat meals with milk pudding, and a number of minor dishes, daily. The second point is that his circulation improved at a rate beyond all expectation. Pulse-rate came down to 80, with a corresponding increase in strength, the dyspnœa that attended at first any little muscular effort entirely disappeared, and by the end of the fifth week he had exchanged a condition of great muscular debility for one of considerable force.

At the end of seven weeks a second bacteriological examination demonstrated the entire absence of tubercle bacilli, and the presence of only a few micrococci. The sputum had greatly diminished in quantity; the apical râles had completely disappeared, and the supra- and infra-clavicular hollows were filling up. The breath sounds were now distinctly audible in these localities, and when he returned to Hamburg at the end of the first week of June, there was very little abnormality to be detected on either side of the chest. He had at this date put on 15 lbs. in weight.

Comparing this case with others sent to Nordrach I am of opinion that the way in which his friend managed him in London, in ordering his outdoor excursions, each with an object, in seeing that daily the necessary quantity of food was partaken of, and generally so taking him out of himself that his time passed in somewhat holiday fashion, conduced more to his rapid recovery than a corresponding stay at a sanatorium could have done, especially as he held such places in disgust from experience previously had at a noted resort on the Continent. And this leads to the idea that there may be many cases which would do much better under such separate and agreeable conditions, than amidst the depressing influences of a multitude of others in the same condemnation at a sanatorium.

A somewhat corresponding case in a lady has just come under my notice, where practically the same course is being pursued with results that promise to be quite as successful.

Clinical Records.

A CASE OF GUNSHOT WOUND OF THE LEG SEVERING THE ANTERIOR TIBIAL NERVE.—SECONDARY SUTURING TWO MONTHS LATER.—RESTORATION OF FUNCTION OF NERVE.

By PHILIP R. W. DE SANTI, F.R.C.S.,
Senior Assistant Surgeon and Aural Surgeon to Westminster Hospital.

AN officer of the Indian Staff Corps was on April 8th, 1898, wounded in the battle of Atbara. The bullet penetrated the outer side of the left leg at the level of the upper one-third of the fibula; about two inches of this bone were splintered The bullet then travelled downwards between the tibia and fibula, and emerged about two and a half inches below the centre of the popliteal space.

He was treated by Captains Spong and Dunn, of the R.A.M.C., and though there was considerable laceration of the calf muscles and splintering of the fibula, did very well.

In June, 1898, I saw him at St. Thomas' Home, and found the apertures of entry and exit of the bullet open and discharging pus. There was complete paralysis of the muscles supplied by the anterior tibial nerve and marked reaction of degeneration. Dr. Turney made a careful electrical examination of the limb and confirmed the state of affairs. The ext. cutaneous (peroneal) nerve was intact; sensation but little impaired. I advise exploratory operation, and on June 10th Captains Spong and Dunn being present as well as Mr. Edmunds and my house surgeon, Mr. Evans, cut down on the outer side of the thigh and leg, exposing tendon of biceps and external popliteal nerve; this latter I carefully dissected downwards to wound scar where it became thickened, adherent, and embedded in dense cicatricial tissue. With difficulty I freed it, and found it partly bulbous; the external musculo-cutaneous was intact.

I next cut down on the interval between the tibialis anticus and ext. longus digitorum, and found end of ant. tibial nerve; this was difficult to make out and very atrophied. There was a considerable interval between the proximal and distal ends of the divided nerve; but by stretching of the external popliteal and flexion of the knee, I was able to bring the two ends together. After freshening them up, I united them with two chromicised catgut sutures passed through the substance of the nerve ends. The wound was entirely closed and healed up by first intention. The limb was kept on a Macintyre's splint On *June 13th* massage was commenced. July 18th he was up and about on crutches: Daily massage and galvanism; affected muscles seem fuller, and limb is not so cold as it was.

August 3rd., 1898.—Dr. Turney reported. "The electrical examination I have just made is extremely satisfactory. The ant. tibial muscles react to the Faradic current, and though the contraction is sluggish and requires a larger current than normal, this is a great advance. To the galvanic current there are still signs of degeneration, and the contraction is notably sluggish. I think that complete recovery of function will eventually occur."

October 3rd, 1898.—Excellent development of muscle; is able to walk with aid of one stick. Owing to laceration and matting of calf muscles, not able to quite straighten the knee.

March 6th, 1899.—Dr Turney reported:—"I have just examined Major H—— electrically, and am glad to be able to give a satisfactory report. The anterior tibial muscles react to a strong Faradic current, and much more briskly than they have done hitherto. Although there is no appearance yet of voluntary power, still there is no doubt that function is present potentially both in nerve and muscle, and it is only a matter of time when this becomes apparent."

July, 1899.—A still further improvement. Rides his horse, and also bicycles. He is still continuing massage and occasional galvanism.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, September 17th, 1899.

FISSURES OF THE ANUS.

FISSURE of the anus is, as everyone knows, an affection as troublesome as it is painful. Of the different remedies recommended, forcible dilatation of the sphincter is the most radical and perhaps the most effectual. But it is not easy to get the patient to submit to the operation outside of hospital practice. Dr. Boas recommends a much simpler treatment, which he affirms to have succeeded with him ten times out of twelve. The principle of the treatment being the complete immobilisation of the anal region, he puts the patient to bed for one week, allowing for all nourishment, milk and light potage.

At the same time he orders ten drops of laudanum to be given three times a day, so as to produce absolute constipation. If the fissure can be brought to view he powders it with iodoform, calomel, &c., but without touching it with any instrument or dressing. Any antiseptic washing would be more hurtful than useful. At the end of eight days he

administers a full dose of castor oil, recommending the patient to restrain himself from defecation until he felt that the contents of the intestine had become completely liquid. The treatment only failed where complete retention of the fæces could not be obtained.

Abscess of Bartholin's Gland.

M. Jullien, of the Saint Lazare Hospital, treats abscesses of the vulvo-vaginal gland by injections after the evacuation of the pus of two or three drops of a solution of chloride of zinc (1-10) into the gland by means of an ordinary hypodermic syringe. Immediately after the injection and for some days intense inflammation sets in, but gradually subsides, and some time afterwards a small hard, but painless tumour, is felt through the soft parts. No relapse has ever occurred after this treatment.

Congenital Absence of the Femurs.

A *confrère* reports an interesting case of congenital absence of the femurs in a child of seven months. Examination showed that the pelvis was perfectly normal, but both femurs were absent as well as the patellæ. The legs were composed of only one bone lying on the pelvis. Abduction and adduction were limited, and rotation was almost abolished; the fifth toe of each foot was also absent. Several surgeons proposed to remedy the malformation by operative intervention, and notably by the creation of an artificial articulation.

Treatment of Dropsy.

Physiological experiments have shown that the diuretic action of caffeine is notably increased by the addition of certain hypnotics, and especially of chloral or paraldehyde. In renal or hepatic disease the association of hydrate of chloral at the dose of twenty grains with twelve grains of caffeine daily, the œdema and anasarca disappear much more rapidly than when the caffeine is given alone. In the case of cardiac dropsy, paraldehyde should be preferred, on account of the depressing effect of chloral on the heart.

Germany.

[from our own correspondent.]

Berlin, September 16th, 1899.

The Treatment of Ulcers of the Leg.

The *Therapeut. Monatsch.* contains an article by Dr. Cipriani on this subject, the aim of which is mainly practical. By the method of treatment proposed four objects are to be gained:—1. Diminution of the pain; 2. Decrease in the size of the ulcer; 3. Convenience for both attendant and patient; 4. Cleanliness and rationality. The technique demands almost always six stages:—1. Careful washing of the limb with hot water; 2. Mopping dry with iodoform gauze; 3. The use of eka-iodoform which is lightly dusted over the ulcer; 4. Bandaging of the leg from the knee to the ankle with strips of linen, four or five layers one over another, lightly pressed out after being dipped in a solution of formaline 1 to 2 per cent. in strength, according to the constitution of the patient; 5. Further application of linen strips, dipped in a 2 to 4 per cent. solution of formaline and well wrung out; 6. A well-applied bandage. This procedure is to be repeated every twenty-four hours.

With this dressing the author has seen rapid healing of extensive ulcers of the leg. Even on the second day the purulent secretion ceased, also the pain and the foul smell. Large ulcers that had to a large extent destroyed the skin, cicatrised rapidly, as new skin spread quickly from small patches of epidermis that had remained. Even when these patches of epithelium were absent, and the skin of the margin showed no tendency to spread inwards, the first step of the treatment must consist of lengthened warm baths, which should be followed by careful curettement. This operation will not be painful, as the hardened and cicatrised tissue will have become softened by the prolonged bathing. In this way the edges of the ulcer lose their redness, the swelling of the adjoining parts subsides, and the absorbent power of the vessels is regained, the swollen veins empty themselves, stasis is diminished, and with it its accompanying morbid changes. The treatment allows the patient to go about his work, and in addition to this advantage it has a softening solvent action. The dressing remains moist long enough, and it exercises an absorbent antiseptic, soothing, and refreshing influence. Eczema or dermatitis, sometimes seen after prolonged use of iodoform, never appears; this is attributed by the author to the use of eka-iodoform.

Infectious Inflammation of the Lungs and Psittatsosis.

In the *Col. f. Allg. Gesundheitspflege*, Prof. Leichtenstern, of Cologne, discusses this subject. The ætiology of the infectious atypical pneumonia is in many respects doubtful. Psittatsosis is a name specially given to that form of atypical pneumonia which can be traced back to a sick parrot. The subject is of the greater interest as it is one that has not been extensively studied in Europe. Psittatsosis epidemics have been known in France and Switzerland, and more lately observations have been made on atypical pneumonia and similar forms of disease in Koln, Crefeld, Berlin, and Essen a Ruhr. The observations made by the writer himself and a consideration of those of others have led him to draw certain conclusions on the subject. No certain evidence has been yet adduced that psittatsosis diseases are attributable to sick parrots. Parrots might under certain conditions be dangerous to human beings by microbes setting up diseases, especially forms of enteritis. Psittatsosis is an atypical pneumonia with typhoid symptoms. This arises without any intervention of parrots. Epidermological facts, however, are in favour of the possibility of the disease being transferred to man by parrots. The prophylaxis consists in personal protection, and in the control of supervision of bird shops.

Fracture of the Larynx.

The *Deutsch Med. Zeit.*, 72/99, reports a case of this rather rare injury. A girl, æt. 10, was kicked in the front of the neck by a cow. The surgeon who saw the patient shortly after the occurrence found her conscious she could still speak and cry out, but with an altered voice. On the anterior surface of the neck, corresponding to the middle of the thyroid cartilage, was a transverse erosure of the skin, one ctm. in length, and 0.2 to 0.5 in breadth. There was superficial emphysema of the face, neck, and upper part of the breast, and over both shoulders. Death took place in half an hour. Shortly before this took place, the emphysema spread over the

whole of the body, even to the tips of the toes. On palpitation of the larynx after death—before death this was not possible—a sensation of grating was felt, and gliding of one part over another. No post-mortem examination was made.

"WHEN SHOULD PATIENTS WITH GALL-STONES BE OPERATED ON?"

is the title of a *brochure* lately published by Dr. Fiśck, of the Kaiser Franz Joseph Hospital, Carlsbad. The author has operated himself on 12 cases, and on the basis of the conditions found, as well as his observation over large numbers of cases not operated on, he endeavours to arrive at a conclusion as to the best time for operating. His conclusions are embraced in the following: If the inflammation accompanying the attacks of colic does not subside, if high fever sets in, if pericholecystitis comes on, or dropsy of the gall-bladder indicating closure of the ductus choledochus, then operation must be resorted to. If the inflammatory symptoms subside, surgical aid is not called for except in case of closure of the duct, or when troubles are caused by adhesion to the neighbouring organs.

QUICKSILVER AND GOUT.

The *Deutsch Med. Zeit.*, 71/99, has a short reference to a case of gout affecting the hand, under treatment by Professor Rindfleisch. Massage had been applied for several weeks without the production of any noticeable benefit. The professor then determined to make use of raw quicksilver locally. A glass wide enough to admit the hand, and sufficiently deep, was filled to two-thirds of its capacity with raw mercury. The patient's hand was then inserted slowly and kept in as long as the pressure of the mercury allowed. A considerable and equable pressure was felt as the fluid pressed with equal force on every part of the surface. The hand was placed in the mercury 20 to 30 times at one sitting, and at the close of the second a considerable dimunition in the size of the hand was observed. In four days of this treatment, the joint was practically restored to its normal form.

THE TREATMENT OF ANTHRAX.

The same journal gives a note on the popular treatment of anthrax in Russia. Clean washed raisins, a few drops of distilled water, and sal ammoniac are triturated together to the consistence of honey, the ammonia forming about a fifth part of the whole mass. This is thickly spread on clean linen dusted with sal ammoniac, and placed over the abscess, care being taken that the whole inflamed circumference is also covered with the plaster; over this is placed lint and bandage. The dressing is renewed twice daily. Twenty cases of anthrax were treated in this way, in some both the local and general infection being very severe. All the cases recovered, and in no case was any other kind of medicinal treatment made use of.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, September 16th, 1899.

DEGENERATIVE CHANGES IN INJURED NERVES.

IT has long been established in theory that the centripal part of a motor nerve undergoes degenerative changes when it is severed or separated by disease from its centre. Sensory degeneration is found on the opposite side of the lesion, and has been termed ascending, while the opposite is descending.

In mixed nerves one would expect the analogy to hold good, but here the theory is disputed.

Elzholz has by experiments demonstrated that peripheral nerves of a mixed character when wounded or separated from their central connection tend to degenerate towards the centre, causing atrophy of the ganglionic cell itself.

The nerve fibres of the afferent nerve are quite entire microscopically, but their function is lost, which Elzholz compares to that met with in cachexia. He relates a severe case of gangrene, where the central nerves, when examined, were comparable to an animal's which had had a part of the ischiadic nerve removed a short time before death. In both were found corpuscular bodies about the size of small leucocytes, which when coloured by Marchi's process in Osmium, gave a dark colour, and could be easily recognised from the surroundings, lying between the sheath of Schwanne and the cortical substance; sometimes, however, in Ranvier's nodules, at other times in Schwanne's sheath itself. These bodies accumulate in the central part of the nerve, forty-eight hours after the lesion.

Thirty days later these bodies are so transformed into a fatty condition that they are quite unrecognisable.

PICA CHLOROTICA.

Cipriani records two cases of patients suffering from obstinate chlorosis, æt. 12 and 23 respectively, who had been retained in an institution for some time under large doses of iron in the form of "Töpferthon;" 7 grams were given at first, gradually rising to a 100 grams, without any beneficial effect, while the digestive organs were seriously impaired by the treatment. He commenced somatose of iron in 6 gram doses, increasing to 15 grams per day, with wonderful results, menstrual and nervous symptoms quite recovering in a few months.

CYSTINURIA.

Cohn relates a case of cystinuria of a hereditary nature. About the beginning of 1897 a girl was handed over to him from the surgical ward, where she had been for some time under treatment for a tuberculous knee joint which had ultimately to be operated on. Shortly after recovery from the operation she suffered severely from pain in passing water. An examination of the bladder revealed a stone, which was removed. It was about the size of a walnut, angular, of a yellow-gray colour, and consisted of cystin. Other ten members of the same family had the urine examined for cystin, which was present in seven and absent in three.

Schwersensky related a similar condition in a family, one of the members having been operated on for calculi which was cystinic in character. He believed this to be a hereditary characteristic.

Wolff said these were difficult stones to diagnose by the Röntgen rays.

"UNIVERSAL" COLOURING AGENT FOR BLOOD PREPARATIONS.

Michaeli's "Universal Method" for colouring blood seems to meet with general approbation, although some think there is very little advantage to be gained. The method may be briefly expressed by saying there are first two primary agents kept in solution, A and B. A is a one per cent. watery solution of chemically pure crystals

of methylen blue. B is also a one per cent. watery solution of eosin.

From these solutions another mixture is made immediately before use. Of A, 20 grammes are added to 20 grammes of absolute alcohol; of B, 12 grammes are added to 28 grammes of aceton (sp. gr. 56·58); the two well mixed.

The blood preparation which may have been twenty-four hours in absolute alcohol or exposed to Ehrlich's copper plate fixing is now placed in Michaeli's mixture for one to ten minutes, or till the red colour has changed to a blue. A successful preparation will give extensive colouring of the nucleus, neutrophile eosinophile, basophile granulations, and blood platelets.

Removal of Lens in Myopia.

Velhagen records the results of fourteen cases he has operated on for a high state of myopia. In three cases the vision remained the same after the operation as before it, in other three it improved one and a half, in two cases it doubled itself, in two it tripled, once quadrupled, and once increased fivefold.

He thinks the removal of the lens should be carefully considered before operating, as it is disappointing. If the myopia can be alleviated by the assistance of glasses, so that the patient is enabled to perform his duty daily with anything like comfort, the lens should not be extracted.

Special Article.

THE LATEST CONCERNING BUBONIC PLAGUE IN SOUTHERN EUROPE.

We learn from *El Siglo Médico* that Dr. D. Carlos de Vicente, has arrived in Madrid from a sojourn in Oporto and Lisbon, where, as is known, he was commissioned by the Spanish Government to study the bubonic plague in Portugal. He has given his report to the Sanitary Director-General, and frankly his opinions are not optimistic.

Since August 18th the plague has greatly spread. It has assumed the pneumonic form, the most serious type Added to this the Portuguese Government provides only the feeblest and least promising methods of sanitation. As a consequence of persons leaving the infected districts the disease is carried into distant parts.

Dr. Mendoza warns the Government that the plague owes it virulence to the filthy dwellings and habits of the people living in the poorer parts of the city. Those attacked are conveyed to the Misericordia Hospital, and none of the hospital patients were found to constitute new foci for disease, demonstrating the facility with which the epidemic might be localised and stamped out if energetic measures were adopted. Dr. Mendoza had micro-photographs of the plague bacilli taken.

Dr. Cortezo, director of the Sanitary Department of Spain, has appointed Dr. Ramony Cajal to the direction of the Central Institute of Serotherapy. The serum for the treatment of the bubonic plague is to be manufactured in the Central Institute, and its production in any other institution is strictly prohibited.

A Royal decree orders vessels coming into any Spanish ports from Lorenzo Marquez or Saint Denis to be quarantined.

Dr. D. Vicente Leorente has been commissioned to go to Paris for the purpose of studying the production of serum toxins and their use.

The precautions adopted in Madrid are:—

The staff of permanent inspectors of goods at each station is to be increased by two; five extra inspectors for each station are also nominated, and are to be called on should urgency demand their services.

Lazarillos, for the examination of flocks or herds coming for slaughter from Portugal, are to be organised. All goods that have passed the frontier are to be carefully examined. Byres to be frequently visited, the stalls of cattle inspected, their cleanliness seen to, and the health of the herd noted. Daily inspection of all the markets. Daily inspection of the public drinking water. Dr. Cortezo particularly draws the attention of the managers of hospitals, boarding houses, and prisons to the importance of employing a company of ratcatchers. The sanitary inspector of Valencia, Senor Leoret, says that the extinction of these fecund rodents by strychnine, apart from the dangers attending its use, is not satisfactory; and he advocates obtaining a serum from the Pasteur Institute in Paris which, while actively lethal to rats, shall possess the great advantage of being non-poisonous to man.

Dr. Leoret, after a careful inspection of the ice factories of Valencia, reports them to be positively dangerous to the public health. He proposes to the Corporation (1) that the manufacturers of ice shall use well-filtered water, free from micro-organisms; (2) that they be permitted to manufacture ice from ordinary water for refrigeratory purposes and external use only; (3) that the two qualities be kept apart, and that the public be notified of the difference.

The Governor of Valencia, Senor Diaz Merry, has published in the official journal of the Province an appeal and directions to the medical officers of the cities and sub-districts impressing on them the special nature of the epidemic which threatens the province, and drawing attention to the sanitary laws of 1848 and 1855.

Dr. Ferran, who has been commissioned by the Corporation of Barcelona to study the plague in Oporto, says that, scientifically speaking, he looks on the sanitary cordon and fumigations as worthless. He looks on serum inoculation as the only prophylactic, and having been inoculated he sees no risk in investigations carried on by him. Dr. Prio reports that the plague has not spread beyond Oporto, and he looks forward hopefully to its being stamped out.

The case of a female child, three years of age, reported on the 31st of August as suffering from the bubonic plague, created a scare in Lisbon, where the case occurred.

The case was examined by Dr. Mendoza, who reported as follows:—"Having made an examination of the blood and of the secretions of the mouth, I found nothing characteristic or such as would cause me to treat it as a case of real infection. The inflammation of the glands has gone, in one place completely, and in the other it is very much lessened."

In a letter addressed to a Valentia paper, the director of the prison of San Miguel de los Reyes, Señor Millan Astray, points out the risk they ran from infection by rats. "It is clear that the criminals eat the rats, not alone in this bridewell, but in all of them, in fact they eat them and relish them in all our prisons." In the same province he states that he has seen sellers of water rats, and that they readily found buyers.

These circumstances the worthy gaol-keeper considers should make them very careful in the selection of a toxic agent for the rats, and he recommends the use of the poison agriculturists have so successfully employed in France.

The prison of San Miguel is the largest in Spain. It was built for 3,000 inmates, it contains to-day only 1,300. Under the care of Señor Millan Astray it is kept perfectly clean in every part, and the worthy Señor hopes that its good sanitary condition will enable them to keep the plague at arm's length, though the acquired taste for rat flesh of those under his care gives him some uneasiness.

Writing of the bubonic plague, and the excitement its outbreak in Oporto has caused in Spain, Don Decie Carlan thus expresses his views in *El Siglo Médico*:—

"Much discussion has taken place of late in all the important towns of Spain on the necessity of taking proper sanitary precautions to improve the present conditions in case the plague should cross the borders.

There is no Governor, nor Alcade, nor meeting of sanitary committees in which heated and extravagant speeches on the improvement of the hygienic conditions of the people, and the removal of unsanitary foci are not advocated, as well as the examination of unsanitary houses, and the punishment of those who adulterate food.

These general measures are not, however, carried out for the simple reason that there is no money, and the treasuries of the city corporations, badly administered as a rule, are empty.

It is necessary that the example shown by the Corporation of Barcelona be followed, which without any fuss, voted 125,000 pesetas for sanitary improvements and hygiene. This body holds the proper view of affairs, for in the war against epidemics, as in other wars, the principal weapon for the fight is money, money, money.

PROCRASTINATION.

Our contemporary, *El Siglo Médico*, in its last number, draws attention to the fact that the Royal Order of January, 1877, ordering the creation of a new cemetery for Madrid, and the closing of all the cemeteries within the city, remains a dead letter. This is all the more remarkable, for the order has since been repeated in August, 1884, in January, 1890, and in September, 1891.

The Operating Theatres.

CANCER HOSPITAL, BROMPTON.

FIBRO-MYOMATA OF THE UTERUS—PANHYSTERECTOMY.—Mr. BOWREMAN JESSETT operated on a woman, æt. 45, who was suffering from fibro-myomata of the uterus. The patient had noticed for the last nine months that the abdomen was getting larger, and during the previous six months she had had more or less constant metrorrhagia. On examination of the abdomen three large bosses were discovered, one filling the left iliac fossa, the second, externally to the first, above the umbilicus, the third, smaller, on the right side. Per vaginam, the os uteri felt to be pushed down into the pelvis; by bimanual examination the tumours in the abdomen and that felt in the vagina were evidently connected. The os was difficult to define, being drawn high up in front At the operation the patient was put in the Trendelenburg position; an incision was made in the middle line, extending from the pubes to about two inches above the umbilicus. The mass was readily delivered through the wound, and the broad ligament on each side was ligatured close to the uterus and divided, the ovaries and tubes being left *in situ*. A flap of peritoneum was then reflected from the posterior wall of the uterus, and Douglas's pouch opened up into the vagina. A pair of long forceps having been introduced through the vagina by an assistant so as to define the posterior fornix the vagina was opened on the forceps. Another flap of peritoneum with the bladder was reflected from the anterior surface of the uterus, and the anterior fornix then opened. The uterine arteries on both sides were secured by a ligature left long, and the connecting tissues between the stump and the uterus divided and the tumour removed. All bleeding points having been secured, the peritoneum over the floor of the pelvis was carefully united by a silk suture, the stumps containing the ovarian arteries being securely covered with peritoneum, the ligatures securing the vessels which had been left long were drawn down through the vagina, which was then packed lightly with iodoform gauze. The abdomen was closed by single interrupted silkworm gut sutures taking all the tissues. Mr. Jessett said that the question of the best method of dealing with these fibro-myomata of the uterus was one of great importance; he was quite sure that the operation of the future would be either total removal of the whole uterus or supra-vaginal amputation of the cervix, the stump being treated sub-peritoneally. In cases such as the one just operated on, where the cervix was involved in the growth, undoubtedly panhysterectomy was the best form of operation. In cases, however, where the cervix was elongated preference might be given to the subperitoneal method. This form of operation, he said, no doubt could be performed more expeditiously, which, of course, in patients who were probably reduced in strength by loss of blood, was an advantage not to be lost sight of. On the other hand, it must not be forgotten that cases had been reported in which this operation had been performed and trouble had been experienced by the development of other fibroids in the portion of the cervix that had been left behind. He therefore preferred, on the whole, all other things being equal, the operation of panhysterectomy. In the operation just performed he pointed out that it might have been noticed that the ligatures securing the broad ligaments and uterine arteries were left long and drawn through the vagina. By this means excellent drainage was formed; moreover, in due course the ligatures were easily removed. In the suturing of the parietes Mr. Jessett observed that he had in several instances adopted the method of uniting, with three layers, the peritoneum by catgut, the muscles and fascia by interrupted silk sutures, and the skin by a continuous horsehair or silk suture, but he had abandoned this form of suturing the parietes in favour of the one he had just employed, as in several instances he had experienced trouble with the buried silk sutures, which caused localised abscesses, and had to be removed later on.

It is satisfactory to note that the patient made an uninterrupted and excellent recovery.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 20, 1899.

SIR MICHAEL FOSTER'S ADDRESS AT THE BRITISH ASSOCIATION.

Those among us who are familiar with the name of Michael Foster as the author of various text-books on physiology, and as the diligent and ingenious investigator, will view him in a new light if they will but read the masterly address from the Presidential chair delivered before the British Association last week. The genial way in which this veteran observer handles the most recondite processes of natural science, the happiness of his phraseology, and the lucidity with which he so deftly discusses the evolution of science in its various branches, show him to be possessed of social and literary qualities which his more strictly scientific utterances had, perhaps, not led us to expect. Whether he discusses individual life as "a link in a long chain joining something which went before to something about to come," or holds forth of "the long series of living forms, living now or flitting like shadows on the screen of the past," he displays qualities of diction and thought worthy at once of the foremost exponent of physiological science and of a master of the English language. He lays a playful finger on terms such as "vital force" and "vital principle," wherewith physicists, even of the present day, are wont to disguise their inability to fathom certain biological mysteries which are still mysteries, but which we have learned frankly to admit as such pending further knowledge. We are admittedly but on the threshold of the investigation of the psychical and nervous events which "are the outcome of the clashing of nervous impulses as they sweep along the closely woven web of living threads of which the brain is made," but, he adds, we have learned by experiment and observation that the pattern of the web determines the play of the impulses, and we can already explain many of the obscure problems not only of nervous disease, but of nervous life, by an analysis which is but a tracking out of the devious and linked paths of nervous threads. Wandering into the enticing field of embryology, we are told that the life of every living being, from the ovum to its full estate, is a series of shifting scenes which come and go, sometimes changing abruptly, sometimes melting the one into the other like dissolving views, all so ordained that often the final shape with which the creature seems to begin, or is said to begin its life in the world, is the outcome of many shapes, clothed with which it in turn has lived many seeming lives before its seeming birth. Though he asks the ever present question whether life in its essence is worth more than before the intellectual comets of the present century shed their effulgence on the dark corners of scientific research, Sir Michael Foster is no pessimist. He worships at the shrine of science with a robust faith, both in the past and in the future, which it is good to contemplate. The growth of science, he observes, is that of a living being. As in the embryo phase follows phase, and each member of the body puts on in succession different appearances, though all the while the same member, so a scientific conception of one age seems to differ from that of a following age, though it is the same one in the process of being made, and, as the dim outlines of the future embryo become, as the being gets more distinct and sharp, like a picture on a screen brought more and more into focus, so the dim gropings and searchings of the men of science of old are, by repeated approximations, wrought into the clear and exact conclusions of later times. Not the least valuable among the many striking utterances of the master is his robust faith in science as a means of training. Gently chiding those who regard science in the light of the discoveries which, in the Victorian era, have done so much to render life longer and more comfortable all round, he points out that man does not live by bread alone, and the inexorable precision which the study of natural phenomena inculcates, is of itself, apart from its material results, a training of the greatest possible value. As a child in its infancy looks upon its mother only as the giver of good things, and does not learn until later how she was also showing her love by carefully training it in the way it should go, so they, too, have thought too much of the gifts of science, overlooking her power to guide. He insists that the training to be looked for from science is the outcome, not of the accumulation of scientific knowledge, but the practice of scientific inquiry, so that a man may have at his fingers ends all the accomplished results and all the current opinions of any one or of all the branches of science and yet remain wholly unscientific in mind. If those who are responsible for the education and mental training of the rising generation, and of generations as yet unborn, could only be brought to lay this guiding principle to mind, a great step in advance would have been taken towards shaking off the tyranny of methods ill-suited to the requirements of the present day.

SECRET COMMISSIONS TO MEDICAL PRACTITIONERS.

IT will be recollected that, some months ago, Sir Edward Fry, ex-Justice of Appeal, made himself responsible for a charge brought by the London Chamber of Commerce, that medical practitioners are in the habit of seeking or accepting secret bribes from chemists, instrument makers, and undertakers to recommend them to their patients, and that these bribes take the form of a specific percentage upon the business done through their agency. Now, Sir Edward Fry, being a lawyer of vast experience, must know that such a charge publicly made against an individual would be amply sufficient ground for an action for damages against the person who made the charge, and, being an expert in the law of evidence, Sir Edward Fry must be well aware that no hearsay gossip amongst unknown persons would be listened to for half a minute as justification for the accusation. The learned ex-Justice of Appeal is the Judge most certain to scout such a method of defence out of Court, and to charge the jury to find exemplary damages.

We must, therefore, conclude that, in thus defaming medical practitioners, Sir Edward Fry feels himself safe because the libel appears, not over his name, but as a paragraph in a report of the London Chamber of Commerce, and is directed, not against any individual, but against a profession. He must, we feel convinced, be conscious that he does not occupy a position consonant with the dignity of one of Her Majesty's judges, especially when he finds himself obliged to confess that he cannot present in the Court of public opinion a single witness to prove his case. The testimony on which he originally based the defamatory statement was that of a chemist and an optician whom, however, he declines to produce or identify, though challenged by the British Medical Association to do so, and in a letter to the *Times* last week, he not only reiterates the accusation, but tries to reinforce his proofs by the hearsay statements of an equally innominate undertaker. Sir Edward Fry writes:—"I make no charge against the medical profession as a whole. I am sure that many of its members are as incapable of taking a secret commission as Her Majesty's judges of accepting a bribe." We cannot, however, accept such an apology because, in fact, the original libel was quite general in its scope. He did not say that some doctors, or a certain class of doctors, or a limited proportion of the profession, take bribes, but he clearly implied that the practice is habitual, and is so far universal as to justify a public pronouncement by a responsible public body. To that statement, whether uttered by an ex-Justice of Appeal or by anyone else, we feel able and that it is also our duty to our profession to give the most emphatic repudiation which is consistent with politeness. We are not so stupid or so ignorant of human nature or of commercial morality as to suggest that, out of the 35,057 medical practitioners whose names are on the *Medical Register*, there are not some — perhaps many — who will sell their professional honour for traders' tips, and n every trade or profession there always must be such a leaven. Might we ask Sir Edward Fry whether the legal profession is inviolate in this respect? Dr. Saundby, speaking for the British Medical Association, declared that "inquiries had been made which resulted in their hearing that presents had occasionally been offered for various services after the event, but that there was no case in which a commission had been offered to a person if he would do a certain thing." Sir Edward Fry demands exact particulars of the persons interrogated in Dr. Saundby's inquiries, and of all the circumstances thereof, the very information which, with reference to his own inquiries, he is unwilling or unable to give. We, and our medical contemporaries, have acquired, by decades of experience of professional practice, an acquaintance with all the phases of the medical system which Sir Edward Fry and the other amateurs of the London Chamber of Commerce cannot presume to, and we claim for our contemporaries and for ourselves sufficient independence of trade interest to allow us to speak out if we became aware of the prevalence of the bribery with which we are charged. As we believe that such abuses do *not* occur in any material degree we suggest that Sir Edward Fry may be permitted, without further notice, to incubate his mare's nest.

DOGMATISM IN PRACTICE.

IT is useful at times to attempt to learn from the enemy the secret of his strength. In a certain sense the quacks, meaning by that term all who practise medicine without holding any legal qualification, are the enemies of the medical profession, hardly less than they are deadly parasitic foes to the welfare of the world at large. But for all that there exists no community, however cultured, in which quackery is not at the present moment rampant. The reason for such a state of affairs is not apparent on the surface of things, and may repay a little investigation by the medical profession at whose expense quackery flourishes. Perhaps the chief element concerned is the craving on the part of the public for the definite and the specific in matters medical. The average patient goes to his doctor to know what is wrong with him, and to be told what he must do in order to get right. Now, as an elementary knowledge of medicine quickly shows, diagnosis is often hedged in with many doubts and difficulties. The quack, however, is hampered with no scruples and with no doubts; his decision is rapid and positive, and those who go to him are carried away by the sheer force of his assurance. In other words, the successful quack is endowed with strong character and is a good judge of his fellow men. From the very circumstances of the case he is for the most part brought into contact with folk of the timid and feeble kind, who want nothing but firm handling by a man of stronger will. On the other hand, let us turn

to a conscientious physician who investigates every case brought before him with conscientious care, and bestows upon it the results of a broad and experienced culture. Unless he is able to combine knowledge of men with knowledge of his profession, he is likely to add to the failures with which the medical as well as other professions abound. There is not any particular reason, however, so far as one can see, why the educated physician should admit a patient into his confidence as to the processes which have determined his conclusions concerning the nature and the treatment of the ailment before him. The wise man will state his opinion as to the nature of the malady and write his prescription. To go further is to court disaster, especially in these days of universal information, when a vast fund of ill-digested physiological information may lurk beneath the attractive exterior of the budding damsel who sits demurely in the consulting-room chair. Another great element in the success of quackery is the treatment of symptoms. The vast mass of patent medicine literature is aimed at symptoms, and indeed, for that matter, a great deal of the therapeutic teaching of the present day is based on a similar principle. Nor can there be any doubt that many a successful career in medicine has been secured and maintained by that cheap and easy road to popularity. Some day, in the greater fulness of knowledge, it will become possible to treat disease on a more rational footing. Not so long ago, narcotics, such as opium and its derivatives, occupied a foremost place in every-day medical practice. The comparative disuse, however, of drugs of that class within recent years may be regarded as one of the most significant facts of modern medicine. Instead of providing a patient suffering from intestinal disorder with a narcotic euthanasia the practitioner would now call in an operating surgeon without a moment's loss of time. As to the regulation of quackery it is an open question how far any good can be looked for from the expanding common sense of the community. Seemingly, the strong hand of the law is alone equal to the task, and it should be one of the great functions of the General Medical Council, as representing the medical profession, to indicate to the Legislature the direction in which reforms should be directed.

Notes on Current Topics.

The Medical Student and His Prospects.

A recent number of the *Referee* contains some pungent remarks anent the terms in which a contemporary thought fit to address the general body of medical students by way of inaugurating the Educational Number, remarks in which, in the main, we cordially concur. Why indeed insist upon the fact, if fact it be, that "the progeny of wealth and lineage is conspicuous by its absence" from the medical schools, unless indeed the intention of the writer was to impress the student with a becoming sense of his social inferiority? Perhaps on the whole it is an advantage that the impecunious scions of the nobility affect the Church, the Bar, and the Stock Exchange in preference to the dissecting room, but anyhow the fact is devoid of either interest or instruction. Why, again, insist upon the absolutely superfluous approval of medicine as a career expressed from time to time by "the chief political personages of the realm now living as well as their most notable colleagues who have recently passed away, thereby allying themselves with eminent occupants of the judicial bench"? The last reference, it may be assumed, does not include Sir Edward Fry, who has done what lies with him to undermine public confidence in the integrity of the profession as a whole. Surely it is quite unnecessary to trot out such reminiscences to establish the honourable nature of the calling upon which these young—may we say, gentlemen?—are about to enter. The history and traditions of medicine are surely enough in themselves to establish its claim to public consideration and respect, and it is in the highest degree undesirable to introduce the spirit of social subserviency and snobbery into an address which, if delivered at all, should have for object to impress medical students with a proper sense of the intrinsic dignity of their calling, apart from meretricious encomiums and casual expressions of condescending approval by persons in no way more honourable than members of the profession which they patronise.

Typhoid Fever in India.

It is a discouraging fact that typhoid fever in India seems to defy the efforts of the medical authorities to circumvent its ravages. From a medico-military point of view its incidence is extremely serious, inasmuch as it is responsible for a very large proportion of the sickness and mortality among the troops, thereby reducing the fighting effective to an alarming extent It is evident that we have still much to learn in respect of the propagation of the disease, and there is every reason to believe that, in India at any rate, water is not the only, possibly not even the principal, vehicle of the contagion. It is reported that inoculation is being tried as a preventive measure, but we have little confidence in such means unless a determined effort is also made to ascertain and remove the conditions under which the disease occurs. The mischief done by typhoid fever is far greater, as far as the army is concerned, than that resulting from outbreaks of plague, and if the same attention were devoted to the question of its prevention as has been expended in fruitlessly endeavouring to check the ravages of the plague it is highly probable that some tangible results would have been obtained. It is high time Government took steps to have the whole question investigated by a body of independent experts untrammelled by military routine and specially fitted for the task.

An Epidemic of Diarrhœa.

From all parts of the kingdom reports are to hand of an unusually severe epidemic of autumnal diarrhœa, especially well marked in the metropolis. The

diarrhœa is of a very acute character; it is associated with febrile symptoms and severe colic, and it promptly determines an extreme degree of debility. One noteworthy feature about the epidemic is that it does not evince any special predilection for the young, a large proportion of the victims being adults, and those advanced in years. It apparently stands in no direct causal relationship to the nature of the food, and it is highly probable that the source of the mischief is water, the supply whereof having run short, with consequent increased liability to contamination. The autumnal rise in the level of the subsoil water, especially after such a long spell of dry weather, is invariably followed by an enhanced ratio of abdominal disturbances of the fermentative type, and epidemics of this kind often usher in outbreaks of typhoid fever. It behoves us to enjoin upon the public the importance at this season of taking special precautions against the ingestion of contaminated water. It goes without saying that when the water supply is incriminated, the liability to infection through milk rises *pari passu*, and this is a point worth bearing in mind.

Political Medicine.

THE absurd suggestion that British medical men should boycott French health resorts because, forsooth, a military tribunal has rendered an unjust verdict, is hardly one that can commend itself to our readers. Medical advice is, or should be, given on medical grounds alone, and just as science knows no frontiers, so medicine knows no sentiments other than those dictated by the desire to secure the well-being of the patient. A much more serious drawback to frequentation of French health resorts is the ever-increasing dearth of English-speaking medical men who are at liberty to practise their profession thereat owing to the absurd and ungenerous restrictions which the Government, in a narrow and ill-advised protectionist spirit, has thought fit to impose upon those who desire to minister to the medical requirements of their fellow countrymen abroad. Unless the present stringent laws undergo some modification within the near future, the inability of British invalids to procure the services of a practitioner of their own nationality cannot fail to deter many of them from leaving England in search of health.

The Cost of Vaccination.

ANTI-VACCINATION propagandists invariably lay great stress on the cost to the country of public vaccination, and they protest that there is no such thing as gratuitous vaccination. We need not discuss what is meant by gratuitous vaccination, but we may fairly ask whether £100,000 per annum, which is, roughly speaking, the annual cost of the vaccination service, is a large sum to pay for the protection thus obtained. To form an opinion we have only to contrast this figure with the cost to individual districts of a single small epidemic of small-pox. The cost of an epidemic of any magnitude would alone devour a large portion of the sum, and a thousand cases of small-pox throughout the country would entail an expenditure of funds more than equal to the amount annually expended in vaccination, and this quite apart from the fees which medical men would reap from the paying patients. It is like whipping a dead donkey to reiterate the old but still valid argument that a good epidemic of small-pox would prove more remunerative to the medical profession than would the receipts from vaccination fees for a quarter of a century.

The Depeculiarising Process.

WITH that blind adherence to surface logic which is the characteristic of uneducated, or partially educated, people, an elder in the sect known as the Peculiar People has been visited with contumely and threats of violence by his fellow-sectaries because, in the exercise of his discretion, he determined to "try the experiment" of calling in a doctor to a sick relative. It may be that the experiment was only intended to avert the disagreeable consequences of allowing a child to die without medical treatment, but it would be more charitable to assume that the step was prompted by a sincere desire to try if the doctor could really do what the laying on of hands had failed to accomplish. Sects such as these only thrive under persecution, and no doubt this is why judges and juries display such reluctance to mete out punishment to the parents of medically neglected children. In the long run, common sense and parental affection may be trusted to get the better of the medical ostracism which is held to be enjoined by a violently interpreted text. It is unfortunate that the victims should be for the most part children of tender years, who thus incur the rigour of tenets which they are far too young to approve or endorse. It is here, indeed, that the law steps in, because the liberty of self-privation does not extend to the defenceless young.

Case of Poisoning by Heroin.

IT is important to place on record instances of untoward effects following the use of drugs of recent introduction, and therefore, to some extent, unfamiliar to the majority of practitioners. Special interest therefore attaches to a case of poisoning following an overdose of heroin, a derivative of morphine, published in a Spanish contemporary by Dr. Espinosa de los Monteros. A man, æt. 40, suffering from asthma, was ordered 1·5 centigrammes of the drug (equivalent to about a quarter of a grain) to be given in six doses. Symptoms of poisoning developed soon after the first dose, and four hours later the patient was greatly prostrated, cyanosed and restless. There was complete amaurosis, the pulse had fallen to forty per minute and the cardiac action was very feeble. The patient complained of feeling light-headed and the lower limbs were convulsed, with some twitching of the upper limbs as well. The axillary temperature was 96·6 F., and

there was persistent nausea. On enquiry it was ascertained that the dispenser had read grammes for centigrammes, so that the quantity absorbed by the patient was a quarter of a grain. Strong coffee was administered, but the patient lay for some hours in a semi-comatose condition, and it was noted that he did not pass water. As he vomited soon after the administration of a second cup of coffee, caffein was given hypodermically at intervals of six hours. The amaurosis disappeared, and sleep quickly followed the second dose of caffein, the cyanosis cleared up and the patient gradually made a good recovery. The case gives us some insight into the physiological action of the drug and its comparative innocuousness. It is noted that the subsequent administration of the drug in the dose originally ordered was not followed by any untoward symptom.

A Clergyman as Out-Patient.

A clergyman—according to his own account—went to a London hospital to get treated for some illness or other, and has written to the *Daily Chronicle* an appalling account of the time he was kept waiting and the curt treatment he received. First of all, it would be well to ask, what right had a man of his position to be attending a hospital intended for the poor? Could he not muster the small fee required for the services of a general practitioner without trenching on the resources of an organisation founded and maintained for his needy brethren? It is people of that stamp, namely, those who can afford to pay moderate fees to qualified outside practitioners, that have to a great extent created the present hospital deadlock. The poor who go to certain of the large London hospitals are asked to contribute towards the cost of their treatment, because, forsooth, it is to be presumed the resources of those institutions have been drained by comparatively well-to-do folk. If a medical charity cannot support itself without taxing the poor in that way, then its excuse for existence appears to have died out, and the needy had better betake themselves to the Poor-law infirmaries whither, indeed, they are now driven in shoals by the overcrowding of the ordinary hospitals. The discontented clergyman appears to have entertained a delusion that he could command the best available skill at a London hospital. Perhaps he has now to some extent gauged the value of snap-shot treatment by students, harried and hurried house residents, and overworked consultants. When will the hospitals purge their walls of these unworthy applicants for relief?

Advantages of Provincial Medical Schools.

There can be no doubt whatever that the smaller provincial schools afford to the medical student in a conspicuous degree the advantage of acquiring a knowledge of practical work that can never be derived from books and lectures. In London the overcrowded state of the teaching hospitals forbids the individual handling of that abundance of clinical material which is essential to the turning out of sound practical men. Where a student in the metropolis would have a meagre allowance of one or two beds in the country he might have a ward full, to say nothing of the chance of performing many or most of the minor operations. Of course, it must be admitted that he would have more teachers in a London school, but even that is not always an advan tage. Among the smaller provincial schools, Bristol, one of the oldest, has always been distinguished for the quality of its teaching. Of late years the status of the school has been materially advanced by its affiliation with the University, and the erection of handsome new buildings. Quite recently another great step has been taken to increase the facilities of students in obtaining clinical material. The Royal Infirmary, dating from ancient times, has lately joined forces with the more modern Bristol Hospital, so far as the training of students is concerned. A large surgical practice is always to be witnessed at both institutions, owing to the position of the town as a large manufacturing centre and seaport. For a student who does not contemplate consulting or special practice the advisability of spending a portion of the whole of his course of study in one of the smaller provincial schools is worthy of consideration.

Vegetarianism.

The Annual Congress of the cult of the vegetarian was in full swing last week in London. It is to be noted about these meetings that there are always plenty of curious opinions and statements advanced by members, and this year showed no falling off in that particular. A Miss Eccles advanced the idea that there was nothing in vegetarianism inconsistent with beauty, whilst in the eating of flesh there was nothing whatever consistent with it. We may hazard the opinion that an analysis of the lives of famous beauties, living and dead, would show few, if any, vegetarians among them. One speaker maintained there was a close affinity between art and vegetarianism, and expressed the belief that the anti-flesh faith he held was beginning to lay hold of the artists and poets of the present day. Well, it may be so, but the fact is not conspicuous among the Bohemian circles in the metropolis, where art sits as goddess. Another gentleman, a Dr. Black, suddenly made a savage onslaught on the bull fights at Boulogne. He said it was the duty of the Congress to show they had not the slightest sympathy with such terrible actions. Does he imply that those who eat beef must necessarily be brutalised sufficiently to patronise a bull fight? An opponent of the movement had the hardihood to declare that flesh-eating was like smoking—some took it up because they liked it, and *vice-versâ*. One lady eschewed cheese because it was made from milk and curdled by rennet, which had to be obtained from the calf's stomach. *De gustibus non est disputandum.*

The Treatment of Urinary Incontinence in Girls.

URINARY incontinence in girls is a fairly common and always a very troublesome affection. In a minority of these cases treatment having for object to correct abnormal conditions of the urine, or to destroy intestinal parasites, is attended by a certain measure of success, but in many, possibly in the majority, it is the result of a neurosis, and in such cases treatment by drugs usually fails to afford relief. We are now in possession of a tolerably large number of cases of incontinence in which recovery has followed gradual distension of the bladder by an innocuous fluid, boracic acid solution, for example. In a recent number of the *Boston Medical and Surgical Journal* Dr. Haven records two further cases successfully treated by this method in girls, both 18 years of age He employed a 4 per cent. solution of boracic acid. In one case the bladder admitted eight ounces under pressure, and in the other only three and a half ounces. His plan was to inject until discomfort was produced, then directing the patient to retain the fluid as long as possible, usually from ten to fifteen minutes to begin with, though this period could soon be extended. Distension was practised every other day and improvement soon followed. The treatment was continued until the bladder would admit twenty ounces, and then all symptoms having subsided it was discontinued. The total duration of the treatment was three and five months respectively, but in some of the previously recorded cases much less time was required to effect a cure.

Volunteers Medical to Fight the Plague.

IN view of the imperious necessity of providing further medical aid in the treatment of patients suffering from plague in India, the Government has selected twenty medical men and thirty nurses as volunteers, most of whom will leave this country for Bombay in the course of the next few days. We publish elsewhere a list of the volunteers whom we wish God speed in their noble mission. The spectacle of a number of young medical men leaving on such a perilous mission is at least worthy of enthusiasm as that of a regiment of cavalry leaving England on a destructive mission under circumstances which, as far as risk to life is concerned, compare favourably with those of the non-combatants.

Medical Certificates and Hospitals.

A QUESTION of considerable importance to hospital medical officers has cropped up at the Cardiff Infirmary. It seems that though certificates to clubs and friendly societies are given without payment, the same indulgence has not been extended to certificates intended to serve as the basis of claims for compensation. In reality there are two questions at issue—first, whether such certificates are to be charged for; and secondly, to whom such fees, if paid, should belong. Looking at the question on its merits, it is evident that both custom and humanity justify the practice of giving certificates testifying to inability to work for the purpose of obtaining club money. It is, on the other hand, obviously unfair to expect medical officers virtually to act as witnesses in actions brought to recover compensation without fee or reward, for that is what it comes to, and we strongly endorse the action of the medical staff in refusing to be coerced into doing so. With regard to the question of the right to fees paid for such certificates the infirmary can have no claim thereto. If the medical officer, having refused the certificate, were called as witness he would certainly expect to pocket whatever fees were forthcoming and the giving of certificates stands on exactly the same footing. The matter is being enquired into by a committee appointed for that purpose, and we trust that they will arrive at this common-sense conclusion.

The Opening of the London School of Tropical Medicine.

WE are informed that there is to be no formal ceremony at the opening of the London School of Tropical Medicine which is to take place on the 1st prox. The fact is the hospital buildings which adjoin the school have not yet been completed, and it is deemed preferable to defer the real opening ceremony until a later date. It is hoped that an endowment fund will be subscribed, and should the response be generous enough a museum and library will also be established in connection with the school.

Herbalist versus Surgeon.

AN odd instance of refusal to pay for medical attendance was heard last week before the County Court judge at Stonehouse, when Mr. Elgar Down sued an ex-patient for his fees in connection with the treatment of an injured knee. The defendant based his refusal to pay on the ground of wrong treatment, but the only evidence he was able to allege in support of his contention was the assertion of an old woman who practises as bonesetter and herbalist. The defendant had been advised to go into the hospital, but had refused to accede to the suggestion because, he said, his brother had been improperly treated there, an assertion which elicited from the judge the remark that he must belong to an unfortunate family. Ultimately, of course, a verdict in favour of the defendant was given. We may congratulate the plaintiff *en passant* on having been wary enough in such a case to call a fellow-practitioner in consultation, a course worthy of imitation, considering what damage to a surgeon's reputation an unfavourable issue must needs have.

A Taboo on Raw Cockles.

TYPHOID fever has been somewhat rife of late at Exeter, and suspicion has been cast upon raw cockles, a dietetic luxury of which school children in that part of the country are notoriously enamoured. A resolution has just been passed by the Exmouth District Council forbidding the sale of this bivalve in a raw condition, a decision which appears to have caused considerable local excitement. In view of

the fact that the river Exe receives the sewage from various towns and villages in its wake, it is evident that the shell-fish grown in its estuary are very likely to be contaminated, but it is rather a pity that the order only deals with the local sales. Customers at a distance are also entitled to protection, and what is not good enough for Exmouth ought to be discarded from markets further afield.

Stamp-licker's Tongue.

Some months ago a paragraph was published in these columns upon the subject of "stamp-licker's tongue," a phrase that was created and evolved in our own office and thence issued to the world at large. The article in question enjoyed a wide popularity, and was quoted by a great many newspapers, both at home and abroad. The phrase has evidently taken a place in the English language, for last week we saw it in a prominent position in one of the London daily newspapers, to wit, the *Daily Chronicle*. It has been dignified, we find, with a further extension to label-licker's tongues, and no doubt, as time goes on, the list of specific articles giving rise to lickers' tongues will be considerably enlarged by journalists in search of novelty. As to labels, it is interesting to note, from the final report of the departmental committee of inquiry upon certain dangerous trades, the following passage:—"With regard to the practice of licking labels for use in threadmills and other factories, they state that in many cases artificial dampers are being introduced with obvious advantages. Therefore, without recommending that the licking practice be prohibited, the committee express the hope that manufacturers generally will abandon a method which is certainly unnecessary, and which carries with it possibilities of injury." It is even stated that some women lick several thousand labels daily. Without wishing to cause needless alarm, we may say that such a proceeding would be calculated, in our opinion, sooner or later to set up cancer of the tongue. In that way, moreover, the poison of syphilis and of other communicable diseases might be readily distributed upon the article labelled in so primitive a manner.

The Toxic Effects of Formaldehyde.

Formaldehyde preparations used for antiseptic and germicidal purposes are quite strong enough to cause harmful, if not fatal, effects upon those who may inadvertently, or otherwise, imbibe them. A case of fatal poisoning, for example, is recorded as having occurred in a school in Indiana, where a youth, æt. 26, drank about 2 ozs. of a 4 per cent. formaldehyde solution used for treating seed potatoes. Death occurred about twenty-nine hours afterwards from asthenia. Some escharotic changes were visible at the post-mortem examination in the stomach, and the mucous membrane at the upper and middle thirds of the œsophagus was slightly inflamed. The immediate effect of swallowing the poison was to cause vomiting, the vomited matter containing traces of blood. In the treatment emesis was encouraged with a subcutaneous injection of apomorphine, and large quantities of albuminous water were administered by the mouth without causing any discomfort while being swallowed. For a time the man seemed to make a good recovery, but at the sixteenth hour his pulse began to fail. Despite the subcutaneous injections of strychnine and of seventeen ounces of normal saline solution, together with doses of nitro-glycerine and sparteine by the mouth, death from heart failure, as mentioned above, took place. This is, we believe, the first recorded case in which a fatal result has ensued from swallowing a formaldehyde solution, and it is therefore of some toxicological interest.

Curious Deadlock in a London Parish.

It will be remembered that during the past summer a considerable stir was created in the South London Parish of St. Olave's over the removal of bodies from the Church of St Thomas. The Medical Officer of Health, Dr. Bond, was suspended by the Vestry, but that step has not received the sanction of the Government, who have directed the rescinding of the suspension order. The St. Olave's Board, however, have appointed Dr. Dixon Medical Officer of Health for Bermondsey, as temporary Medical Officer in place of Dr. Bond. This state of affairs presents a curious insight into the machinery of local health administration in the metropolis. St. Olave's includes a small but very wealthy area, and its good sanitation is a matter of no little importance not only to its enormous day population, but also to the many poor workers who dwell in that quarter. The sanitary administration, for all its size and complexity, is entrusted to the care of a Medical Officer of Health, who also has charge of the health interests of Holborn. The St. Olave's Board, having suspended Dr. Bond turn to Dr. Dixon, who already divides his energies between the cases of private practice and the sanitary charge of Bermondsey, with a population of some 80,000 souls. So busy is Dr. Dixon, that important health prosecutions in Bermondsey are generally conducted by one of his subordinate inspectors. Of a truth it is time Mr. Balfour reformed the terms of these important posts.

Scotland.

[From our own correspondent.]

Large Charitable Bequests.—By his will, the late Mr. Walter W. Pollock, of Rhindmuir, has left the following legacies, viz, Glasgow Royal Infirmary, £10,000; Victoria Infirmary, Glasgow, £10,000; Royal Glasgow Asylum for the Blind, £5,000; Western Infirmary, Glasgow, £5,000; and the Royal Infirmary, Edinburgh, also coming in for £10,000 by Mr. Pollock's will.

Deplorable Sanitary Condition of Kilsyth.—There has been a great increase in the number of cases of enteric fever and of scarlet fever during the last few weeks in this burgh, several deaths having resulted therefrom. The fevers have been spreading since the end of July, the cause of the outbreak being attributed to defective and untrapped drains. It was pointed out at a recent meeting of the Police Commissioners that the origin of the outbreak

was similar to that of the recent Paisley outbreak, there being no less than twenty-three direct connections from the sewers into the water-mains, and it was also mentioned that during the summer the ash-pits were allowed to overflow, while the towns'-men were engaged on work which should have been contracted for; liquid filth from ash-pits percolated through walls into washhouses and lay in pools around houses, giving off most offensive stench, which pervaded the houses. The meeting finally agreed that the Sanitary and Drainage Committee should meet and consider what steps should be taken to remedy this deplorable condition of matters, which is a glaring disgrace to the town.

GLASGOW CORPORATION BACTERIOLOGIST.—The subcommittee having sent to the Health Committee the two following names for the appointment of bacteriologist, which carries with it a salary of £350 per annum, viz, Dr. Robert MacNeil Buchanan, at present teacher of Medical Jurisprudence in Anderson's College and Mr. David McCrorie, L.R.C.P Edinburgh, at present lecturer on Bacteriology in St. Mungo's College and Bacteriologist to the Glasgow Royal Infirmary, the voting for the appointment took place at the Town Council meeting on Monday last.

Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

ANTISEPTIC v. ASEPTIC.—A PROTEST.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In one of the Notes in the current number of your journal, under the heading, "Successful Removal of Sarcoma of Brain," occurs the following:—"The brain has been brought within range of practical surgical therapeutics *simply and solely by the introduction of Lister's system of aseptic surgery.*" It is against the words in italic that I indignantly protest. Lister has no claim whatever, and must feel surprised that a claim is now made on his behalf, to the credit of having introduced aseptic surgery. It is to the late Mr. Lawson Tait and myself that this credit belongs; for it was we who initiated and promulgated, in the face of envenomed opposition, what is now called aseptic surgery. We were satisfied with the use of the simple English term "cleanliness." But aseptic is a word to conjure with. It is due to the memory of the late Mr. Lawson Tait that this claim, which requires no substantiation at my hands, should be thus publicly made. As for myself, I have ceased to expect that the part I have played in this matter would be publicly acknowledged, though I have never met with anyone in recent years who would venture to my face to contest or fail to admit it.

There appears to me to be much confusion of ideas prevalent with regard to the meaning of the terms "antiseptic" and "aseptic," for, while it is quite correct to speak of having just done an antiseptic operation, it is utter nonsense to say that one has just done an aseptic operation. I have little hope that men will cease to expose their negation of such an elementary principle as the use of words in their proper sense, so long as the existing prejudice and unreasoning faith remains.

I am, Sir, yours truly,
GEO. GRANVILLE BANTOCK.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

NURSES OF THE LATEST FASHION.

SIR,—I should like to add my quota of indignation to that of Dr. Walsh at the publication of the articles in your paper reflecting so unjustly upon the modern nurse.

To attempt to convict a whole class of professional women of education, high training and extreme value, because one or two of their number fail to attain to the high standard of their calling and fall by the wayside is unjust and unfair.

What would Mr. Gant say if some elderly matron were to write an article in a nursing journal detailing the crimes of a "Dr. Collins" and head it "Modern Surgeons?"

The art and science of nursing has fortunately gone on progressing side by side with modern surgery; the modern patient has advantages at the present day when operated upon, which not even the skill of a Gant and the wealth of a Rhodes could have secured for him in the past.

Had not the modern nurse been more highly educated than her sister in the past, modern surgery would have been very heavily handicapped.

I am sure Mr. Gant will find very few, if any, of his colleagues who will support his views of the nurse as she is at the present time. The more highly trained she is, the less likely is she to fall into the errors as depicted by the imaginative writer.

It is strange how few people can write sensibly of the hospital nurse; they either describe her as an angelic being in a costly uniform whose sole duty apparently is to "lightly press the fevered brow of a patient with a cool hand," or as the extraordinary character whose sole existence lies in the imagination of a Gant or a Hall Caine.

The truth is, the modern nurse is as impossible to describe as the modern physician or surgeon. If she were mechanical or "typical" it would only show that she was unfit for her work. To be a good nurse she must be "personal," and bring to bear upon her duties individuality and tact. The only remark I can add is to hope that, if Mr. Gant ever becomes ill, he will find it more easy to meet with an honest nurse than he appears to imagine. I am quite sure that no accredited association could supply one *a la* Gant.

I am, Sir, yours truly,
ALF. BATEMAN.

49 Devonshire Street, W.

To the Editor of THE MEDICAL PRESS AND CIRCULAR

SIR,—I for one fail altogether to see the purport of Dr. Walsh's criticisms on Mr. Gant's interesting contributions on the above topic, nor is there anything I think that can be regarded as "a prurient and indefensible attack upon a sisterhood which deserves tender treatment from all mankind"

It is impossible to conceal the fact, which Mr. Gant has not overdrawn, that the tendency of the majority of trained nurses of the present day, and this no doubt due to the inate vanity of the female mind, is to supersede the ordinary medical attendant, and to take advantage of public credulity, and the practitioner of the rising generation must have the courage and firmness to put down any airs on the part of a nurse who attempts to play first fiddle by giving her as wide a berth as possible. I happen myself to have been brought into contact with *more than one* of these individuals, and there resides in the locality where I practise what is known as a parish nurse, appointed by an irresponsible Church communicy, a person of some refinement, and a good deal of mannerism, but as she altogether exceeds the duties of a nurse and carries on unqualified practice, I have felt it my duty, in accordance with the edict of the Medical Council which prohibits unqualified practice, to refuse in any way to recognise her.

I am, Sir, yours truly,
A GENERAL PRACTITIONER.

London, September 16th, 1899.

CHRONIC PHARYNGITIS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In his letter in your last week's issue Mr. Lennox Browne dissents from two statements selected from my paper on "Chronic Pharyngitis."

He first suggests that the importance of nasal obstruction as an etiological factor in chronic pharyngitis was recognised long before a considerable number of these cases could have passed through my hands. In proof of this he quotes from the first edition of his work in 1878, "ten years before I took my degree," that "Nasal respiration is often obstructed in cer-

tain pharyngeal diseases." This is an abstract statement showing that the association of nasal obstruction with "certain pharyngeal diseases" had begun to be remarked on, but there is not a word of suggestion that any causal relation existed between the obstruction and the diseases. Mr. Browne has to come down so late as the 1890 edition of his work before he can show he was alive to the fact that the condition of the nose exerted any influence on the health of the throat. I can go further, and say that even in the 1893 edition nasal obstruction, the prime cause, as I hold, of chronic pharyngitis, is relegated to the tail of a long list of causes, a number of which are at the present date regarded as survivals of a laryngological middle age.

Again, when I said the necessity for rhinoscopy in throat disease was only pointed out a few years ago, I was not under the impression that the art of rhinoscopy was only then discovered.

I could hardly have gone through the Dublin School without knowing that the post-rhinal mirror was used by Sir William Wilde even before Czermak published his paper in 1859. But from this we have to skip an interval of time measured by quarter centuries before we come to the period when the regular examination of the nose in every case of throat disease was inculcated by the teachers in the subject.

And this, I think, justifies the statement, that though the art has long been known, the necessity for its practice in diseases of the throat is a matter of quite recent knowledge.

In conclusion, I have to thank Mr. Browne for his generous criticism of my paper.

I am, Sir, yours truly,
Robert H. Woods.

39 Merrion Square, Dublin,
September 15th, 1899.

HOSPITAL CARDS AS ADVERTISEMENTS IN SHOP WINDOWS.

To the Editor of The Medical Press and Circular.

Sir,—When will the leaders in medicine and surgery cease to have their names and qualifications placarded in this vulgar way? I see the hospital cards in various colours gradually creeping into the windows of pharmaceutical chemists, druggists, instrument makers, &c. What object can there be in so fulsome a display except letting the public know the names of physicians, surgeons, specialists, and consultants? Surely our clinical hospitals have not made their reputations by hospital cards. I don't believe any student is attracted to a hospital through such media. Hospitals are known by the work done inside their walls—sound teaching, punctuality of the staff, honest work done in the long run makes the name of a hospital, and attracts patients and students alike. If students before deciding on a hospital would go round the wards, say in October, and observe and listen, the hospitals with "drones" would find it easy to accommodate the class, and the genuine teaching hospital would be filled with young men anxious to learn their profession; otherwise it is obvious that the purpose and true interests of any clinical hospital cannot be subserved by the exhibition in a druggist's window of a partly coloured advertisement.

I am, Sir, yours truly,
Dublin Clinical Teacher and Operator.

September 16th, 1899.

SCARLATINA CASES IN BUILDINGS IN CLOSE PROXIMITY TO GENERAL CLINICAL HOSPITALS

To the Editor of The Medical Press and Circular.

Sir,—I think it is high time for the authorities to take the necessary steps to put a stop to the highly dangerous practice of having hot-beds of so deadly a disease as scarlatina admitted into wards in close proximity to the General Hospitals within the City. Smallpox and cholera are not admitted to such wards—why scarlatina? From start to finish scarlatina is most dangerous, and, from the commencement of the desquamation stage, *six weeks must elapse before such cases can be removed home or to a convalescent home.* Independently therefore of the risk to the patients, nurses, and staff, the expense of such cases is very great. The beds occupied with patients convalescing from scarlatina for such a long period as six weeks is not only a great tax on the hospital funds but a great injustice to other cases, who are thus debarred from obtaining admission into the hospital wards.

I am, Sir, yours truly,
Progress.

September, 1899.

New Surgical Appliances.

NEW UTERINE PREHENSILE AND COMPRESSION FORCEPS.

Dr. Alexander Duke, of Cheltenham, has sent us the following description of a new instrument designed by him:—

The instrument here depicted will be found useful both as a hæmostatic forceps in cases of passive hæmorrhage from the unimpregnated uterus, metrorrhagia, &c., and also in cases of free hæmorrhage in impending abortion in the early months of pregnancy.

A duckbill or cylindrical speculum is first to be introduced and the parts cleansed by hot water (syringing or otherwise), my self-retaining tenaculum hooked into lip of "os" will draw cervix within grasp of forceps, the latter are now to be closed sufficiently to arrest the flow of blood, locked and left *in situ* so long as required, while patient lies quiet on bed or couch. To the busy practitioner on his rounds, the value of this instrument (by the saving of time alone) will be apparent, more especially in cases of impending abortion in the early months, when by retaining the blood in utero it will distend the cavity, separate the membranes, and hasten the evacuation of the uterus when forceps are withdrawn. It will also prevent the necessity for plugging the vagina, thus avoiding the discomfort to the patient by pressure on bladder, &c., and the unpleasant removal of an offensive tampon.

These forceps will in addition be found valuable during the operations of supra-vaginal amputation of cervix uteri and vaginal hysterectomy in cancerous cases, more especially when tenaculum or volsella fail to hold.

The convex shape of blades will also prove a guide to the preliminary incisions in vaginal roof when cervix or entire uterus is being removed from below, and by opening the blades to their full extent and pressing same upwards will stretch the vaginal fornices and facilitate the removal of cervix in the operation of abdominal hysterectomy, the instrument being held by assistant (like Mr. Bowreman Jessett's speculum), the rack at lock keeping blades in position.

The instrument has been most carefully made by Messrs. Arnold and Sons, West Smithfield, from my sketch and description. The rubber cord let into concave sides of jaws prevent injury to cervix from continued pressure. The blades are detachable and easily sterilised by placing in boiling water. I have found forceps most useful, and trust they may prove equally useful to others.

PERSONAL.

Sir William Turner, F.R.S., of Edinburgh, has been elected president of the British Association at the next annual meeting, which will take place at Bradford.

Literature.

ELEMENTARY PHYSIOLOGY. (a)

THIS excellent little manual has, professedly, been prepared for the benefit of "those who have no previous knowledge of the subject;" and with the earnestly expressed hope "that it may remove some of that deplorable ignorance which is so often met with, even among fairly well educated people, as to the general structure of their own bodies, and the actions which take place within them during life."

We congratulate the author on the result of his labour. He has made an excellent selection from the vast mass of his material, and has arranged it judiciously, and with the least possible amount of technical nomenclature. Following a general introduction, we have three chapters devoted to a description of the structure of the body: the skeleton and its articulations, the muscular system, and the viscera. Then the author proceeds to deal with the functions: circulation, blood, diet, digestion absorption, and metabolism, respiration, animal heat, excretion, the nervous system, and the senses.

The text is illustrated by a series of 125 drawings, there is an appendix of well-selected practical exercises, and a series of questions by which the reader can test his progress and strengthen his memory as he proceeds with his reading. There is also, we are glad to see, a good index.

Accordingly, we consider that this volume has made a thoroughly honest "bid" for public patronage. We congratulate the author on the skill and judgment which he has brought to bear upon his task, and on the completion of the work as it lies before us. We also feel certain that it will meet at the hand of the general reader the cordial reception which it most assuredly deserves.

"TWENTIETH CENTURY PRACTICE." (b)

THIS important volume contains nine articles:—Influenza, by Professor Ditmar Finkler, M.D., Bonn; Typhus Fever, by Eduardo Licéaga, M.D., Mexico; Plague, the joint production of. S. Kitasato, M.D., Tokio, Japan, and A. Nakawaga. B.Sc., M.D., Tokio, Japan; Glanders, by Frank S. Billings, M.D., Grafton, Mass.; Anthrax, by the same writer; Foot and Mouth Disease, by Ismar Boas, M.D., Berlin; Actinomycosis, by Emil Ponfick, M.D., Breslau; Rabies, by Nathaniel Garland Keirle, M.D., Baltimore; and Pyæmia and Septicæmia, by J. McFadden Gaston, M.D., Alanta, and J. McFadden Gaston, jr., M.D., Alanta.

The now vast subject of influenza is very ably treated by Professor Finkler. The frequency and mortality of the so widely diffused epidemics of this disease that have occurred of recent years have brought it so prominently before all members of the profession in all civilised communities, that the subject has been brought broadside in collision with the proud-crested wave of latter-day scientific research, and has in consequence been so thoroughly investigated in all its relationships, that, as Dr. Finkler truly observes, "influenza has given us occasion to test all the modern attainments of medical science." We thoroughly admire and proudly sympathise with the feelings which dictated the following:—"It may be truly said that influenza has become the teacher in many branches, and it has demonstrated to the world such thoroughness of methods on the part of physicians and investigators, that our profession has a right to feel proud of its members." This truly magnificent article occupies 249 pages of the volume before us; and it is hardly necessary to add that it omits nothing worthy of record that history or scientific research has hitherto taught the most reliable investigators on the subject. It is a thesis which we must emphatically say does the highest honour to the scientific attainments, clinical discrimination, patient and thorough research and philosophical judgment in the selection and arrangement of material herein displayed by the author.

The second article in position—and in dimensions - is that on typhus fever. It may look a little strange to many of us British Islanders who see so much of this fever at home to have the future standard of the subject imported from Mexico. The article is, however, a very good one. The writer has, of course, to lament the non-discovery of the pathogenic microbe, and also of a specific remedy for the cure of typhus.

In the article on plague, Dr. Kitasato gives full instructions for the differential diagnosis between the *bacillus pestis* of Yersin and that which he has himself described. "Further bacteriological investigations of the plague are desirable, since it is necessary that the scientific world should come to some definite conclusion as to the etiological bacilli, before ortho-therapy and preventive inoculation can be instituted on a truly rational basis."

"Glanders" is ushered in by a definition which we felt irresistibly impelled to read a second time. It is worded as follows:—"Glanders is an endogenous, obligatory-parasitic, invasio-infectious disease, due to the pathogenic action of a specific bacillus within the body of a suitable host, which finds its historico-primary origin and its present genesis invariably among the solipeds, principally the horse, from which it is extended to other animals and to man, directly or indirectly, but not to cattle and swine." This definition did not lead us to expect too high a standard of scientific and clinical taste and discrimination; which, possibly, partly accounts for the fact that we were not disappointed.

The article on rabies is one which we perused with pleasure as well as instruction; it is extremely well written, and displays judgment and power of personal observation of a very high order.

The volume closes as it began, with an able and carefully-prepared article (Pyæmia and Septicæmia). In the introduction the authors express dissatisfaction with the position of the boundary line between medicine and surgery. "The line of distinction between surgery and medicine has been generally recognised as external and internal, but this does not give so good an idea of the difference as a division into organic and functional disorders. A mere temporary engorgement of structures which is not accompanied or followed by radical changes in the organisation of the tissues, and which is amenable to the action of drugs comes properly under the care of the physician. But a modification of structure as to size, shape, or density, whether internal or external, belongs to the domain of the surgeon." Whether or no the profession on our side of the Atlantic may think this definition eligible for all future use, we venture to say that there will be no second opinion as to the value of the article towards which it leads. We consider that it is one of the most carefully thought-out and sensibly-written of the many which have hitherto appeared in this magnificent encyclopædia.

AN EXPERIMENTAL RESEARCH INTO SURGICAL SHOCK. (a)

THIS beautifully-printed and well-illustrated volume places before its readers the results of a series of (approximately) blood-curdling experiments on many quadrupeda members of the animal creation, with the view of throwing some light on the nature of surgical shock when met with in the lordly biped, man. The experiments have certainly been carried out with great care; they were also originally selected with excellent judgment, as tending in their results

(a) "Elementary Physiology." By Benjamin Moore, M.A., late Sharpey Research Scholar, and Assistant Professor of Physiology at University College, London. With 125 illustrations. Longmans, Green, and Co., London, New York, and Bombay. 1899.

(b) An International Encyclopædia of Modern Medical Science. By leading authorities of Europe and America. Edited by Thomas S. Stedman, M.D., New York City. In 20 volumes. Volume XV., Infectious Diseases. London: Sampson, Low, Marston, and Company, Limited. 1898.

(a) "An Experimental Research into Surgical Shock." An essay awarded the Cartwright Prize for 1897. By George W. Crile, A.M., M.D., Ph.D. Professor of the Principles of Surgery and Applied Anatomy in the Cleveland College of Physicians and Surgeons; formerly Professor of Physiology in the Medical Department of the University of Wooster; Attending Surgeon to the St. Alexis and Cleveland General Hospitals, Philadelphia. London: J. B. Lippincott Company.

to throw the strongest lights on the dark places of the hitherto very obscure condition of surgical shock.

A great many of the conditions here artificially produced on members of the quadruped families will, we trust, be seldom met with in our practice on the persons of our biped *confrères*; but we consider the volume a very important one, and one which should be carefully read throughout by every practising surgeon. It is a most carefully-prepared contribution to the increase of our knowledge of one of the most mysterious conditions with which we have had to deal.

PASS LISTS.

University of Dublin.

At the first Examination for the Degree of Bachelor in Medicine, held this month, the following candidates satisfied the Examiners:—

Old Regulations.—1. Chemistry with Chemical Physics.—Ernest George Annis, M.R.C.S., L.R.C.P., D.P.H., Alfred James Bulger, M.R.C.S., L.R.C.P., Philip Gell Garrett, M.R.C.S., L.R.C.P., Ernest James Miller.

New Regulations.—1. Elementary Anatomy and Biology. Chemistry and Physics. Honours—First Class.—Arthur Gibson Dunn.

Honours—Second Class.—William Henry Peacock.

Pass List.—John Frederick Bridge, John Wilfrid Caton, Edgar Fletcher Edmunds, Evelyn John Evatt, Daniel Richard Guns, Francis Jollie Gowans, George Brittan Gill, William George Thomas Hepplewhite, William Hughes, John Thomas McKay, Joseph Collingwood Stewart.

Chemistry and Physics. Frederick George Armstrong, Walter Donald Carruthers, Wilfred Ralph Leycester Drawbridge, Margaret Douglas French, Arthur Henry Fullerton, Bryden Glendinning, William Edward Hopkins, Charles Robert Lease, George Edward Victor Morris, Flora Murray, Christie Muthuswamy-Anthony, Harry Carlile Sturdy, M.R.C.S., L.R.C.P., Gayton Warwick Smith, Herbert Hoyle Whaite, Auburn Lawrence Wilkinson, John Robert Wylie.

Elementary Anatomy and Biology.—Ambrose Harold Bateman, Harold Linton Currie, William Watkiss Jones, Sidney Nix, Leslie Martin Rosten, John Malcolm Shaw.

Medical News.

Vital Statistics.

The deaths registered last week in the thirty-three great towns of the United Kingdom corresponded to an annual rate of 25·2 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, correspond to the following annual rates per 1,000:—

Birkenhead 18, Birmingham 28, Blackburn 24, Bolton 33, Bradford 23, Brighton 31, Bristol 20, Burnley 43, Cardiff 25, Croydon 18, Derby 26, Dublin —, Edinburgh —, Glasgow —, Gateshead 21, Halifax 19, Huddersfield 22, Hull 27, Leeds 18, Leicester 25, Liverpool 32, London 22, Manchester 32, Newcastle-on-Tyne 35, Norwich 23, Nottingham 27, Oldham 25, Plymouth 22, Portsmouth 21, Preston 28, Salford 31, Sheffield 30, Sunderland 31, Swansea 22, West Ham 22, Wolverhampton 36. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 3·2 in Burnley; from whooping cough, 1·4 in Cardiff; from fever, 1·8 in Sunderland; and from diarrhœa, 6·3 in Nottingham, 6·4 in Sheffield, 7·5 Bradford, 7·9 in Sunderland, 8·4 in Liverpool, 8 8 in Birmingham, 10·2 in Brighton, in Leicester, and in Hull, 11·5 in Manchester, 13·3 in Preston, and 13·8 in Bolton. The 70 deaths from diphtheria included 24 in London, 6 in Birmingham, 6 in Liverpool, 5 in Leicester, 4 in Leeds, and 4 in Sheffield. One death from small-pox was registered in Hull, but not one in any other part of the United Kingdom.

The Mortality of Foreign Cities

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Calcutta —, Bombay 36, Madras 34, Paris 16, Brussels 17, Amsterdam 14, Rotterdam 21, the Hague 18, Copenhagen 22, Stockholm 17, Christiania 20, St. Petersburg 21, Moscow 29, Berlin 25, Hamburg 22, Dresden 25, Breslau 27, Munich 23, Vienna 17, Prague 23, Buda-Pesth 18, Trieste 19, Rome 14, Turin (ten days) 18, Venice 21, New York (including Brooklyn) 19, Philadelphia 15.

Typhoid outbreak in Kent.

A serious outbreak of typhoid fever in a range of cottages by the side of the river Stour, at Asford, Kent, is causing great anxiety to the authorities. Twelve out of thirty-three persons living in the cottages have been attacked. Owing to the great heat, the infant mortality for the past month is the highest on record.

Suicide of a Medical Man.

The suicide by prussic acid of Mr. Marwood Sanderson, F.F.P.S, of Loftus (Yorkshire), which is reported to have occurred on the 11th inst., naturally caused much local excitement. The deceased was 60 years of age, and was possessed of considerable means. No reason has been discovered to explain the regrettable occurrence.

Yellow Fever in North America.

Close upon two hundred cases of yellow fever are reported to have occurred at Key West, and three suspicious cases landed at New York, from a vessel hailing from Key West, have been diagnosed as yellow fever. With the approach of colder weather, it is hoped that no further spread of the disease will take place.

The Sunderland L.G.B. Inquiry.

An inquiry, ordered by the Local Government Board, into the conduct of Dr. Burns, a Poor-law Medical Officer, has just come to an end after a nine days session. The question under consideration was whether or not the medical officer in question, had been guilty of inebriety in the discharge of his duties, and the decision of the Board will be made known very shortly. Dr. Burns was defended by Lord Coleridge, who made a powerful speech on his behalf after the evidence had been taken.

The Bubonic Plague in India.

The following gentlemen have been selected as volunteers to proceed to India for the purpose of ministering to the requirements of plague-stricken patients:—Harry Cowper Patrick, M.D., C.M., Glasgow, who was on plague duty in Bombay between 1898 and 1899, and was invalided home for enteric fever; Charles Thomas Costello, M.B., B.Sc., Dublin, who served on plague duty in Madras last year; William Morrison, M.D., Edinburgh, B.Sc., Biological and Public Health, Edinburgh, who has served as Medical Officer in China; James William Otto van Millingen, M.D., C.M., Glasgow, who served for two months on plague duty Alexandria; Reginald A. Farrar, M.D, B.Ch., M.A.Oxon, M.R.C.S., England, L.R.C P., D.P.H., Cambridge; Alexander Samuel Faulkner, F.R.C.S, Edinburgh, M.R.C.S., England, M.R.C.P., L M., Ireland, a retired surgeon-major of the Indian Medical Service; Edward Lewis Hunt, M R.C.S., L.R.C.P., who served on plague duty Bombay 1897-98; Henry William Beach, M.R.C.S., England, L.R.C.P., London, D.P.H., Cambridge, who served two years plague duty in 1898-99; John Hackett Walsh, L R.C.P., L R.C.S., Ireland; John Hanna Murray, M.R C.S., England, L R.C.P., London, M.B., London University, D.P.H., formerly medical officer at Isolation Hospital, Nottingham; William Samuel Jagoe Shaw, M.B., B.Ch, B.A.C., University of Ireland, formerly assistant medical officer to the Stafford County Asylum; James Harry Horton, M.R.C.S., L R.C.P., London, Durham prizeman at Guy's in 1881; Cuthbert Christy, M.B, C.M., Edinburgh, who served as senior medical officer in African Field Force, Nigeria; John Edward Sandilands, M.B, B.C., Cantab., M.R.C.S., England, L R.C.P. London, formerly senior house-surgeon at the Metropolitan Hospital; George Taylor, M.D., Aberdeen, B.Sc., Edinburgh, who took the public health medal at Edinburgh in his year; Harry Cogill, M.R.C.S., England, F.R.C.P., London; Edward Head Moore, L.R.C.S., Edinburgh, L.S.A, London, medical officer Falmouth and surgeon-captain in the Army Medical Reserve; Percy Targett Adams, L.S.A,, M.R.C.S., D.P.H., England, *pro tem.* resident medical officer to the General Post Office. London; Mark O'Brien, L.R.C.P., L.R C.S., Edinburgh, L.F.P.S., Glasgow, who was this year on the West London Hospital course; and Alexander Macbeth Elliott, M.B., C.M., Edinburgh.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

MR. W. S. BOYD.—In reply to our correspondent's inquiries the following works will be found reliable on the subjects indicated:—(1) Hutchinson's Syphilis, 9s.; Drysdale's Syphilis, 5s.; or the American Text-book, by Bangs and Hardaway, 42s. (2) Shield's Clinical Treatise on Diseases of the Breast, 15s. (3) A Physician's Sermon to Young Men, 1s. (4) Allingham's Diagnosis and Treatment of Diseases of the Rectum, 12s. 6d., all or any of which can doubtless be had in his neighbourhood of Messrs. Bailliere, Tindall, and Cox, King William Street, Strand.

DR. J. STEWART.—If our correspondent will supply us with reliable data, we shall be pleased to investigate and to state our opinions.

A PROVINCIAL PRACTITIONER will find the subject is handled in a leader in our present issue.

FRIERN MANOR.—The accused is an LL.D., not a doctor of medicine. Unfortunately the public immediately jump to the conclusion that every "Dr." mentioned in the newspapers belongs to the medical profession.

INQUIRER.—Burning of the skin by the X-rays has been found to be due, not to the rays themselves, but to a high-tension induction current formed near the Crookes' tube.

MR. WILSON is thanked for his note. A discussion, however, at the present moment would be inopportune.

AGE AND SLEEP.

TESLAU says that negroes live to advanced age because they sleep so much. He believes that a man has just so many hours to be awake, and that the more of them he uses up in a day the shorter his life will be. A man might live to be two hundred if he could sleep most of the time. The proper way to economise time, therefore, is to sleep whenever there is nothing better to do.

A THIRD YEAR'S MAN.—The results will not be known before the end of October.

INCONTINENCE OF URINE IN ELDERLY OR NERVOUS WOMEN.—When there is a frequent desire to pass water, or it runs away in the act of coughing, sneezing, or laughing, it is generally due to the want of power in the vesical sphincter. In such cases tincture of cantharides will be found of the greatest service if given in small doses of one minim in water three or four times daily.

A NEW FEATURE IN BACTERIOLOGY.—One of our non-medical contemporaries is responsible for the following:—Mrs. Malaprop's country visitor had a sore back, and her kind hostess insisted on her seeing a distinguished bacteriologist, because, as she said, she had heard so much about recent advances in backteriology that she felt sure he would do her friend good.

Vacancies.

Athy Union.—Analyst to the Board of Guardians.—Applications to the Clerk of Union.—(See advert.)

Barnwood House Hospital for the Insane, Gloucester.—Junior Assistant Medical Officer. Salary commencing at £120 per annum, with board, &c.

Cambridgeshire, &c., Lunatic Asylum, Fulbourn, near Cambridge.—Assistant Medical Officer. Salary, £140 per annum, with board, lodgings, and attendance in the Asylum.—Applications to the Clerk to the Visitors, Cambridge.

County Asylum, Prestwich, Manchester.—Assistant Medical Officer, unmarried. Salary commencing at £125, with board, apartments, washing, &c.

Cumberland and Westmoreland Asylum, Garlands, Carlisle.—Junior Assistant Medical Officer, unmarried. Salary £100 a year, with board and residence.

Devon County Asylum, Exminster.—Two Assistant Medical Officers. Salary commencing at £120 per annum for the first, and for the second £100, with, in both cases, board, lodging, and washing.

Durham County Asylum, Winterton, Fairyhill.—Assistant Medical Officer, unmarried. Salary commencing at £140, with board, lodging, washing, and attendance.

French Hospital and Dispensary, 172 Shaftesbury Avenue, London.—Resident Medical Officer, unmarried, speaking French. Salary £80 per annum, with full board.

Great Yarmouth Hospital.—House-Surgeon. Salary £90 per annum, with board, lodging, and washing, and £10 extra for

Govan District Asylum, Crookston, near Paisley. Junior Assistant Medical Officer. Salary commencing at £100 a year, with rooms, board, attendance, and laundry.

Manchester Clinical Hospital for Women and Children, Park Place, Cheetham Hill Road.—House Surgeon. Salary, £80 per annum, with apartments and board.—Applications to the Secretary, 38 Barton Arcade, Manchester.

Metropolitan Asylums Board.—Two Assistant Medical Officers at Darenth Asylum, near Dartford, Kent, and one at the Leavesden Asylum, near Watford, Herts. Salary, £120 per annum, rising, conditionally, to £150, with board, lodging, attendance, and washing, subject to statutory deductions. Apply at the office of the Board, Norfolk Street, Strand, London. (See advert.)

Stoke-upon-Trent Union.—Resident Medical Officer for the Workhouse. Salary commencing at £100, with board, washing, and furnished apartments.—Apply to the Clerk, Union Offices, Stoke-upon-Trent.

West Riding Asylum, Menston, near Leeds.—Fourth Assistant Medical Officer. Salary commencing at £100, with board and apartments.

Appointments.

CLARKE, H. W., M.D.Brux., L.R.C.P.Lond., M.R.C.S., Medical Officer for the No. 1 Relief District, Kensington.

ELMES, T. FRANCIS, L.R.C.S., L.R.C.P.Edin., L.F.P.S.Glasg., Resident Medical Officer to the St. Pancras Hospital, London, N.W.

ENSOR, E. T., M.D. Univ. N.Y., L.R.C.P.Irel., L.F.P.S.Glasg., Medical Officer for the Workhouse for Able-bodied Men and for the Casual Wards, Kensington Union.

FARRAR, R. A., M.D.Oxon., L.R.C.P.Lond., M.R.C.S., D.P.H.Cantab., has been appointed under the Indian Government to take up Plague Duty.

GAMBLE, M. F. H., L.R.C.P., L.R.C.S.Edin., L.R.P.S.Glasg., Acting Medical Superintendent, *pro tem.*, for the Sunbury Lunatic Asylum, Victoria, Australia.

LOBY, ARTHUR GEORGE BATEMAN, L.S.A.Lond., Medical Officer for the Chudleigh District of the Newton Abbot Union.

ORMEROD, E. W., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Southam Workhouse and Sanitary District of the Union.

WILSON, A. GARRICK, B.A., M.B.Cantab., M.R.C.S., L.R.C.P.Lond., House Surgeon to the St. Mary's Hospital, London.

Marriages.

DOBIE—MORRELL.—On Sept. 8th, at All Souls', Belvedere, William Henry Dobie, M.B., C.M.Edin., M.R.C.S., son of William Murray Dobie, M.D., of Chester, to Alice Fanny, younger daughter of Commander George Trueman Morrell, R.N., retired, of Belvedere, Kent

HERON—BOWLBY.—On Sept. 12th, at the Parish Church, Downpatrick, co. Down, J. Matthews Heron, M.D., of Downpatrick, to Annie Margaret Warner, eldest daughter of Lieut. Colonel P. E. Bowlby (late 48th Regiment), Rathdune, Downpatrick.

REYNOLDS—ALLETSON.—On Sept. 14th, at St. Luke's Church, Liverpool, Cecil Arthur Reynolds, M.B., B.Ch. Oxon, eldest son of Henry Reynolds, J.P., of Norton Lodge, Halton, Cheshire, to Elizabeth, eldest daughter of Samuel Alletson, of Liverpool.

SCHARLIEB—TWEEDY.—On Sept. 14th, at St. Andrew's Church, Redruth, Cornwall, Herbert Johann Scharlieb, M.D.Lond., F.R.C.S.Eng., second son of the late William Mason Scharlieb, Esq., of the Middle Temple, barrister-at-law, and Mrs. Mary Scharlieb M.D., M.L.Lond., of London, to Edith, elder daughter of Charles Tweedy, Esq., of Redruth.

YOUNG—CHAPLIN.—On Sept. 16th, at St. Jude's Church, South Kensington, Hy. W. Pennyfather Young, B.A., M.D.Cantab., M.R.C.S., son of the late Thos. Young, of Eastbourne, to Constance, daughter of the late James H. Chaplin, of Lloyd's.

Deaths.

BUDD.—On Sept. 13th, at his residence, 8 Gay Street, Bath, Samuel Punnett Budd, M.R.C.S., L.S.A., aged 55 years.

EZARD.—On Sept. 10th, Helen Mary Ezard, wife of Edward H. Ezard, M.D., D.Sc., of Lewisham High Road, S.E., entered into her rest, aged 37 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, SEPTEMBER 27, 1899. No. 13.

Original Communications.

INFLUENCE OF POSITION ON THE FORM AND DIMENSIONS OF THE PELVIS. (a)

By PROF. E. PINZANI, M.D.,

of Pisa.

WALCHER'S paper, published in 1889, on the variability of the conjugata vera, being of practical interest, gave a new direction to previous researches on the mobility of the pelvic articulations, I feel obliged to state here, that according to some authors, the merit of having made practical use of the current ideas concerning the mobility of the pelvic articulations is not due to Walcher, the position he describes having being recommended in difficult labours, by Scipione Mercurio (1595) according to some, by Sebastian Melli (1721) according to others. Allowing the question to pass whether Melli might possibly have copied the design of Mercurio, I wish to observe that neither the one nor the other can have had in view enlargement of the pelvic dimensions, as in their day the mechanism of the sacro-iliac articulations was unknown. Moreover it ought to be said that though the positions described by Mercurio and Melli have some analogy with Walcher's, there is nevertheless a fundamental difference, as in the former the lower extremities of the woman are always supported, whilst in the latter they are hanging, and by their weight draw the anterior pelvic ring downward and forward. I have examined sixty-two women during the puerperal state, successively in Melli's and in Walcher's position. In seventeen cases exact mensuration of the diagonal conjugata gave no difference, in the other forty-five cases there was a difference from 1 to 8 millimetres in favour of Walcher's position. Researches on five feminine cadavers gave the same result for the conjugata vera. Therefore I think, and Pestalozza is of my opinion, that the position with hanging thighs ought to bear Walcher's name.

Changes in the pelvic dimensions. Antero-posterior dimensions.—When a woman is placed on a table, with the head and shoulders slightly elevated and the buttocks somewhat projecting beyond the edge, a cushion being placed under the sacrum, the thumbs being placed on the superior iliac spines, whilst an assistant places the lower extremities first in the lithotomy and then in the horizontal position, finally abandoning them to their weight, the following is observed:—

The iliac spines describe part of a circle in a forward and downward direction, the lumbar lordosis increasing at the same time. Moreover when the lower extremities are in complete extension and allowed to hang downwards, the iliac spinal action continues without the lumbar lordosis being further increased. There is first an increase of pelvic inclination, limited by the tension of the ligamentum longitudinale anterius and the intervertebral joints. By this tension the sacrum is fixed. The anterior pelvic arch being drawn further downward, the effect will not be perceived for the entire pelvis, but only for the iliac bones, without change of place in the sarcum. The transverse axis for the moment of the iliac bones lies behind the second sacral vertebra. This axis being situated under the promontory, the symphysis must be removed from the promontory by the rotation, whilst it approaches the point of the sacrum; the sagittal diameter of the brim being consequently increased and that of the outlet diminished. This action of the iliac bones is limited partially by the sacro-iliac articulations, partly by the posterior ligament, and somewhat by the muscles of the abdominal wall and by the psoas.

I need not say that pregnancy will be, generally, favourable to this dislocation of the iliac bones, but I ought to add that individual conditions may diminish, even in pregnant women, this mobility.

At the present moment there is no doubt that the conjugata vera increases progressively, when the woman is brought successively in the lithotomy position, the obstetrical position and Walcher's position. Difference of opinion exists only as to the degree of the augmentation. According to the researches of Walcher, Duhrssen, Fothergill, and Küster, the increase of the conjugata varies from 8 to 15 millimetres. Of those who object to those elevated cyphers, I quote Varnier, who says that there ought not to be a comparison made between the dimension found in the lithotomy position, never used in obstetrics, and that of Walcher, but between the measures found in the latter and in the obstetrical position. In this way an increase of 2 or 3 millimetres ad maximum can be obtained, according to his researches. Later experiments of Fehling contradict partially Varnier's pessimism. The results of cadaver-experiments by Walcher, Klein, Varnier, and Pinard, and Küttner being incongruous, and on the other hand the clinical observations of Kalt, Wehle, and others showing a considerable increase, I resolved to make some researches for myself.

In 102 women, nearly all in the second week after confinement and the others in an advanced state of pregnancy, I have measured with the finger with the utmost exactness, the diagonal conjugata in the lithotomy position, in the obstetrical position, and in Walcher's position. By the change of the first position into the third I have found an increase in the average of 7·5 millimetres maximum 17, minimum 2 mm. Between the first and the second position the difference was on the average 1·9, maximum 0 mm. Between the second and the third position (101 cases) the average of the increase was 6·1, maximum 12, minimum 2 mm.

The mensuration in the five female bodies gave smaller differences.

Is it true that the increase of the conjugata vera

(a) Abstract of paper read before the International Gynæcological Congress, Amsterdam, August 1899.

corresponds exactly to that of the diagonal conjugata? According to Klein the c. vera is less, according to Küttner more increased than the diagonal conjugata. In the five bodies I examined the difference between conjugata vera and c. diagonalis was the same in all three positions.

I do not exactly know why in the corpse the effect of the alteration of position is less than in the living.

My researches confirm the results of Klein, that in contracted pelvis the difference between the length of the diagonal conjugata in the obstetrical and in Walcher's position is on the average 8·7 mm. *i.e.*, superior to the general average difference (6·1 mm.)

Moreover I found a great variety, from one case to the other, in the degree of the increase.

The *coccy-pubic diameter* will, as I have mentioned, be shortened in a higher degree than the conjugata increases. I do not know whether exact mensurations of this diameter have been made, except those of Küttner and those I have communicated at the Fifth Congress of the Italian Obstetrical and Gynæcological Society. I have been able to continue these researches, and in the five corpses I examined I saw by changing the lithotomy into the obstetrical position, an average diminution of the coccy-pubic diameter of 5·6 mm., and of 9·2 mm. by changing the latter position for that of Walcher. The entire difference between the two extreme positions was thus on the average 14·8 mm., and has varied between 26 and 9 mm.

I need not say that the *antero-posterior diameter of the wide part of the excavation* does not or almost not change.

Transverse diameter of pelvis.—Küster thinks that the movement executed by the sacrum is exactly the contrary to what has been observed in rachitic pelves, and conforming to this idea he says he has observed a diminution of the distance of the iliac spines. I have examined in regard to this point 127 women in the puerperal state, and found that by Walcher's position this distance and that of the cristæ was not altered in 24 cases, was diminished in 22 and increased—average 5 mm.—in the other 81 cases. The experiments on the five corpses gave the same results. Contrary to Küster's opinion I believe that the action of the sacrum is not exactly opposed to that which occurs in rachitic pelves. In Walcher's position the postero-inferior part of the iliac bones is drawn towards the median line and the postero-superior part must make a movement in the inverse direction. By this movement there must be a tendency to increase the transverse diameter of the brim. And really, my mensurations in five cadavers, have given by the change of the lithotomy position into that of Walcher, an increase of this diameter of 3·2 mm., on the average, 4 mm. in maximum, 2 mm. in minimum. My results are thus in contradiction to those of Klein.

Variations of the form of the pelvic cavity.—After my five cadaver mensurations I have constructed a design of the schematical form of the pelvic cavity, in sagittal sections, in the lithotomy position and in that of Walcher.

I shall not speak of the practical consequences of these considerations because they are clear enough, having moreover mentioned them in my paper read at the Fifth Congress of the Italian Obstetrical and Gynæcological Society.

THE professorship of Ophthalmology in the Egyptian Government School of Medicine at Cairo is now vacant. The appointment carries with it the surgeoncy to the Kasr-el-Ainy Hospital, and is likely to have many applicants. Particulars will be found in our advertising columns, or may be obtained of Mr. Hallett at the Examination Hall, Savoy, London.

ACUTE INFECTIVE ARTHRITIS AND CELLULITIS.

BY JOHN O'CONOR, M.A., M.D., T.C.D.,

Senior Medical Officer, British Hospital, Buenos Ayres, Argentina.

IN my first paper (1) on this subject, I suggested the expediency of substituting the term Acute Infective Arthritis for Acute Articular Rheumatism, as I contended that the latter was not consistent with the pathology of the disease, which in my opinion is an infective malady very analogous to gonorrhœal arthritis and pyæmia.

In more recent papers (2) I adopted the heading Acute Infective Arthritis and Cellulitis, for I found in some cases on which I have operated, that there was considerable cellulitis around such points as the ankle, wrist, and phalanges without any sign of arthritis after arthrotomy. Since those papers were published I have had the opportunity of finding both conditions co-existing in the wrists and ankles.

In a recent series (3) of twelve unselected consecutive cases of "acute rheumatic arthritis" incision, with irrigation and drainage, immediately cured the local trouble, and, moreover, caused prompt subsidence of the general toxæmic symptoms.

Being the first surgeon who advocated and practised arthrotomy in gonorrhœal (4) and "acute rheumatic" arthritis, I was anxious to hear what results this treatment would give in other hands, and I was gratified in seeing (5) that Dr. John Homans had found it most satisfactory in a case of gonorrhœal arthritis. So far as I am aware, no other surgeon has tried it in "acute rheumatism," but I was pleased to read a temperate criticism (6) of my paper (7) by Dr. Ewart, in which he admitted that there are some cases which do not respond to the "usual treatment," and that "the so-called rheumatic cases fall into two clinical groups, those which promptly recover under the usual treatment, and those which do not." In making this statement, Dr. Ewart has obviously struck a keynote, viz., that the second group cannot be diagnosed until after a useless and positively detrimental treatment has had a trial, not to mention loss of valuable time.

Even admitting the empirical existence of two such groups, the question naturally arises, does metastatic endo or pericarditis ever supervene in cases where only one joint, or two symmetrical ones, are attacked? From an experience of twelve years' hospital practice, I can certainly answer this in the affirmative. In fact, the worst case of "rheumatic" endocarditis I have ever seen occurred in a patient who had only both knee-joints affected.

Dr Ewart suggests the term "for want of better," "acute rheumatoid arthritis." What purpose the meaningless word "rheumatoid" can serve I fail to comprehend, unless to mystify our sense of perception.

If anyone is interested in my views as to the pathology and treatment of this common complaint, I should like to refer him to the "Annals of Surgery," February, 1898, and April, 1899.

The two following cases, which are at present under treatment, tend to prove the practical truth of the above statements.

CASE XI.—P. G., married man, labourer, æt. 34, was admitted to hospital on July 18th, complaining of pain in the left ankle and both shoulder-joints. Temp. 103·4 degs., pulse 80, tongue furred, profuse perspiration, urine scanty, high coloured, no albumen, lungs and heart normal; with a history of rheumatic fever two and a half years ago.

• July 19th. Left ankle became swollen, pains in the shoulders continued, and pain developed in left knee. Salicylate of soda, grs. xx, ordered every

three hours, joints enveloped in warm wool, and sheets removed from bed. Milk diet and a saline purge.

20th.—Left ankle more swollen, red, and very painful, left knee swollen and distended with fluid.

21st.—Right ankle and right knee became swollen during the night. As patient was becoming progressively worse with both knees and ankles swollen, tender, and painful, and pain in both shoulders, with general symptoms more marked, medical treatment was abandoned.

22nd.—Arthrotomy of both knees and ankles was performed, and turbid serum removed from each, the joints were irrigated with 1 in 2,000 corrosive sublimate lotion, drainage tubes inserted into knee-joints, and sterilised gauze into ankle-joints. As considerable cellulitis existed on the dorsum of feet free incisions were made into affected areas, and wounds irrigated and stuffed with gauze. Although pain was complained of since admission in both shoulders I refrained from opening the joints, as I hoped the removal of the toxin from the other joints would effect a cure.

Second morning, temperature had fallen to 99 degs., sweating had ceased, and patient expressed himself as absolutely free from the former pains, excepting an occasional twinge in the shoulders.

Fourth morning, temperature remained normal, general symptoms had completely vanished, drains removed, free action movement of each joint without pain; as patient complained of hunger full diet was ordered. An uneventful convalescence ensued, and he was allowed out of bed as soon (August 14th) as wounds were sufficiently healed.

CASE XII.—J. B., æt. 37, coachman, became suddenly ill on July 14th, with shivering, fever, and pains in shoulder and left knee. On examination he had temperature 102·3 degs., profuse sweating, dirty tongue, high coloured, scanty, non-albuminous urine, pulse 100, and loss of appetite. The left knee was painful to touch, but no swelling was found in it or shoulders, lungs and heart normal. "Rheumatic fever" being diagnosed, soda salic, grs. xx, was given every three hours, and warm wool and blankets applied.

July 16th.—Left knee-joint swollen and distended, temperature reached 102 degs. each night, with a slight morning remission, pains continued in shoulders, general condition worse; treatment continued as before.

22nd.—Swelling, tenderness and pain of left knee increased, some swelling noticed on the palmar surface of metacarpo phalangeal joint of right middle fingers, and a coarse friction sound elicited for the first time, on auscultating præcordium. Patient looked very ill, with face flushed, pulse 110, temperature 103 degs., respirations 34, and he had no desire for nourishment. Six-hour hypodermic injections of strychnine and digitalis ordered.

24th.—As the condition was becoming grave, medication was given up and arthrotomy of left knee performed, and eight ounces of turbid serum evacuated. The joint was irrigated and a large drainage tube inserted. Two incisions were made into swelling in finger, serum oozed from the cut surfaces, and sterilised gauze was placed in wounds

25th.—All pains had departed, sweating ceased, temperature 100 degs.; patient appeared a different being.

August 1st.—Pericardial friction sound less distinct; temperature reaches 100 degs. at night, and falls to normal each morning. Knee normal in contour, no pain or tenderness on manipulation, active movement through a right angle. Middle diet asked for, and given.

7th.—No abnormal sound found on auscultating cardiac area. Temperature remained at normal. Patient able to sit up in bed and partake of full diet.

Convalescence was rapid, and he was allowed out of bed with his colleague on August 14th.

In both these cases I forgot, in the hurry of concluding operation, to insert waiting silkworm-gut sutures, which I have frequently found most useful in accelerating the healing of knee wounds.

In conclusion, I wish to lay particular stress on a most important detail in the operation. Take care to establish thorough drainage, for an open non-draining knee-joint is a terrible surgical precipice. In order to avoid risk the joint capsule should be freely incised, and a well perforated drainage tube of at least one-third of an inch in diameter inserted into synovial pouch.

Given ordinary cleanliness and free drainage, arthrotomy (8) is one of the most simple and safe procedures in surgery, and rarely takes me more than five minutes to perform.

Finally, in the disease acute infective arthritis and cellulitis, do not wait for a cardiac murmur to confirm the diagnosis; operate immediately effusion is detected in a joint or joints. By so doing, metastasis can be certainly prevented.

(1) "Glasgow Medical Journal," October, 1897; 'Annals of Surgery," February, 1898.
(2) "International Medical Magazine," June 15th, 1898; "Annals of Surgery," April, 1899.
(3) "Annals of Surgery," April, 1899.
(4) "Glasgow Medical Journal," October, 1897; "Annals of Surgery," February, 1898.
(5) 'Boston Medical and Surgical Journal," November, 1898.
(6) "Lancet," July 22nd, 1899.
(7) "Lancet" July 8th, 1899.
(8) "New York Medical Journal," November, 1896, and MEDICAL PRESS AND CIRCULAR, January 26th, 1898.

A PLEA FOR MORE EXTENSIVE OPERATIONS IN THE TREATMENT OF MALIGNANT DISEASE OF THE JAWS. (a)

By J. PAUL BUSH, M.R.C.S.,
Surgeon, Royal Infirmary, Bristol.

THE following cases of malignant disease of the jaws are, I think, interesting, not only on account of the magnitude of the operations, but also because they were looked upon by some as cases too extensive for operative interference.

M. W., a young woman, æt. 16, was sent to me for consultation at the end of last year. Some nine or ten months before she noticed pain in the upper jaw, and a month or so later her friends noticed that the upper lip appeared swollen The upper jaw was enlarging in size, but the pain ceased.

Six weeks previously she had been admitted into a hospital, where a small tumour the size of a hazel nut had been removed from the left of the middle line. The operation wound had healed, but at the end of a couple of weeks the tumour was seen to be growing again, and now rapidly. The growth had been examined microscopically, and diagnosed as sarcoma. Four weeks after this first operation she was seen at the same institution, when the tumour was growing so rapidly that it was decided that nothing more could be done. When she came under my notice there was a moderately firm swelling situated more to the left but invading also the right superior maxillary bone, extending from above the first left molar, across the middle line to above the first right bicuspid tooth. This growth pushed forward the nose, and extended into the mucous membrane of the floor of both nares, which were considerably narrowed. There was also marked bulging down of the palate on the left side. The tumour was not growing from the margin of the

(a) Abstract of paper communicated to the Surgical Section, Portsmouth meeting, British Medical Association, August, 1899.

gum and the teeth, but appeared to grow from within the antrum. I kept her under observation for ten days, as it was thought we could do very little for her, during which period the swelling increased in size, the teeth became loose, and pain became extreme. At the earnest request of herself and her friends I decided to operate, this I did by the usual incisions on each side of the nose and division of the lip, after cutting through the vomer I was able to turn the nose upwards; I then sawed through the lower portions of the nasal processes downwards and outwards to immediately in front of the first molar on each side, having previously cut through the mucous membrane of the palate with the knife, I chiselled through the line of articulation of the palate with the superior maxillary in the mouth, and so removed the bodies of both superior maxillary bones together with the tumour.

There was considerable hæmorrhage, which was stopped by a large plug of iodoform gauze. The nose was fixed into position, and the divided lip sutured.

She made an uninterrupted recovery, and went out of hospital the end of February. About three weeks after operation my colleague, Mr. W. R. Ackland, made her a temporary upper jaw. This she only wore for some hours in each day to prevent the upper lip and nose from falling in. In March last there was no sign of any recurrence, and I redivided the upper lip and performed a modified operation as for hare-lip, as the mucous membrane had been drawn upwards by the cicatricial tissue. An excellent permanent jaw with teeth was now fitted by our dental surgeon, and, thanks to his manipulation, the girl's appearance is so good that she has obtained a situation in a fashionable drapery establishment in the West of England. Very few would notice anything wrong in her appearance.

Under the microscope the tumour is evidently a rapidly growing small spindle celled sarcoma.

This case at any rate to me is most instructive, as it was doubtful whether one ought to attempt removal. So many months have now passed and the patient is so well that there is every reason to believe there will be no recurrence.

J. J., a man, æt. 60, came to see me at the Bristol Royal Infirmary in April, 1899, with a history of a sore tongue for six months. He had seen several doctors but they all advised him that nothing could be done to relieve his cancer, as it was too far advanced.

When I saw him an extensive epitheliomatous growth involved the anterior half of the tongue, and the whole of the floor of the mouth. Both submaxillary glands were affected, and there was a large mass of glands leading from these into the lymphatic glands of the neck on both sides.

The pain was extreme and the patient could not talk or move his tongue, and could swallow liquids only with great difficulty. Under chloroform I made a central incision through the lower lip down to the hyoid bone and then carried it horizontally on each side of the neck to just below the angle of the jaw. By these incisions I was able to tie first one and then the other lingual artery close to the hyoid bone. I then sawed through the lower jaw on each side in front of the angle, and, having tied several vessels in this position, I cut away the entire tongue from its attachments to the epiglottis and. cutting freely with the scissors, cleared the muscles attached to the hyoid bone, thus taking away the body of the jaw, to which was firmly attached a large mass of infected salivary and lymphatic glands on each side of the neck. I further cut away all doubtful tissue and skin. At this stage of the operation considerable difficulty was experienced on account of the patient ceasing to breathe; but this was remedied by passing a silk suture through the soft parts immediately in front of the epiglottis, and by an assistant holding it forwards and upwards. A large number of vessels were ligatured and the remaining skin was brought together in the middle line and sutured, a large tube was placed in the cavity and brought out immediately above the hyoid bone. Thus the whole of the tissues above the level and the hyoid bone as far as the epiglottis posteriorly were removed.

On being put to bed it was found that the glottis became closed unless dragged forwards continually. My dressers remained for some hours with the patient gently pulling on the silk suture above referred to.

The patient was carefully fed with a tube, and no nourishment was allowed to get into the mouth cavity.

The difficulty in the breathing ceased by the end of 48 hours, and in less than three weeks he was being fed with soft solids, and he went home some six weeks after operation.

He came a four hours journey to see me a few days ago, when he told me he was as "jolly as a sandboy," and doing some work. He has grown a moustache and beard, which helps to hide his deformity. There is as yet no sign of recurrence; he is absolutely free from pain, and is talking fairly distinctly. He has put on two stone in weight, and taking plenty of nourishment. He says he much prefers feeding himself with a short tube, as it makes him cough sometimes when he feeds without one. Under the microscope the growth is a typical epithelioma. In this case it is as yet too soon to imagine it will not recur, but even should it do so, we have given this man some months of comfortable life.

CARDIAC OVERSTRAIN IN THE YOUNG. (a)

By F. J. POYNTON, M.D.,

Casualty Physician to St. Mary's Hospital; Clinical Assistant to the Hospital for Sick Children, Great Ormond Street.

IN this paper Dr. Poynton considered some of the problems that arise when dealing with the question of athletics as a cause of cardiac overstrain. The subject, one of growing importance, was by no means easy to investigate, because of the difficulties that surround accurate observation, and there was for this reason a danger on the one hand that an alarmist view might be taken of the question, and, on the other, that the damage that prolonged physical strain entailed upon the heart might be underrated. If, for example, a man who had been a good athlete and still took part in competitive exercises consulted a doctor for symptoms which were referable to the heart it was at once apparent how difficult it must be to estimate the actual part taken by the physical exertion, and if there be no valvular murmur the actual condition of the heart. Da Costa, Professor Clifford Allbutt, and others had contributed important clinical facts upon this subject, but there was still of necessity a lack of accurate knowledge upon the question.

Dr. Poynton then described some investigations that he had made at one of the large public schools by the following method, The subject lay upon the back with the left arm slightly abducted, and the deep cardiac dulness was percussed out and delineated upon the chest wall with a dermatographical pencil. The position of the impulse was noted, and any murmur or accentuation of sounds recorded, and the result transferred to tracing paper. This paper was then named and dated after the following land-

(a) Abstract of a paper read before the British Medical Association at Portsmouth, August, 1899.

marks had been made: the left nipple, the midsternal line, and xiphisternal notch. Finally, the pulse-rate and any peculiarities either of the chest or general physique were registered upon the paper, which was then preserved as a permanent record. Advantage was taken of the fact that the foot-races were held at the end of the Lent term, and fifteen likely athletes were examined upon the 6th of February, and upon the 6th of April, the day after the final heats nine of these boys were re-examined. The author pointed out that the results were too few for definite conclusions to be drawn, but the method appeared to be one that might be of considerable value, especially if applied to adults who were passing their athletic prime; that is at the time when pathological evidences would be most likely to become manifest.

It was of interest that in none of these cases was there any tachycardia, though in several an enlargement of the heart to the right and to the left and upward was apparent.

Dr. Poynton then briefly considered the question of athletics at the great schools. In some cases there were boys who could not possibly indulge in the games, but there were also some of the more weakly boys whose games were curtailed rather than stopped. It was to this question of curtailing games that he drew especial attention, as being one of much difficulty and importance, It necessitated an accurate knowledge of the exertion value of the chief games, which he ventured to think was not possessed sometimes even by experts upon diseases of the heart. It was important, because athletics took a very prominent part in a boy's life, and to interfere with them needlessly was to interfere with much of his life at school. It was difficult, because all the ordinary school games, if played well, involved considerable exertion, and advice to play them badly could hardly be given. The competitive exercises, running and the like, were violent, not only because of the continued exertion required, but because of the tendency there must necessarily be to better one's best when face to face with an equal or superior. The serious effect of such a form of exercise upon a damaged heart had been generally recognised, and was illustrated in this paper by the case of a young man, æt. 26, who had been "out of sorts" for some days, and went for a row in a four-oar boat to shake off the malaise. On landing after this exertion he felt very ill, and died in three days with extreme tachycardia. At the necropsy Dr. Poynton found evidence of a previous pericarditis and valvulitis. Both forms of football were pointed out as violent exertions, and from the sudden strains that resulted from "tackling" liable to injure the aortic area of the heart. This danger to the aortic valves from a sudden strain, had been insisted upon by Professor Clifford Allbutt, and was illustrated in this paper by a striking case. A coast-guardsman, aged between forty and fifty, was in the habit of playing football every Saturday, and after one of these games, while sitting at home in the evening, thought he heard a steamer. He was so convinced of this that he actually went out of the house to look for her, but the sound was due not to a steamer, but to a murmur caused by a ruptured aortic valve. Hockey avoided the sudden wrenches of football, but was too fast a game for a boy with a really weak heart. Racquets and fives were not uncommonly thought to be a mild form of exertion, but in reality were if played at all well most trying, and boxing was quite out of the question. Cricket was on the whole a milder form of exercise, though fast bowling and much running between the wickets involved violent exertion. Among gymnastic exercises some were admirable as examples of graduated movements, but others such as climbing the rope, were far too severe a strain for a weak heart.

THE USE OF ANTI-STREPTOCOCCIC SERUM.

By FRANK F. BOND, M.R.C.S., L.R.C.P.,
House Physician, Westminster Hospital.

I propose to base my remarks on some cases which have come under my observation in the wards of this hospital, and I shall deal principally with the treatment of facial erysipelas, several cases of which have recently been successfully treated here by the anti-streptococcic serum. This form of treatment is now extensively used in the hospital in the various forms of streptococcus infection, and in no disease are the results more favourable than in erysipelas. The administration is commenced immediately after admission, and continued daily, usually in ten cubic centimetre doses, until the temperature falls to normal. In a moderately severe case three or four injections are generally sufficient for this purpose. The serum employed is the liquid preparation supplied by the Institute of Preventive Medicine. It can always be obtained in London at a few hours' notice either from the Institute or from any of the large wholesale druggists. It is injected with the usual antiseptic precautions, the skin being carefully washed and carbolised and the syringe being rendered aseptic by boiling. The only local treatment employed consists in the protection of the affected part from the air by means of a lint mask, which is dusted with a powder consisting of two parts of zinc oxide and one of starch, and the patient is liberally supplied with brandy, the usual dose being half an ounce every three hours. No other medicinal treatment is used.

The notes of four cases recently treated in this manner are given below:—

Case I.—A woman, æt. 27, was admitted to Westminster Hospital at 4 p.m., on May 19th, 1899. She first noticed a tender swelling on the mucous membrane of the right nostril on the 17th. A few hours afterwards the outer surface of the nostril was red and swollen, and by the next morning the rash had extended to both cheeks. It continued to spread until admission. On admission there was extensive erysipelas of the face and neck. The whole face was involved, and the swelling extended upwards over the forehead as far as the roots of the hair. Both ears were affected, and the rash extended downwards into the neck as far as the level of the hyoid bone. The eyelids were considerably swollen, and partially closed. The temperature was 103 degs. F., and the patient was quite unconscious. Immediately after admission, ten cubic centimetres of anti-streptococcic serum were injected into the subcutaneous tissues of the abdominal wall, and the treatment described above was commenced. During the night the temperature ranged between 101 degs. and 103 degs. The patient was delirious and did not completely regain consciousness until five o'clock on the following morning. At 8 a.m. on the 20th the temperature had fallen to 101 degs., but during the day it rose again, and at 4 p.m. it stood at 104·4 degs. At 9.30 p.m. a second injection of ten cubic centimetres of anti-streptococcic serum was administered. The face at this time was still considerably swollen, and the eyes almost closed. The eyelids were bathed with a weak solution of boric acid. On the 21st the temperature fell to 99·8 degs., and did not at any time subsequently reach 100 deg, The swelling of the face was considerably less, and the eyes were fully open. Two more injections of serum were administered, one on the 21st and one on the 22nd. The temperature fell to normal on the morning of the 22nd, and remained at that point. On the 24th, the rash had almost entirely disappeared, and the face was desquamating in large flakes. She was well enough to get up on the 25th.

CASE II.—A girl, æt. 16, was admitted at 5 p.m. on May 20th, 1899. The patient had first noticed a red tender spot immediately below the left alæ nasi that morning. She had observed no abrasion there previously. The swelling rapidly spread to both sides of the face. On admission there was a red brawny swelling involving the nose, the upper lip and both cheeks, extending on both sides as far as the prominence of the malar bones. The nose and upper lip were much swollen, and there were a few vesicles on the alæ of the nose. The temperature was 100 degs. The treatment was commenced at 9.30 p.m. on the 20th, ten cubic centimetres of serum being injected. The temperature at that time was 100·2 degs. On the morning of the 21st the temperature had fallen to 98 degs. At noon a second injection of the serum was given. The temperature at midnight rose to 99·2 degs, but fell next morning to normal, and did not subsequently rise above 99 degs. A third injection was administered on the 22nd. On the 24th the nose was still a little swollen, otherwise the rash had disappeared. Slight desquamation was taking place along the edges of the alæ nasi, the rest of the skin was normal. She was able to leave her bed on the 25th.

CASE III.—A man, æt. 36, was admitted at 4 p.m. on June 3rd. He noticed pain and swelling of the left cheek at about 3 p.m. on June 2nd. The swelling rapidly extended over the greater part of the face. On admission the whole of the left side of the face was involved, and the rash had extended across the middle line as far as the prominence of the right malar bone. He said he felt drowsy, and complained of a tingling sensation in the face. The temperature was normal. Ten cubic centimetres of anti-streptococcic serum were administered at 5.30 p.m., and the patient was treated in the ordinary way. On the 4th the face was still considerably swollen, and the left eye partially closed. He vomited once in the early morning. The temperature rose in the afternoon to 99·2 degs., but dropped to normal in the evening. He still complained of feeling drowsy. No more serum was administered. On the morning of the 5th the rash was subsiding, and the eye was fully open. He stated that he felt quite well. Desquamation had commenced. By the 7th his face was normal, and he left the hospital on the 9th.

CASE IV.—A man, æt. 48, was admitted to the surgical wards on May 10th, 1899, suffering from right-sided mastoid abscess, which had perforated the bone and extended down into the neck, for which he was operated on by Mr. de Santi. He stated that seven weeks before admission he had erysipelas of the right cheek. He did very well until the evening of May 29th, when his temperature suddenly rose to 103 degs. It came down to normal, however the next morning, but on the 31st it rose to 101·6 degs., and on June 1st to 102 degs. During that day he complained of tingling in the left cheek, and on the following morning there was well-marked erysipelas on the left side of the face, apparently having no relation to the operation wounds, which were on the right side. He was transferred to the isolation wards on June 2nd, and at 5.45 p.m. ten cubic centimetres of anti-streptococcic serum were administered. The temperature at that time was 103·2 degs., and the pulse rate 120. There was a deep red blush on the left cheek, and the left side of the face, and a lighter red discolouration over the whole left side of the face, extending up into the scalp, and also across the middle line to the right side of the face and neck. There was very little discolouration in the neighbourhood of the operation wounds, and the wounds themselves looked healthy. There were patches of redness all over the back, extending down to the lumbar region. The patient was delirious during the early part of the night. A hypodermic injection of a quarter of a grain of morphine with atropine (gr. 1-120) was given at 12.30. He slept well until 5 a.m. when he was quite rational, and said he felt much better. The temperature at 11 a.m. on the 3rd had fallen to 99·2 degs., the pulse rate being 100. The face was in much the same condition as the night before. The patches of redness had disappeared from the back below the angles of the scapulæ. A second injection of serum was given at 11 a.m.

On the morning of the 4th the temperature had fallen to 97·8 and the pulse rate to 96 degs. The face was less swollen and not so red. The rash had almost entirely disappeared from the back. At 6.30 p.m. on that day the temperature suddenly rose to 101·6 degs. Ten cubic centimetres of serum were given at once, and the temperature fell again, standing at midnight at 99·2 degs. Next morning it was 97·4 degs., and did not at any time subsequently rise above normal. From that time the patient improved rapidly, and the rash had entirely disappeared by the 8th. Desquamation continued for four or five days after the disappearance of the rash.

The success of the treatment in these cases is very marked, especially in Cases 1 and 4; the disease in these cases was very extensive, and the constitutional symptoms were severe, but within a few hours of the administration of the first dose the temperature was considerably reduced, and the patients expressed themselves as feeling much better, and three or four doses were sufficient to overcome the disease. It may be mentioned that the injections did not cause any cutaneous symptoms, such as are sometimes seen after the administration of the anti-diphtheritic serum, with the exception of some slight tenderness at the point of inoculation, which passed off without treatment in the course of a few hours. The site chosen for the injection was the subcutaneous tissue of the anterior abdominal wall, in the iliac region.

The serum has also been used in other suppurative and pyæmic processes, with varying success; in some cases no benefit whatever has been obtained from its administration. But in these cases it is necessary to remember that the anti-streptococcus serum is only claimed to be of value in cases of streptococcus infection, and that it will obviously be of no service in diseases due to the presence of other organisms. A case in point occurred at this hospital a few weeks ago. A woman was admitted suffering from ulcerative endocarditis, following parturition. On admission her blood was examined bacteriologically and found to be sterile. Anti-streptococcic serum was administered every day for a fortnight, but with no signs of improvement. Subsequently her blood was examined a second time, and the presence of staphylococci was demonstrated. No streptococci were found. In this case the anti-streptococcic serum could not be expected to produce any benefit, seeing that the disease was due to other organisms. It is therefore advisable, before pronouncing this method of treatment to be a failure, to make sure that the disease for which it is used is due to the presence of streptococci; but it is not necessary to wait for the result of the bacteriological examination before commencing the treatment, as by so doing the disease is allowed to progress, and the chance of saving the patient's life may be lost, whereas, even if the injection do no good, it does not appear to produce any ill effects.

IT is understood that Dr. Moorehead has withdrawn his candidature for the Professoriate of Medicine in Queen's College, Belfast, vacated by the death of Dr. Cuming, and that Dr. Lindsay, who has been temporarily doing the duty, will "walk over" for the appointment.

RECRUDESCENCE OF PLAGUE IN THE EAST.

By Professor W. J. SIMPSON, M.D., F.R.C.P., D.P.H.

The sudden disappearance of plague from Europe is not to be accounted for by the commonly-received view that it was due to advancing civilisation. The absence of plague—even for a long period—is no absolute proof of the immunity of the locality. The city of Bombay was free of plague for nearly two centuries, and yet it would be impossible to state that the city, taken as a whole, is less protected now by sanitation than it was during the two centuries, or that the people and its government are in a less civilised state. Since its appearance in China the plague—notwithstanding the slow character of its extension—has travelled a great distance. In the first two years it travelled 3,000 miles westward to Bombay, and in the next three years it continued its course at about the same rate. Since its advent plague has caused in India over a quarter of a million deaths, the worst feature being its annual occurrence. Poona was but recently in the throes of its third epidemic, over 150 of her inhabitants dying per day, which, in a town of such small dimensions, is an enormous mortality, as may be gathered from the statement that if a similar mortality prevailed in London the metropolis would lose over 10,000 persons a day. The mortality in Poona is all the more serious as, from a personal inspection of the town and of the interior of the houses, I can state that, if inefficient drainage be excepted—which allows of waterlogging of the soil—it is no worse as regards sanitation and over-crowding than hundreds of towns of a similar size in Europe, and is certainly in a much better condition than many.

The re-appearance of plague in Egypt after an absence of fifty years, with its extension into Portugal, is a matter of profound interest, because it indicates that this plague from China partakes rather of the nature of a pandemic than an epidemic, and possesses that which other plague epidemics for nearly the last 200 years have lacked, viz., the quality of diffusiveness, which defies the precautions, even as revised by the Venice Conference, and hitherto adopted against its progress. The commercial conditions in the West are more favourable to its diffusion than those of the East. No danger practically existed of plague spreading from India to Europe by sea, as the commercial intercourse between India and Europe is maintained by Europeans who belong to a superior class, and who have hitherto enjoyed an exceptional immunity from plague. The danger to Egypt of infection by plague has been not so much in its commercial relations with India but in its religious pilgrimages, which bring Egyptian pilgrims in the Hedjeiz into very close relationship with Mahommedans from infected centres. The commercial relations between Egypt and Europe are, on the other hand, of the most intimate nature, kept up by fishermen, traders, and travellers, and extending to all classes, and including those likely to be affected with the disease.

Two discoveries of the first magnitude have been made, the one by Kitasato, showing that the bacillus is the cause of the disease, the other by Haffkine proving that from this bacillus a prophylactic may be prepared which has strong protective powers. These, combined with the fact that plague is a disease which only slowly gains a firm footing in a locality renders the checking or mitigation of an outbreak more hopeful and certain than before.

The danger of extension, as in some other infectious diseases, lies in our ignorance as to medium and agents by which the bacillus gains access to the body, causing a dependence on general rather than special measures of defence. It seems to me to be of paramount importance that the governments of those civilised countries which are affected with plague should not be content in merely endeavouring to combat the disease by every known method at their disposal, such as isolation of the sick, evacuation and disinfection of infected houses, &c.; but they should systematically, as a part of the sanitary defence of the country, establish laboratories and special departments for organised research and inquiry into the mode of spread of the disease, for it is only by the adoption of these methods that success is likely to be attained.

To the precautions advised by the Venice Conference to prevent importation, I think two others should be added, viz., use should be made of the protective power of Haffkine's prophylactic, and rats should be dealt with at infected ports, on the voyage on ships from infected ports, and on arrival in healthy ports.

In connection with the checking or stamping out of plague, when it breaks out on land, the early notification of disease is of immense advantage, for it allows measures to be early and promptly applied, so that the sick can be isolated, the inmates of the house removed and watched, and the house disinfected.

It is possible with proper organisation to deal with plague as with an outbreak of small-pox. Large supplies of Haffkine's prophylactic are necessary in order that every possible contingency may be provided against, and the preparations of these supplies, which require time and a skilled organisation, ought not to be left to the last moment to meet plague. The organisation for defence requires to be placed on as complete and in as efficient a state of preparedness in every respect as the army and navy of the country would be if there was danger of invasion. The sanitary organisation of the country inspires confidence that all will be done which our present knowledge suggests, to protect the country against disease. But, as stated previously, that knowledge is very imperfect.

In the case of an outbreak of disease, such as typhoid fever, in this country, a scientific investigation is undertaken as to its cause and mode of spread. It is known that typhoid fever is caused frequently by contaminated water. This, however, does not prevent further investigation being made in order to ascertain if any new facts can be discovered with reference to the epidemiology of the disease. A similar inquiry is certainly called for in regard to the plague, which is a disease that this generation is happily not familiar with. The importance to this country of observing its behaviour as modified by conditions in Europe is such that the study of it in its epidemiological, prophylactic, and curative aspects should be undertaken by Government. To this end it would appear to me advisable that a small commission of experts of physicians, epidemiologists, and bacteriologists should be sent to the Peninsula for that purpose. It is a matter of imperial concern and admits of no delay.

[Subsequently a resolution confirming the suggestion for an official investigation put forward by the author was unanimously adopted by the section.—Ed. M P. and C.]

(a) Abstract of a communication read before the Sanitary Institute, Southampton, August, 1899.

A Case of Catalepsy.

A pupil-teacher, æt. 16, living at Rodey (France), has just recovered from a well-marked cataleptic condition lasting thirty-six days. She passed the first month at home, remaining all the time plunged in a deep sleep, and as no improvement took place she was taken to the hospital. The patient recovered consciousness within a few days of her admission, without any treatment except measures designed to reduce her comfort to a minimum, and is now convalescent.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, September 23rd, 1899.

THE PATHOGENESIS AND TREATMENT OF ECLAMPSIA.

IN a recent number (September 6th), I gave an account of a *brochure* on this subject by Dr. Siegfried Flatau, on the present occasion I propose to devote a short space to a paper on the same subject in Volkmann's *Sammlung* from the pen of Professor H. Fehling. The subject is an exceedingly important one, and up to the present advances into the etiology of eclampsia have been slow.

As regards pathological anatomy Professor Fehling says that the organs principally implicated as shown by morbid changes are the liver, the kidneys, the organs of the fœtus, and some light has been thrown on the subject by animal experiment. The liver changes are by no means constant, and where present they are very varied in kind and intensity. Kidney disease or albuminuria has almost always been found, but the form of kidney disease has varied exceedingly (acute nephritis, chronic nephritis, frequently with recent changes), and above all a striking want of proportion exists between the severity of the clinical symptoms and the intensity and extent of the kidney disease. In the case of a dead fœtus, changes in the kidneys and liver are present, analogous to those in the eclamptic mother. The urine of eclamptic and also nephritic patients is in cases of intravenous injection far more poisonous than normal urine. In the former, in many cases thromboses are caused. The serum of eclamptics has not been proved to be more poisonous than that of healthy individuals, although the contrary has been stated. From all this it follows that whilst clinically eclampsia remains one disease, the anatomical condition and experimental results in individual cases are very changing.

The French theory of a hepatic toxæmia can be as little maintained as the old French's theory of uræmia. It is not impossible that a part of the liver changes are really consequences of the violent shocks.

According to the author, in arriving at an explanation of the pathogenesis of eclampsia, too little attention has been paid to the products of conception, to the fœtus itself. He is inclined to the following view in building up the fœtus, materials and regressive metamorphoses are formed which find their way into the maternal circulation by way of the placental veins and the inferior cava; these increase the toxicity of the maternal blood and put a greater strain on the excreting organs, the liver and kidneys. It has been determined that there is an accumulation of fibre-giving material in the blood of eclamptics, of globules, as an indication of disturbed tissue change, by which the occurrence of creatine, creatinine, leucomaines, and carbamic acid can be explained. By the accumulation of globules in the blood, the epithelium of the kidney first suffers injury, albuminuria is the first symptoms of the intoxication of the pregnant system. Through this injury to the renal epithelium, further accumulation of poisons takes place, the liver participates in the injury, and at last the attacks break out. If the fœtus is the fount of the injury, the frequency of eclampsia in twin pregnancies is explained.

Prophylaxis is the chief thing, with systematic examination of the urine. If albuminuria comes on, strict rest in bed and a milk diet are the best remedies (Tarnier). According to the author's experience the attack comes on in half the cases during pregnancy; and when they once occur labour almost always comes on. Early rupture of the membranes acts favourably. The author ruptures the membranes at once after the first attack, and he is in favour of early delivery by forceps and moderate incisions with living children, and with dead by perforation. He is not in favour of Cæsarean section, the less so as in a divided operation in one case the first fit came on. Venesection should be useful as it unburdens the overcharged circulation; excitation of the excretory organs, the skin and kidneys is better. He therefore injects ¼ to ½ of a litre of physiological saline solution subcutaneously thrice daily, and applies hot wet cloths over the loins. Narcotics (morphia, opium, chloral, chloroform), if used at all, should be made use of with caution.

It is unfortunate for the practitioner that in the case of a rather frequent and very dangerous disease there should be such little unanimity as to its nature and ætiology, and consequently of the correct and best treatment to be applied.

WOUND OF THE LEFT VENTRICLE—RECOVERY.

Sanitats Rath Dr. Pagenstecker, Elberfield, reports the following cure in the *D. Med. Wochensch.*, 32/99:—

A lad of 17 was stabbed in the breast by a comrade with a dagger-like knife. The writer saw the boy half an hour after the receipt of the injury. There was deep syncope, a small punctured wound in the left intercostal space below and inside the nipple. The pulse could not be felt, there was scarcely any respiratory movement, and the conical reflex was abolished. Cardiac dulness increased to the left, the sounds were distinct but very feeble. Operation was performed sixteen hours after the injury was inflicted, by this time dulness had extended over the whole of the left chest. The fifth rib was cut down upon and a portion 6 ctm. in length resected from the cartilage outwards. On enlarging the opening, the wound in the pericardium was plainly to be seen, it was smooth and sharp-edged, and was about 2 ctm. in length. This opening was enlarged, and the edges held by forceps. The wound in the ventricle now became visible. It lay 3 ctm. above the apex, was 3½ ctm. in length, it was sharp-edged, and gaped only slightly. A small stream of bright red blood trickled out persistently. There was no or very little blood in the pericardium. Three deep sutures of celluloid thread and one superficial one were placed in position. The hæmorrhage caused no difficulty, the only one experienced lay in inserting the uppermost posterior suture, as it was only when the heart rolled forwards that it could be inserted. By this suture the heart could be drawn forwards, so that all difficulty now ceased. The deep suture did not go through the endocardium. The manipulations did not interfere with the movements of the heart. The bleeding ceased on tying the sutures. On enlarging the opening in the pleura, in order to arrest any possible hæmorrhage there, a big wave of dark fluid blood and clot flooded the field of operation, and after this came bright fluid blood. The whole thoracic cavity was quickly filled with sterilised and iodoform gauze alternately packed in, whereby at last the bleeding was stanched. The wound in the pericardium was made smaller by catgut sutures, and the ends of the sutures of

the myocardium, that had been left long, were brought out through the opening to serve as a drain. The after course was favourable. On the ninth day two sutures come away on pulling on them, and in ten days more the remainder were removed. Complete recovery took place. The operator saw the patient 10 months afterwards, and found him in good and blooming health.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, September 23rd, 1899.

Official Report on Bubonic Plague.

The Imperial Commission appointed in 1897 to proceed to Bombay for personal examination and scientific inquiry which might guide the Austrian Government in its management of the disease, should it unhappily be conveyed to the Empire, have just issued their report in two parts. The first deals with the history of the disease, and is illustrated with five plates; the second may properly be called the scientific and experimental. On February 20th, 1897, Drs. Müller, Albrecht, Ghon, and Pöch arrived in Bombay on their scientific expedition, and, as previously arranged, proceeded at once to Arthur Road Hospital, where a temporary laboratory was arranged for local investigation.

From February to April 22nd the inquiry seems to have been of a general character, clinical and post-mortem. After this date the Commission began to collect and preserve specimens for more minute examination, histologically and bacteriologically, on their return to Vienna, which they reached on May 17th. The report goes on to record the catastrophe which occurred last year when Dr. Müller and two of the attendants succumbed to the disease. It condemns the unsuitable rooms for such pathological examination, and affirms that their half-equipped improvised laboratory in India was much superior to that of Vienna.

Dr. Müller's report consists of the clinical history of one hundred cases with detailed analyses of the urine and blood. The complex symptoms and buboes are described at great length, the latter occurring as primary lesions as well as secondary, undergoing great changes during the course of the disease. The primary fresh pneumonia cannot be distinguished from the croupous form of pneumonia. The sero-sanguinolent form of pneumonia with profuse sputum is a good augury for recovery. A thick deposit on the fauces and pharynx is also a common symptom.

Müller dissents from the older established view of the plague carbuncle and cutaneous ulcers being the primary gate of invasion. He is of opinion that these are local secondaries or lymphatic metastases, just as the bubo is the bacterial metastasis. Rare cases with lymphangitis ascendens as a primary affection were admittedly observed. The primary gland swelling of the skin seems to be the initial point.

The channels of invasion are evidently in the order of their importance—the skin even when no obvious lesion exists, the tonsils, and the lungs. Intestinal infection cannot be supported by any inference. Of all the cases examined only one had secondary ulceration of the bowel.

Bacteræmia is a common attribute of the initial stage of the disease, but is not constant enough to found a conclusive opinion on; indeed many severe forms of bacteræmia recover. The rapid forms of death are due to cardiac failure. The rapid small pulse with little fever is a bad omen. This condition of the heart often occurs when the disease is well advanced, and usually proves fatal. A common associate in the symptoms is a cerebral disturbance resembling that observed in tuberculous meningitis, which Müller interprets as evidence of absorption of bacillary products of a toxic nature. The complications are pus formations and open buboes.

As to the epidemiology of the disease, it may be mentioned that none of the medical staff or nurses of Arthur Road Hospital have at any time fallen victims to the disease, even when they have had open wounds on their person; thus wound infection cannot be accepted as a channel of admission. The most successful treatment is extirpation of the primary gland swellings.

The pathological part, based on 48 post-mortems, is given by Albrecht and Ghon. They divide the cases into (1) primary buboes in the neck, axilla, and inguinal region; (2) where no positive proof of primary bubo exists unless general swelling of all the glands be reckoned as such; (3) and lastly, two cases of secondary infection terminating in marasmus. Both authors agree in the characteristic morbid appearance of enormous hæmorrhagic infiltration of the lymphatic glands which goes on to necrosis and formation of a creamy pus. Secondaries may be traced along the lymphatic vessels to fresh inflammatory hæmorrhages. In the effused blood and primary affected glands large members of the plague bacilli can be found also in the perivascular spaces, more particularly the venous terminals in the sub-endothelial hæmorrhages which seems to be the invading point of the bacilli in entering the circulation. The spleen is greatly enlarged, giving a peculiar deep red on section, and is of firm consistence.

The pneumonia is lobular with confluent centres. The section is speckled red and yellow, but not granular, while multiple metastatic centres are strewn over the surface. As the disease advances the bacilli increase in the blood till bacteræmia is produced frequently, producing different degrees of ecchymosis in the skin and mucous membrane. In a few cases pyæmia may be the immediate cause of death.

The histological and bacterial examination point conclusively to the lymphatic tissue as the principal nutrient of the bacilli, which make their way into the surrounding tissues and along the various vessels. Their product acts as a toxic to the cells, and finally produces necrosis. This poisonous product acts violently on the cerebral tissues and heart.

Albrecht and Ghon, in summarising their results, are inclined to believe the mode of infection to be through a lacerated or abraded surface of the skin. The germ having gained admission incubates for from four to seven days, and this is speedily followed by primary bubo or swelling of some of the glands. This view is supported by the absence of lymphangitis, which is a rare exception in the disease. Experiments on animals are followed by similar results.

Pöch's part of the report deals with the experiments of injection and transmission. The secondary disease of the throat is not due to poison from the lung *vid* the sputa, but rather to the general glandular enlargement

The Operating Theatres.

CANCER HOSPITAL, BROMPTON.

ABDOMINAL HYSTERECTOMY FOR CHRONIC FIBROID THICKENING OF THE UTERUS.—Mr. CHAS. RYALL operated on a married woman, æt. 35, who had been suffering for many years from menorrhagia, dysmenorrhœa, and frequent attacks of abdominal pain. She had been curetted several times without any relief. On examination, the uterus was found to be retroflexed and fixed in Douglas's pouch, and the fundus enlarged to about the size of a cricket-ball. It felt as if the site of a small fibroid tumour. It was therefore decided to perform hysterectomy because no relief had been afforded by former treatment, and the abdominal route was selected for operation owing to the apparent fixation of the uterus in the pouch of Douglas, and the more ready means of dealing with adhesions through an abdominal incision. After the patient had been anæsthetised the abdomen was opened through a median incision, and the patient was placed in the Trendelenburg position. It was found that the fundus uteri was adherent to the peritoneum of Douglas's pouch and to the sigmoid; the adhesions were carefully broken down and the uterus drawn out through the abdominal wound; on examination no tumour could be found, but the uterus was greatly enlarged, its walls were hard and thickened, and beneath its peritoneal investment one could distinctly recognise great excess of fibrous tissue. The cervix appeared normal. Hysterectomy was then performed in the usual way, a small cervical stump being left behind, and the pelvic floor was completed by suturing together flaps of peritoneum removed from the anterior and posterior surfaces of the uterus. The abdomen was then closed in three layers. Mr. Ryall said that the case was of interest because of the nature of the trouble. Here was a patient suffering from chronic symptoms which could not be relieved by less severe means; drugs and curetting he considered to be absolutely of no use in these cases of chronic fibroid thickening of the uterus; the disease was a fairly common one, though the literature on the subject was very limited; it was essentially inflammatory in origin, and might occur as a sequela of septic endometritis, though it has been known to take place in virgins where such a cause could not be discovered. The pathology of the affection consisted in the thickening of the uterine walls by fibrous tissue, and in the disappearance in part of muscle fibre; there was always associated hyperplasia of the endometrium. The result is that the uterus loses its tone, its cavity becomes enlarged, and the organ itself is liable to displacement, owing to its increased weight, as well as to its loss of tone. With regard to the formation of flaps in the operation, he pointed out that the anterior flap was dissected from the uterus from above downwards, and, after the cervix had been cut across, the posterior flap was dissected from below upwards, as he found that this latter procedure was a great saving of time and trouble. In the ordinary method of dissecting the posterior flap from above downwards he always had found a difficulty in separating the peritoneum from the uterus, which difficulty is obviated by employing the method he had utilised. He considered the closure of the abdomen in three layers rendered the patient less liable to hernia, and common-sense, he thought, dictates that in the closure of any wound, it is more anatomically correct to approximate similar divided structures. He said he thought it a good plan to get the patient's bowels to act in twenty-four hours' time after the operation.

It is satisfactory to state that the patient made an uninterrupted recovery, and was allowed out of bed three weeks after operation.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 27, 1899.

PUBLIC ANALYSIS AT SECOND HAND.

THE responsibilities attached to the post of public analyst are heavy and onerous. Not only do they demand the exercise of the highest technical skill, but they involve the giving of evidence which may determine grave issues, not only affecting property but also the liberty and even the lives of individual citizens. To take one further detail, their labours are essential to the maintenance of the purity of the food of the people, an object of prime importance to the welfare of the community. Nor is there any need to insist upon the personal nature of the work of the public analyst. As a rule, he is chosen on account of his high scientific qualifications, and the condition is implied that evidence given by him in court is the result of his own observations and investigations. It is not a little startling, then, to learn that it is the custom of at least one well-known Public Analyst to hand over his laboratory work to a subordinate. This information is gathered from the report of the prosecution last week of an ice-cream vendor by the St. Olave's District Board of Works in South London. A sample of the stuff purchased from one of defendant's barrows had been sent to Dr. Stevenson, the Board's Analyst, and a certificate had been received

signed by that gentleman stating that the ice-cream contained twenty millions of microbe organisms per one cubic centimetre. Dr. Stevenson attended as a witness, and in the course of cross-examination admitted that the analysis had not been made by him personally, but by his bacteriological assistant. This admission was naturally seized upon by counsel for the defence, who urged that according to the Act the public analyst must do the work himself. The magistrate agreed with that contention and dismissed the summons. He observed that he would have accepted the certificate without suspicion as the result of an analysis made by Dr. Stevenson himself, but for that gentleman's admission. The state of affairs thus disclosed cannot be regarded as anything other than serious. Here we have a highly-paid expert coming into court and signing certificates of analysis which clearly misled the magistrate as to the authenticity and weight of the special evidence furnished by the analysis. Well may one ask how many of our fellow citizens are being convicted upon the analysis made by an unknown and irresponsible assistant. It is obviously the fact that it is impossible for many public analysts to analyse every sample themselves. The obvious answer is that a man holding such a post should not undertake more work than he is able to perform. It may interest our readers to consider some of the facts concerning these appointments as disclosed in the pages of the "Medical Directory" under the heading of Metropolitan Vestries. We find that Dr. Stevenson holds the post of Public Analyst to the counties of Surrey and Bedford, and to the parishes of St. Leonards, Shoreditch, and St. Pancras, and to the Board of St. Olave's, Southwark. When we recall the fact that the same gentleman is Official Analyst to the Home Office, lecturer at Guy's Hospital, and examiner both at Cambridge and London, there is little wonder at his inability to undertake complicated bacteriological examinations. This question of plural public health appointments in London, and to a less extent in other parts of the United Kingdom, has grown to be little short of a scandal. Pursuing our inquiries, we find Dr. W. R. Smith acts as Public Analyst for Woolwich and for Lee. He is also medical officer of the large district of Woolwich, holds a Professorship at King's College, and is medical officer of the School Board. To ask a man holding so many offices in places miles apart to conduct minute chemical and biological analyses on the result of which may hang issues of vital individual and general importance is to run the risk of disaster, for human capabilities are finite. Dr. Muter and Mr. Stokes hold the posts of Public Analyst to four Vestries; Mr. Colwell and Mr. Cassell to three and many others to two. In some cases the Medical Officer of Health holds the post, but that we regard as inadvisable, for the sanitary duties of the smallest parish in London, if properly discharged, are far more than enough to occupy the full time and energies of any single man. The fact that many of the Vestries want as little as possible done in the way of efficient work should not be permitted to stop the way. Plurality has been the bane of sanitary administration in the metropolis. In the particular department with which the analysts are concerned it has no doubt done much towards encouraging the adulteration that pervades the national food supply to a well-nigh incredible extent. It is to be hoped that in the re-adjustment of parochial affairs which will take place shortly under Mr. Balfour's new Act that the undesirability of plural appointments will not be lost sight of by those who are entrusted with the responsible duty of electing public officers.

THE VACCINATION QUESTION.

"Time hath my lord a Wallet at his back wherein he puts alms for oblivion; a great sized monster of ingratitudes."

It is well for us at this near end of a century, when a balance of accounts must interest many, to be careful how we allow alms to be put into Time's Wallet. There seems to be a singular desire on the part of some to do this in the matter of vaccination. They apparently wish that Jenner had never lived, and they would like to wipe his name out of their list of creditors. How is it that this idea has arisen? Is there any justification for it? After all, what are really the questions we have to consider when dealing with vaccination from all points of view. Is vaccination of value in preventing the malign influence of a terrible malady or not? In asking this question we desire it to be understood that we ourselves entertain no shadow of doubt that the answer must be emphatically in the affirmative, and we put the question simply to formulate the opposite opinion. Knowledge of every kind can be used for good or bad. There are some who fully admit the value of vaccination, but do not admit that the liberty of the individual should be interfered with in any such way as the legal enforcement of vaccination inflicts on them. The right of the individual to deal as he pleases with his child is in the opinion of some not to be questioned. The relation of the individual to the State has from earliest times been one of greatest interest; and how far the State may interfere with the parent in his relation to his child has been a subject of much contention. If a parent thinks that he ought to be left free to do as he pleases with his child, he may make up his mind to choose some other country than this, for we shall certainly not agree to let parents do what they please, if what they do, in public opinion, is injurious to the child. If a man had to deal with a question of purely personal and individual interest it would be a very different matter, though the question might arise whether we should care to let those live among us who might become dangerous from being, like an explosive machine, liable to damage others as well as themselves. The question whether vaccination will prevent small-pox or not prevent it cannot be raised by any but those who are wilfully ignorant or maliciously inclined. What Jenner proved years ago time has

confirmed, and to no one in the profession is the world more indebted than to Edward Jenner. Why then are there many good and sensible men who would leave a parent to do as he likes in having his children vaccinated or not? If we go into this question carefully we find that the reason given is that the advantages of security against small-pox are counterbalanced by the risks of injury that may be done by vaccination. What are those risks which seem to alarm some people so greatly? Is there any sense in the view that it is better to run the risks of small-pox than the risks of vaccination? This is a question which cannot be decided by any but the members of the medical profession, and if they are not able to decide it we cannot be surprised at any view being taken of it by others. There is undoubted evidence that if vaccination is not properly performed it is possible that under exceptional circumstances ill results may arise, and if it can be shown that the profession has neglected to protect the public against such risks, or at least to explain them clearly, the consequences must be unpleasant. The use of calf lymph in preference to human lymph is an acknowledgment of this possibility, and of the disquietude of the popular mind on the subject. The disease that has been most feared is syphilis, and there has been a great change in opinion since Jenner's time on this particular point. It is well to give John Hunter credit for the work he did; at the same time it is unwise to claim for him more than he deserved. Those who are contantly harping on the memories of the past are not the men who contribute to progress. They are generally men who have done nothing themselves, and are jealous of those contemporaries who have done something. Now, there is not the least doubt but that a healthy child may possibly infected with syphilis if vaccinated with lymph taken from a syphilitic one. It is of no use to deny this, for to do so is practically to deny the truth. It is better honestly to admit the validity of the charge that is thus made against it, and to do the best to make some compensation for what was done, not in malice, but in ignorance. But having disposed of the possibility of syphilitic infection by vaccination, the question that would at once be asked is whether there are not other maladies that may be similarly communicated. If the lymph that is used is not healthy lymph, it must be allowed that some ill consequences may follow its inoculation. The simple fact is that if lymph is taken later than is proper, or if, in preserving it on points or in tubes, proper care is not observed, there are undoubtedly risks of infection with a poison which may seriously injure a healthy child. While admitting the possibility of transmission of inoculable diseases by careless vaccination we recognise that the proved cases of such transmission have been so extremely rare as compared with the enormous number of vaccinations that we may claim that the exception proves the rule that the operation is of infinite value, and entails little risk. Nevertheless, we are bound to satisfy the apprehensions of parents until we are able to assume them that there is no risk whatever. The great principles of antiseptic surgery depend on the prevention of infection from the use of instruments in surgical operations which might possibly convey a poison. If it can be shown that those principles can be applied, and they most certainly ought to apply, to vaccination; and that if they are, the fears of many may be allayed, it is probable that the real cause of opposition to vaccination will be removed; that cause being the fact that some have suffered from neglect of the precautions which would have prevented the injuries apparently due to it. Even such an easy and commonly neglected matter as the treatment of the vaccine pustule in its various stages when an open wound is liable to infection, requires attention, and many of the troubles that have followed vaccination could be traced to their neglect. We might criticise the Royal Commission and the work it did. It hardly struck one as having been constituted on a strictly impartial basis, for it was distinctly composed of some who held strong views on one side, and some on the opposite side; and the witnesses were treated as though they always appeared for the prosecution or the defence. This is a subject, however, which we can defer for future consideration. At present we are more interested in showing what is due to Edward Jenner when balancing the accounts of the nineteenth century and in not letting Time's wallet get alms it has no right to.

THE TREATMENT OF GLAUCOMA BY RESECTION OF THE CERVICAL SYMPATHETIC.

THE etiology of glaucoma still remains a problem which ophthalmologists have failed to solve. It is true that we are a little nearer that solution than was the case when Graefe alighted upon that brilliant method of treatment which has since saved so many eyes from becoming blind from glaucomatous tension. But the fact nevertheless remains that beyond the knowledge that the glaucomatous process is mainly associated with increased intra-ocular tension, nothing very definite is known concerning this most serious and mysterious malady. However, it is not from any lack of investigation that this present unsatisfactory state of affairs exists. Ocular pathologists and others have from time to time carried out painstaking researches with a view to throwing light upon the mystery. Various theories have been evolved tending to show the ocular conditions present in, and the causes which underly, an attack of glaucoma. But it cannot be said that any of these theories are satisfactory, or that they supply the deficiency in our knowledge in regard thereto. On the other hand it might be considered that, after all, whatever the true etiology of the disease may be, the bright feature concerning it is the success of its treatment by iridectomy. The brilliant results of this treatment are likely to be maintained as long as glaucoma remains a disease to be treated. But here the "rift within

the cloud" is that these results can only be said to apply to the acute cases. In chronic glaucoma iridectomy has often little, if any, restraining influence upon the disease. Herein, then, becomes apparent the significance of the insufficiency of our knowledge regarding its etiology, for while an early iridectomy for acute glaucoma may permanently restore the vision of an eye, in the chronic cases the glaucomatous processes may, nevertheless, progress, with scarcely any perceptible increase in the tension. Thus, in the latter cases, it is quite possible that an iridectomy, if performed, might be productive of more harm than good, and in many of these it is an open question whether the operation should be performed at all. In view, then, of these facts it is not surprising that investigators should have gone further afield than the ocular region in order to throw light upon the etiology of glaucoma, and in this connection attention has been drawn to the influence of the cervical sympathetic upon the disease. The pioneer in this field of inquiry has been Jonnesco, of Bucharest, who has now upon eight occasions, resected the cervical sympathetic for the relief of glaucoma. The cases upon which the procedure was practised varied greatly in the degree of their intensity, but in all the results, as claimed by the operator, were most gratifying. For example, there were noticed immediate and lasting reduction of the tension—presumably where this existed—marked contraction of the pupil, cessation of the ciliary pain, and of relapses, noteworthy and lasting improvement of the vision in those cases in which atrophy of the optic nerve had not previously ensued. Thus it can be readily gathered from these results that the operation in its beneficial effects eclipsed those which would probably have followed the performance of an iridectomy, and the good influence thus brought about is attributed by Jonnesco to the physiological effect upon the eye caused by the removal of the sympathetic ganglia. The disturbance of the nutrition of the eye upon which glaucoma presumably depends is further regarded by Jonnesco as a nerve change due to an irritation of encephalic or medullary centres from which fibres pass to the sympathetic. By removal, then, of the superior cervical ganglion, the pathway of evil influences, by which disturbing nutritional changes can ensue in the organ of vision is thus cut off. However, it is not needful here to discuss further the results which Jonnesco claims to have obtained. It is natural that he should be enthusiastic in regard to his novel procedure, and it is natural also that he should have evolved theories in support of his ingenious contentions. But, obviously, before his treatment can come to be regarded as sound in principle, it will have to be put many times to the test by independent observers. Meanwhile, from the point of view of the patient, it may be said that an iridectomy is a trifling mutilation in comparison with the procedure required for the removal of the superior cervical ganglion, and moreover, if the latter operation were to supplant the former in the treatment of glaucoma, the question would come to be raised whether the general surgeon would not supplant the ophthalmic surgeon in its performance

Notes on Current Topics.

Morbid Self-Assurance.

The confidence in self which begets what is generally known as self-assurance is a very variable quantity. Often conspicuous by its absence it occasionally presents itself in an extreme degree without warranting the suspicion of mental degeneracy. In this, as in respect of many other mental characteristics, there is what may be termed a normal for each individual, and, however exaggerated, this, the salient feature of a given temperament, may be, it cannot be regarded as a disease. It is, of course, quite otherwise when it develops late in life. A degree of self-assurance which would only excite amusement in an adolescent might justly excite grave apprehensions in a man who has passed the meridian of life, and who has previously been of a modest and even retiring disposition. An unduly inflated idea of the importance of self, if of fortuitous occurrence, is often the first outward and visible manifestation of incipient general paralysis of the insane, a malady which is so often ushered in by the mania of grandeurs Following up a line of research which he has made peculiarly his own, Dr. Harry Campbell recently brought before his fellow members of the British Medical Association an interesting little monograph on this very subject, wherein he makes it clear how difficult it must always be to draw a line of demarcation between constitutional and morbid self assurance. Apart from personal idiosyncrasy circumstances of environment exert a powerful influence in developing an exaggerated idea of the importance of self. The privileged position accorded in the old world to the scions of noble families irrespective of their intellectual attainments or moral qualities tends, as a natural and inevitable result, to foster this morbid sense of self-importance. Conscious that merit alone does not explain or justify the deference shown to their persons, they are driven to assume that there must be something inherently superior in their composition, and this belief expresses itself in gesture and behaviour. As we have already pointed out it is difficult, if not impossible, to assign a limit to physiological, as distinguished from pathological, self-assurance. and the physician is fain to look out for corroborative evidence of nervous degeneration before he can safely classify it as a symptom of disease. Nevertheless, in an exaggerated form, self-assurance is unquestionably a deformity, akin to the deformities which impair the symmetry of the body. It is quite possible to be deformed yet healthy, and so, in this respect, it is possible to display this intellectual asymmetry without a sufficient impairment of mental equilibrium to warrant inclusion

among the insane. When this want of balance affects only one intellectual feature it may pass muster as eccentricity unless, indeed, it takes a form susceptible of causing damage to the community. When this is the case, Society quits the philosophical consideration of such anomalies and promptly sequestrates the victim of the anomalous tendency.

Motor Carriages and Country Practice.

Recent improvements in the mechanism of vehicles propelled by benzoline motors, and their sale at a price which, if still excessive, is yet within reach of the country practitioner, are sure to lead to their taking the place of the grey cob and gig. The advantages, in point of view of convenience and cost of maintenance, of these self-propelled conveyances are obvious, but, on the other hand, they are complicated and somewhat fragile mechanisms. In large towns nothing more than temporary inconvenience is likely to be occasioned by a break-down, since every facility is at hand for carrying out repairs. Such is not the case in the rural districts, and if their use becomes general, a post-graduate course of instruction in the anatomy and physiology of the motor-car will become absolutely necessary. This is never likely to form part of the medical curriculum; but a working knowledge of their mechanism is really indispensable, unless their owners are prepared to put up with unexpected and disconcerting mishaps. Often a little adjustment of a valve or the tightening of a nut is all that is required; but, failing special knowledge, the country boors will be treated to the spectacle of the grey-haired physician engaged in trundling his recalcitrant motor back to the stable. He would be jeered at as were the men in the fable who carried the donkey, and with less reason.

Primary Syphilis in a Leper.

Instances of primary syphilis in a leprous subject are sufficiently rare to confer interest on all well-authenticated cases of the sort. In a recent number of the *Vratch* Dr. Messaroche records the case of a man, æt. 44, who presented himself in the condylomatous stage of syphilis, but who also presented two small brown patches on the abdomen together with a hard swelling of the left testicle and œdema of the scrotum of some standing. Under the influence of specific treatment the syphilitic symptoms promptly disappeared, but as these subsided a further crop of similar brown patches made their appearance on the skin of the abdomen and these patches were anæsthetic. The subsequent history of this patient confirmed the double diagnosis and left no doubt in the minds of observers that the case was one of syphilis in a leper. The points to note are that in this case the leprous taint exerted no modifying action either on the syphilitic infection, which ran its usual course, or upon the action of the anti-syphilitic remedies. It was noted that the administration of iodide of potassium appeared to favour the spread of the leprous cutaneous manifestations.

The Mercenary Doctor.

An inquest was held a few days since at Scarborough on the body of a child who had died without medical treatment owing to the refusal of a local practitioner to attend when summoned late at night. Several members of the jury waxed very wrath and passed some very severe strictures on the doctor's "heartless conduct" in thus refusing to attend, merely (!) because he was told that no fee was to be had. As the medical practitioner in question happened to be the police surgeon it would perhaps have been policy either not to answer the bell or to have responded to the summons—but the virtuous indignation of the jurymen is certainly out of place and one wonders what their attitude would be if roused in the small hours to furnish bread or brandy to a sick or starving person, especially if they were duly warned that the applicant could not pay. We are strongly of opinion that it is the duty of the public to provide medical attendance in urgent cases at all hours of the day and night, irrespective of the means of the sufferers, but if public opinion coincides with ours, it is only necessary to follow the example of most foreign municipalities in organising a night service of medical men who are willing to undertake this class of work at stated fees payable out of the city funds. To pretend to impose this duty on private practitioners without fee or reward is unjust and even preposterous. Gratuitous medical attendance at hospitals and dispensaries has led the public to suppose that they have a vested and inalienable right to prompt attention, even when they are not prepared to pay for it, and this pauperisation is the natural outcome of a vicious system, against which the profession have at last begun to kick.

The Prolongation of Life in Incurable Cases.

From time to time we are asked to discuss the ethical question whether it is right for the medical man to avail himself of the means which science places at his disposal to prolong life in cases which are of their nature hopeless. Every practitioner must have asked himself this question when confronted with the spectacle of a patient whose unhappy existence he is perhaps reluctantly the means of prolonging. To this question, however, there can be but one answer, that the duty of the practitioner is to alleviate suffering and to prolong life under all circumstances. To admit any exception to this rule would be to introduce a dangerous element into medical conduct, for by so doing the medical man would virtually be assuming the right to decide when life should come to an end, a responsibility which few, we hope none, would knowingly accept. Moreover, medical science is not infallible, and it is not within our power in a given case to be absolutely sure that the condition is as hopeless as it seems. We are constantly being reminded of instances of recovery after the sufferers have been "given up" by the Faculty, and deceptions in the matter of prognosis are sufficiently frequent to make one hesitate to state dogmatically that

death is imminent and inevitable. Lastly the patient has a right to be heard, and although it is by no means uncommon for people to declare that they would welcome release from suffering, in the majority of cases life with all its pains is preferred to the grim and uncertain future. Again, if the principle of non-intervention were conceded in cases of incurable disease it would logically apply with equal force to the weakly and the infirm among the young, a conclusion from which humanity recoils with a shudder.

Lunacy in Scotland.

It is a significant fact that the steady increase in the proportion of lunatics which, south of the Tweed, is ascribed to life at high pressure, obtains also in the country north of that boundary where one might have supposed that the conditions of existence were less exacting. Recent returns show that in Scotland, during the years 1859-63, the average number of patients was 5,129, while for the last statistical year the number had risen to 12,482, entailing an expenditure three times in excess of that for the earlier period. No doubt a share of this startling difference may be put down to the more ample accommodation provided for a class of lunatics who were formerly allowed to wander at large, but this cannot explain the extraordinary increase manifested during the last two or three years, 487 new cases in 1898 as compared with an average of 245 for the five preceding years. As might be expected, the incidence of lunacy falls principally upon the inhabitants of towns and cities, the rural returns remaining almost stationary. It is not the half-starved proprietors of three acres and a cow who

> "Go mad and beat their wives,
> And, after shocking lives,
> Plunge razors and carving knives
> Into their gizzards."

but the anxious busy tradesman, the ruined stockbroker, the harassed doctor or the disappointed barrister. Agricultural pursuits involving a laborious life in the open air, comparatively free from intellectual preoccupation and professional stress, are eminently favourable to mental equilibrium, while, on the other hand, the abuse of alcohol and tobacco and the manifold opportunities for nervous excitation which characterise city life, tell heavily on those whose nervous organisation is inherently deficient in stamina.

The Cure of Inebriety by Restraint.

The report of the Dalrymple Home at Rickmansworth, near London, presents some very interesting figures. Since its establishment it has treated 518 patients, whose average age was 36·3 years. Of these 35 were medical men, and the influence of idleness and opulence in encouraging intemperance may be discerned in the fact that 124 were men of property with nothing to do, and 56 were merchants. The result of the treatment is, however, the most important consideration, and we derive from the report that, of the 518 cases, 169 did well after their liberation, and 27 were improved, but of 97 nothing had been heard, and it was known that 181 had relapsed into inebriety. This would be a disappointing result did we not realise that, by the law under which such institutions are administered, the term of restraint was voluntary, and usually was totally insufficient to admit of complete recovery, being on an average only about six months. The inebriate was seldom willing, even in his most penitent mood, to sign himself in for a longer period, and the expense of his maintenance in the institution was so considerable that his friends were not willing either. Everyone experienced in this form of disease knows that a permanent cure cannot be looked for unless the patient can be isolated from alcohol for at least a year, and the principle of restraint is therefore not discredited by the relapse of many after half that period.

Alcohol Dressings in Psoriasis.

The most recent method of treating psoriasis is that suggested by Dr. H. Lau, to whom it occurred that spirit dressings might be expected to have a beneficial influence upon the œdema and congestion of the papillæ which characterises this affection, and the experiments which he carried out appear to have fulfilled his expectations. His method consists in applying every evening to the affected areas compresses of absorbent cotton steeped in rectified spirit containing 2 per cent. of salicylic acid. The compresses are covered with a layer of protective and left on all night. The next morning the patches are scrubbed clean by the aid of soap and a sterilised nail brush. Should the skin become chapped or excoriated he interrupts the treatment for a day or two and applies lanoline ointment. He asserts that the results are, at least, as good as those obtained by tar, pyrogallol, chrysarobine, &c., and the spirit dressing has the advantage of being cleanly and easy of application.

An Infectious Diseases Hospital for Dublin.

The conference of the Sanitary Boards of the Dublin district held last week, under the auspices of the Public Health Committee of the Corporation, inspires us with the hope that at length something practical may be done to avert the dangers to the citizen which the present slip-shod system of sanitation involves. It is scarcely necessary to spend time in enunciating the necessity for enlarged and more effective provision for infectious diseases within the district. The existing accommodation for such cases consists practically of one special hospital of 120 beds (of which about eighty are usually occupied)—one branch of a general hospital containing 120 beds, and such minor accommodation as can be offered by small wards in two or three general hospitals. Such accommodation for infective diseases is, doubtless, enough for every day use, but insufficient for occasional exacerbations of disease which are quite frequent in all large cities, and altogether ridiculous as a provision when a serious epidemic occurs. When such a catastrophe has hereto-

fore arisen the sanitary authorities have sought to meet it by setting up shanties of corrugated iron and wood which temporarily protected the fever patients from the weather, and this they would have to do if a grave epidemic broke out to-morrow. It goes without saying, therefore, that increased permanent accommodation for infective cases must be provided, and Sir Charles Cameron suggests two alternative methods, the immediate object of which is to provide funds for the erection of one, or perhaps two, hospitals for infective disease. The first is that all the sanitary authorities in the vicinity of the city shall combine to form a Hospital Board which shall obtain, by provisional order, the requisite power to tax the whole area for the purpose, and the second is that the Corporation alone should undertake the cost of building and maintenance, receiving from the extra-corporate sanitary authorities a contribution, per week, for each fever patient whom they send into the hospital. It may be stated at once that the first of these propositions is the best, but that the second is much the most easily carried out, because the first would involve an application for a provisional order, and would thus involve the letting out of a thousand oppositions. Among the opponents would be (1) the hospitals which would see their function, *pro tanto*, abolished and their students forced to go elsewhere for the study of infective diseases; (2) the denizens of the localities where it might be proposed to erect the new hospitals would certainly avail themselves of every legal formality to thrust off the incubus of the infective hospital on their neighbour; (3) the Dublin ratepayers, who, having recently had to swallow the nauseous dose of £91,000 for providing villas for artisans, are firmly determined to block every proposal for large expenditure of money on any scheme which is not absolutely indispensable; and (4) the boards of guardians, who, probably, would resist any scheme which would merge their control and influence in a central hospital board, while compelling them to contribute to the expense. Notwithstanding these hindrances we trust that the proposal for a provisional Order and a combined hospital board will be adhered to as being the only stable alternative. That, in a city like Dublin, it should be necessary, as Sir Charles Cameron expresses it, to "hawk about" an infected patient, failing to find accommodation in hospital, is an intolerable barbarianism, and, if the provision of sufficient accommodation can be obtained without architects' vagaries and builders' jobs, it ought to be done without further parley.

The Patient Stomach.

THE rush of modern civilisation leaves little time for the average man to think of anything outside the immediate tether of his own absorbing pursuits. He is content to eat, drink, sleep, and take his pleasures as they come, without encroaching upon the period of his scant recreations by such solid labour as that involved in consecutive thinking. In this way eating and drinking are regarded much as breathing, or the complex nervous and muscular acts that take place in walking or talking; all are accepted as matters of course. Indeed, it is just this easy way of treating vital functions that only too often leads to their abuse. Let the reader pause for a few moments and think how he treats, and has been in the habit of treating, his own patient stomach. Does he begin the day with a heavy breakfast, including several cups of strong tea? Does he take a meat luncheon, with wine or other alcoholic drink? Does he indulge in afternoon tea and wind up with a dinner of half a dozen courses, tempered with more alcohol? If a man does he distributes odd alcoholic drinks over the whole day's programme? If of either sex, is tobacco included in the daily trials of the stomach? A steady course of public dinners would, in time, ruin the digestion of a rhinoceros or an ostrich. The three square meals a day of the average country house quickly upset the digestion of the visitor, who is used to think highly and live plainly. Indeed, no great intellectual activity can be permanently associated with gluttony. The amount of abuse the modern civilised stomach can withstand is an eternal monument to the perfecting powers of the evolutional survival of the fittest.

A "Certified" Midwife and "Stillbirth."

LAST week a coroner's inquiry at Westminster upon the infant child of a single woman revealed a state of affairs that deserves more than passing comment. It appears that the "certified" midwife took women into her house for confinement. The child was stillborn, but no attempt was made at artificial respiration. The medical evidence showed that the child was prematurely born, and the lungs were not inflated. These facts alone suggest a serious state of matters, the investigation of which may be left in the hands of the police. There is a further serious element in the case, however, namely, this midwife was in the employ of the Western Dispensary. It is obvious that no public medical charity should employ a midwife except she be of approved skill and of the highest character. Most people will form their own conclusions as to how far those conditions were fulfilled by this particular woman. Does no responsibility rest with the honorary medical staff of this institution? We find that Dr. Allchin is honorary consulting physician, and Mr. Thomas Bond consulting surgeon, while Dr. J. B. Potter is the honorary consulting accoucheur. Surely these gentlemen cannot willingly be associated with such proceedings as those that formed the subject of the above-mentioned pertinent inquest. It is, of course, a well-recognised fact that honorary medical staffs absolve themselves from the acts of the committee of management. Sooner or later, however, a day of reckoning must come between the medical charities, so called, and the main mass of general practitioners, and those consultants who are wise will disassociate themselves from institutions in the management of which medical men have no voice.

Sanitary Removal by Force.

Last week an incident occurred in South London which is fortunately rare in the annals of preventive medicine. Diphtheria has recently raged in a certain quarter of Southwark, and a boy of ten was certified to be suffering from the disease. The family in the house consisted of father, mother, and four children, the latter aged respectively 17, 15, 13, and 10 years. The mother violently resisted the removal of the child, and tore up the certificate. Thereupon an application was made for a compulsory removal order to a hospital to Mr. Slade, who granted the order. The English Act states very definitely that proof must be given that the patient is without proper "lodging or accommodation" before an order for compulsory removal be made. It is to be presumed that an experienced magistrate like Mr. Slade demanded full and satisfactory evidence as to the patient's surroundings before he took the extreme steps of signing such an order. Anxiety to avoid running counter to the prejudices of the people was evidently a main principle in the mind of the framer of the Act. We note, however, with no little wonder, that the application in this highly important matter was made by a sanitary inspector, and it is to us perfectly incomprehensible how a London magistrate should listen to anyone but the responsible Medical Officer of Health of the Parish. If this outraged mother is of the ordinary British bull-dog breed, the Vestry, whose zealous sanitary inspector has procured this ill-starred magisterial authority, may expect further legal complications in other and higher courts.

The Outcome of Midwives' Registration.

The State Board of Health of Illinois affords us an object lesson which enables us to anticipate the probable working of Midwife Registration if it should be introduced into this country. The State Board, finding that the registered midwives had gone in wholesale for practice as physicians and surgeons, has found it necessary to issue to each of them a peremptory circular which warns them that "midwives are forbidden by the law to call or advertise themselves as physicians or doctors, and prohibited from using any drug or medicine and from attending other than cases of labour," and it threatens that a "violation" of the regulations will subject (you) to a prosecution and will be deemed a "sufficient cause for revoking (your) certificate." Inasmuch as the peremptory infliction of such a penalty would be found extremely difficult in Great Britain, it stands to reason that we should be the more cautious in giving midwives an inch, being convinced that they would certainly take the proverbial ell.

Dermatology for the General Practitioner.

Like all special branches of medical science dermatology is more or less buried beneath the mass of its own learning. The accumulation of facts has gone on at a great pace, while the generalisations in causation and treatment have in many cases yet to be made. In the case of ringworm, for instance, immense strides have been made in the differentiation of the fungus, but the cure of the disease has not been advanced one jot. If the general practitioner desires to refer to any special condition, he finds himself confronted by many large books of reference, but he may as well look for a needle in a haystack as attempt to identify any condition with the name of which he is not already acquainted. For many conditions there are half a dozen names, and the medical leaders in each town insist upon opposite theories. Yet there are some who advocate adding the diseases of the skin to the already bewildering curriculum of the medical student. As yet no satisfactory classification of the subject has ever been devised, which is another way of saying that the fulness of knowledge is not yet at hand. A short, terse, plainly written book on dermatology, dealing only with the commoner conditions likely to be met with in every-day practice, would be likely to fill a gap in the shelves of the general practitioner.

Hospital Reform Association.

The forthcoming Conference under the auspices of the above body is likely to prove of an interesting and instructive character. We think the Association has been well advised in asking gentlemen to take up specific points in their papers rather than to deal with the whole question of Hospital Reform. There can be no doubt that more light is wanted on the subject of inquiry into the circumstances of patients. Then again the subject of patients' payments is one that requires to be dealt with in a vigorous way, For our own part, we look upon the out-patient payment system as likely to increase rather than diminish the amount of abuse already rampant in our out-patient departments. We should like to hear the experience of the staff of the London Hospital on this particular point—that is to say, if they have not altogether surrendered their consciences and beliefs to the lay philanthropists who know little and care less about the interests of general practitioners. We are glad to hear that representatives of provincial charity organisation societies have promised to attend the conference.

Sanitary "Trop de Zele."

We have repeatedly remonstrated with sanitary authorities who seem to have striven to bring the Adulteration Acts into disrepute by instituting prosecutions on the most frivolous grounds. No doubt it is a technical infraction of the law that soda-water should not contain the ultimate atom of soda, and that a dispenser should add two grains of iodide of potassium more than the prescription indicated, but we should think that a fine of one penny and no costs would "fit the crime" We make this observation in view of the decision of Mr. Rose, the magistrate at the West London Police-court, who dismissed the last-mentioned prosecution because, as he said, he did not think that the Act of Parliament was made to cover such homœopathic infringements.

Gelatine Injection for the Cure of Aneurysm.

THE recent announcement by M. Lancereaux that aneurysm, even of the aorta, may be consolidated by the hypodermic injection of gelatine, has been confirmed by Professor Stoicesco, of Bucharest, in the *Journal de Medecine Interne*. If the statements of these physicians are to be believed—and they are entitled to every confidence—we are about to enter on a new phase of the treatment of an affection hitherto regarded as almost hopeless.

M. Scheurer-Kestner.

THIS gentleman, who died last week, was best known to the public as an apostle of the Dreyfus cult, but he was also a distinguished chemist. During the sixties he was an active member of the Paris Chemical Society, and published a learned work on the "Elementary Principles of the Chemical Theory of Types Applied to Organic Compounds," besides many other paperson chemical questions. He afterwards became the manager of an important chemical factory.

The Serum Industry.

THE development of the treatment of various diseases by inoculation with serums has been followed by a severe run on the Pasteur Institute, which has been engaged for a considerable time in preparing them. The anti-rabic serum is, of course, of old standing, but more recently a demand has arisen for anti-tetanic, anti-diphtheritic, and, lasty, anti-plague serums, Most of the latter has been sent to Portugal and its vicinity, but the directors of the Institute assure us that they have still an abundant supply of all these prophylactics on hand.

PERSONAL.

PROFESSOR SIMS WOODHEAD, M.D., F.R.S., will deliver the Introductory Address at the Royal Veterinary College, London, on Monday next, at 12 o'clock.

MR. JAMES PRIOR, M.R.C.S., who has occupied the post of house-surgeon to the Dewsbury and District Infirmary for the last four years, has, on resigning the post, been presented with a clock in oak case in recognition of his past services.

DR. M. A. ADAMS, who did such good service in the recent typhoid epidemic at Maidstone, and who has held the position of Medical Officer of Health to the borough for upwards of twenty years, has now resigned the appointment to the great regret of the Council.

DR. E. SYMES THOMPSON, M.D., F.R.C P., Gresham Professor of Medicine, will commence a course of four lectures at the Gresham College, Basinghall Street, on Tuesday next, at 6 o'clock, on "Earth, Air, Water and Insects in Relation to Disease." These "Foundation" lectures are free to the public, and will be continued on Wednesday, Friday, and Saturday at the same hour.

DR. REGINALD FARRAR, M.A., M.D. Oxon, D.P.H. Cantab, who has been selected to go on the Plague Commission in India, is a son of the eminent author and preacher, Dean Farrar, of Canterbury Cathedral. Dr. Farrar is a former House Surgeon of St Bartholomew's Hospital, London, and has recently filled the post of Surgeon to the Rutland and Stamford General Infirmary, and to the Post Office.

AT the election last week of a bacteriologist for the City of Glasgow, a good many personalities were introduced into the contest. Dr. Erskine, in urging the claims of his candidate, volunteered the statement that the City Council had not much respect for the profession. Another Councillor who knew what "doctors' certificates" were worth, would not give a snap for them. Eventually Dr. Robert Buchanan, of Anderson's College, was elected by 29 votes to 27 of his opponent.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH INSTITUTE OF PUBLIC HEALTH.—The plans have now been passed for this new institution in connection with Edinburgh University, the cost of the erection of which will be entirely defrayed by Sir John Usher, Bart., of Norton. The building will consist of three stories, consisting of a centre block and two wings. The ground floor will be occupied on the east wing by a large museum and the janitor's premises. In the centre there will be research rooms, a gas analysing room, and lavatories, and in the western wing there will be workrooms and cellars. The first floor would consist in the east wing and centre, of chemical laboratory, optical room, water analysing room, research rooms, and reading-room; while the west wing of this and the top flat would be occupied by a very extensive lecture theatre, capable of holding a large number of students. Besides the theatre, the third storey will contain a bacteriological laboratory, observation and research rooms, and adjuncts to the professor's laboratory.

GLASGOW UNIVERSITY LORD RECTORSHIP.—It has been officially stated that owing to certain considerations affecting his position in the diplomatic service, Lord Cromer has found it impossible to contest the election for the Lord Rectorship, and his Lordship's decision to withdraw from the contest has caused universal regret, which, however, is modified by the fact that the Conservative students have approached Lord Kelvin, who has consented to become the Unionist candidate, as there is no impediment to his being returned as Lord Rector, as he has recently resigned his chair as a Professor at the University. As it will be fully a month yet before the students will be up, it is not quite fully known how they will, as a whole, consider the change of candidates, but at the same time the feeling among Conservative clubmen in town is that Lord Kelvin's popularity will make him even a more favourable candidate than Lord Cromer, as the occasion will thus enable the students to pay the highest honour in their power to a favourite teacher and friend, both to themselves, to the University, and to the world generally.

LARGE BEQUESTS TO THE GLASGOW INFIRMARIES.—The agents for the trustees of the late Mr. Alexander Boyack, of Partick, Glasgow, have intimated that the residue of the deceased's estate has been bequeathed in equal proportions to the Glasgow Royal and Western Infirmaries; and it is further stated that the bequests represent a sum of £13,500 to each infirmary. Lately, the Royal Infirmary has fallen heir to very large sums of money, which ought to go far towards the rebuilding of the infirmary, unless the directors put them into the sinking

fund, and go a-begging for more funds to carry out the reconstruction scheme. With regard to the reconstruction the matter seems to be at a standstill, in consequence of which complaints are being freely made regarding the undue delay on the part of the managers and professional staff in settling the plans of the interior which must first of all be completed before any practical step can be taken by the executive committee of the subscribers towards obtaining elevation plans. The explanations given at a recent meeting were ascribed to the difficulties experienced by the managers in satisfying the many requirements demanded in a modern hospital; it is, however, expected that the block plans will be in the hands of the executive not later than the end of October.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

THE ALLEGED INCREASE OF LUNACY.

To the Editor of The Medical Press and Circular.

Sir,—My attention has been directed to three editorials of very grave importance, published respectively in your issues of August 16th, 23rd, and 30th, on "the alleged increase of Lunacy," my name being mentioned in connection therewith. It is a matter for congratulation that a journal of such high standing has taken up the question and opened a debate upon it in a way which I venture to predict will eventually lead to far-reaching results. As a close student of this painful subject, for a long series of years, and one who contends that the increase is not only real, but of great magnitude, I hope you will give me space for a statement in your columns, which I will make as brief as possible.

The article of August 16th deals with the fifty-third, the last report of the English Lunacy Commissioners, which, like all their reports, *from first to last*, shows a substantial annual increase in the number of registered insane. This report begins as follows:—"The total number of lunatics in England and Wales on January 1st, 1899, was 105,086, being an increase on the corresponding number on January 1st, 1898, of 3,114, the largest increase we have yet had to record." The second article opens with the following observation:—"We are driven irresistibly to believe that sooner or later the conclusion which will infallibly impress itself upon the public is that insanity is not increasing." I have great respect for the authority of the Medical Press and Circular, but I must distinctly and emphatically traverse this statement, or rather opinion.

You say: "Mr. Corbet, M.P., who has written much on the subject, appears to rely mainly on the official statistics." And again: "Mr. Corbet is going on the broad ground of a crusade in the cause of humanity." Both these assertions are strictly accurate, and constitute in my judgment a solid foundation. Basing myself upon official statistics, and in the cause of humanity, I have through the medium of papers published from time to time in the *Fortnightly Review*, the *Westminster Review*, and other magazines, endeavoured to bring the public mind to realise the terrible fact of the progressive increase of insanity. The subject is such an exceedingly distressing one that very few outside of those who are immediately interested care to read about it or to familiarise themselves with the gruesome details.

For myself, except by giving prominence to the statements of high medical authorities on the predominant factor in the propagation of insanity (heredity), I have never ventured beyond statistical facts, feeling, as a layman, unqualified to deal with psychological mysteries.

The following passage in the article of August 16th has particularly impressed me:—"In the cause, and for the sake of a great variety of interests, it is now obviously desirable that the much-debated question of insanity should, if not cleared up—which it can never quite be so long as the existing conditions of human nature exist—be at least put on a more satisfactory basis." This is wise counsel, and the readers of the Medical Press and Circular will do well to take it seriously to heart. The first thing to be cleared up, however, is whether the immense increase of the numbers of registered lunatics, coupled with the great cost of providing expensive and ornamental asylum accommodation for them, together with the large annual increase of maintenance expenditure, indicates an actual increase of lunacy or not.

In one of its articles the Medical Press and Circular says: "We know the greatest statistician this country ever produced (Dr. Neilson Hancock) could prove anything" from statistics. This is a doubtful compliment. My first paper on the subject was read at a meeting of the Statistical Society of Ireland in 1874, presided over by Dr. Hancock, whose authority as a statistician could not be doubted. At that time—to come to close quarters with the question of real or apparent increase—the registered insane, in Great Britain and Ireland, were, in even numbers, 77,000, having advanced to these figures from 55,500, at which they stood at the beginning of the preceding decade—thus showing a rise in ten years of 21,500. This rate of increase has gone on, without intermission, from year to year, and decade to decade, until the numbers have reached, in even figures, the enormous total of 139,700, England 105,100, Ireland 19,600, Scotland 15,000, or an actual increase in round numbers of 63,000 insane persons. For a long series of years the annual increase averaged about 2,000, but for the last five years it has risen to 3,600, while in the last year of all, namely 1898, the increase has run up to 4,150, the largest ever recorded. It is difficult, in the face of these figures, to see where any room for doubt as to the reality of the increase exists. Especially when one reflects that concurrently the asylums have been doubled in number, more than doubled in capacity and expenditure, and are yet unable to keep pace with the demands upon their resources.

The accumulation of numbers from a variety of causes it still, it appears, chiefly relied upon by the upholders of the "apparent increase" theory. It cannot be denied that the prolongation of the lives of the insane consequent upon improved methods of treatment, the comforts by which they are surrounded, and the nutritious food they get must necessarily cause some accumulation of numbers; but a careful study of the information furnished by the Medical Officers of Asylums will convince any reasonable mind that the true cause of the increase is to be found in quite another direction.

The Special Report of the Inspectors of Lunatics called for in 1893 by Mr. John Morley, then Chief Secretary for Ireland, and furnished from information supplied by the Resident Medical Superintendents of District Asylums, which is before me as I write, contains incontestable proof not only of the reality of the increase but of its origin and magnitude. Of the twenty-two asylums, most of them having had to be enlarged several times in consequence of overcrowding, all had a substantial increase to record, heredity being the main cause assigned.

The Richmond district was naturally given the greatest prominence. Here is what the inspectors had to say about it:—"The actual increase in the number of persons of unsound mind under treatment in this asylum during the last ten years has been remarkable—rising from 1,055 at the end of 1883 to 1,467 at the end of 1892." The inspectors go on to observe:—"The question of heredity as a source of causation is discussed with much force and intelligence in the report, but no sufficient body of specific facts is, it is stated, available to throw light on the point as to whether the improved treatment of the insane may not indirectly tend to perpetuate, or at least increase, the prevalence of insanity. At the same time. . . . it is not thought that the facts warrant the conclusion that there has been

during the period any very marked increase in the tendency to insanity amongst the inhabitants of the district."

These are ominous reflections, indicating, as they do, a possibility that the present costly system of housing, treating, and *curing* (?) the insane may be after all entirely wrong; that so far from tending to arrest the spread of insanity this lavish expenditure has had an opposite effect, resulting, as it has done, in a great annual increase in the numbers of the insane population.

What is the fact? Since those reflections were made by the Inspectors who described the increase of 412, for the ten years ending 1892 as "remarkable," the increase in the Richmond district has further increased by 500, not in ten, but in seven years.

It is necessary to make a brief retrospect in order to realise how universal and continuous the increase has been. On examination before the Select Committee of 1859, when the registered insane in England and Wales were only 35,982 as against 105,086 at the present time, Lord Shaftesbury, who filled the office of Chairman of the English Lunacy Board for forty years previously, stated, even at that period: "The increase of lunacy is certainly unquestionable," prefacing his reply to the question (No. 51) by saying, "I am almost afraid of giving an opinion, as it may be the commencement of the most awful controversy, for there is a great difference of opinion on that point." The "awful controversy" predicted by Lord Shaftesbury has been slow in coming, owing to a variety of causes, but it has come at last, and here we are, forty years after, debating whether an increase from 35,982 to 105,086 in England and Wales with proportionate increases which bring the total in Great Britain and Ireland up to nearly 240,000, is real or only "apparent." Every way one turns it is an all-round increase—increase of numbers, of asylums, of expenditure, of admissions, of discharges, of deaths, and the worst feature of it is, that in spite of all that human sympathy and medical science can do the increase under each of these heads grows larger and larger every year, like a ball of snow that gathers bulk as it progresses. All this, as suggested in the MEDICAL PRESS AND CIRCULAR article of August 16th, requires to be checked, but how is it to be done so long as the fact of any actual increase is denied, while the only official solution offered is to keep on building costly asylums to provide accommodation *ad libitum* for the ever increasing increase of numbers? The disentanglement of this most perplexing problem rests with the medical and surgical professions, who alone are qualified to consider it and to suggest a remedy for the evil. As all attempts made in Parliament to induce the Government to promote an international conference on the subject have failed, the medical and surgical bodies in Ireland might themselves take the matter in hand.

In conclusion, I am not an alarmist, at least not a false alarmist, but simply one who has had special opportunities of noting the increase of insanity for over thirty years, and can now only raise the danger signal.

I am, Sir, yours truly,

W. J. CORBET.

Spring Farm, Delgany, Co. Wicklow.

CURIOUS DEADLOCK IN A LONDON PARISH.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—There is nothing so very singular in a difference of opinion between the Local Government Board and a sanitary Board which is attended with a certain amount of delay in settling matters as to constitute a "curious deadlock." There has been no interruption to sanitary administration in the St. Olave's District. That might have been the case if the St. Olave's District Board had not had the good sense to appoint a temporary Medical Officer of Health to act during the holidays, and until the difference between that Board and their own medical officer had been determined. The Board selected me, without my knowledge or consent, presumably because I was already acquainted with the district, resided close to it, and was in a position to act at once, if any emergency arose. I am pleased to inform you that the course adopted involved no pecuniary loss to Dr. Bond, whose salary is paid in full. If that had not been the case I should have been happy to have acted for him. If you object to Dr. Bond being permanently appointed to two districts, or to my being temporarily so, I would remind you that there are several districts in London and elsewhere, under the charge of one Medical Officer of Health, in which the area, population, and ratable value exceed that of Holborn, St. Olave, and Bermondsey combined. It is not correct to say that my energies are divided between the cases of private practice and the sanitary charge of Bermondsey, as I am not engaged in private practice, and the Vestry has not contracted with me, and does not pay me, for the whole of my time. Neither is it the fact that important health prosecutions in Bermondsey are generally conducted by one of the subordinate inspectors. They are conducted by the clerk and solicitor, with the assistance of the Medical Officer of Health and the Chief Sanitary Inspector. In minor cases the magistrate is generally satisfied with the evidence of the Inspector only, which I believe is customary in other districts. All prosecutions are directed by the Vestry, on the report of the Public Health Committee, after hearing the opinion of the sanitary officers.

I am, Sir, yours truly,

JOHN DIXON.

133, Jamaica Road, Bermondsey,
September 21st, 1899.

[The facts that Dr. Bond is suspended by St. Olave's, while his reinstatement is ordered by the Local Government Board, that Dr. Bond is drawing salary for doing nothing, and that Dr. Dixon has been appointed to supersede Dr. Bond appear to justify the term "deadlock." We do not blame Dr. Dixon for holding a "half time" appointment, but we altogether condemn the system that permits the existence of such a post. Our impression that Dr. Dixon is not conspicuous in sanitary prosecutions in his own parish may possibly be a misconception, but the actual evidence in court of the Medical Officer of Health is usually regarded as crucial. We are glad to publish Dr. Dixon's statement that he is not engaged in private practice, as the ground is thereby to some extent cleared. The general impression in his own district, however, is that, at any rate, until quite recently, he has been engaged in extensive practice.—ED.]

HOSPITAL REFORM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It will be a source of gratification to many of your readers to know that there is every prospect of a successful gathering at our conference on the 10th and 11th of October next. Our aim has been to have the subjects set down discussed by men who have had personal experience of them; and when I mention the following names it will be allowed that we have been successful in that respect. Dr. Arnold Lea, Manchester; Dr. Bertram Rogers, Bristol; Dr. Brown Ritchie, Manchester; Colonel Montefiore, London; Mr. C. W. Warren, London; Dr. Francis Waring, Brighton, Dr. Richardson Rice, Coventry, Mr. Hawkins-Ambler, F.R.C.S.E., Liverpool, are gentlemen who have devoted a great deal of time and study to the subjects which they propose to treat. Mr. Timothy Holmes, F.R.C.S., has, I am glad to say, promised to preside at one of the meetings, and the Rev. Russell Wakefield, Rector of St. Mary's, Bryanston Square, at another. The absence of so many men from home at this time has prevented our making arrangements for the chairmanship of the third meeting, but I have no doubt that we shall succeed in obtaining the services of a competent chairman before long.

Having done so much on our part, it now remains for the general practitioners of the country to support our efforts. Conferences in London cannot be held without incurring expenses, and we shall be glad to have contributions towards defraying them.

I am, Sir, yours truly,

T. Garrett Horder,
Hon. Sec.

Cardiff, September 23rd, 1899.

THE ABUSE OF MEDICAL CHARITIES.

To the Editor of The Medical Press and Circular.

Sir,—A few weeks ago you referred to a case in which Sir Sydney Waterlow maintained that a clerk in receipt of £200 a year would be unable to pay a surgeon the fee for an ordinary operation. It so happens that I am in possession of the facts of a case where an applicant was rejected from St. Bartholomew's Hospital some weeks ago, and in my own mind I have little doubt he was the "clerk" to whom Sir Sydney referred. The facts are these. Some years since, this person had a son who suffered from nasal obstruction. He obtained a personal letter of introduction from a private patient to one of the surgeons of the hospital. The boy went into hospital, and the surgeon performed the operation. This same applicant wanted a similar operation performed on a second son, and naturally turned again to St. Bartholomew's. On this occasion, however, his circumstances were taken into consideration by the committee, who rejected his application, and the surgeon turned a cold shoulder to him. He then went to a small special hospital, and one of the surgeons performed the operation for five guineas, while four guineas a week was paid for the boy in a private hospital. This clerk, it is true, has only £200 a year salary. His wife, however, is a Court milliner, and part of their house is let off to consultant at a high rent. They live in a style that cannot be approached by many a consultant and specialist and general practitioner whose interests are ignored by philanthropists of Sir Sydney Waterlow's stamp.

I am, Sir, yours truly,

London, September 23rd, 1899. Ignotus.

NURSES OF THE LATEST FASHION.

To the Editor of The Medical Press and Circular.

Sir,—Allow me to endorse what Dr. Walsh has said with regard to Mr. Gant's article on what he is pleased to call "nurses of the latest fashion." As a contribution to the economics of nursing, Mr. Gant can hardly be expected to be taken seriously, despite the all-embracing title he has selected. If that gentleman had headed his paper "Some Nurses of the Latest Fashion," and had stated clearly whether the characters were imaginary or drawn from active life, then possibly no great exception could have been taken to the subject, although doubtless opinions might have differed as to the good taste or otherwise of his contribution As matters stand, if Mr. Gant has really had any experience such as he describes, it would seem to be his duty to the profession to publish the names of the nursing institutions concerned. But even in that case, to brand all nurses as bad because a few may have criminal tendencies does greater credit to Mr. Gant's imagination, than to his reasoning powers. The title of Mr. Gant's articles, to which I have already alluded, makes it imposible to conclude that his attacks are not levelled at the entire nursing sisterhood. I am sorry that such egregious material should find any place in the pages of a sober medical periodical.

I am, Sir, yours truly,

Sydney Stephenson.

33, Welbeck Street, W.

To the Editor of The Medical Press and Circular.

Sir,—Although I agree with your correspondents, Dr. Walsh and Dr. Bateman, as far as they appear to go, that nurses of the latest fashion are an arduous class of workers, there can be no doubt that the tendency of the majority of the present day is to assume a false position before the public, nor do I think Mr. Gant can be accused of any exaggeration on account of the style in which he has so ably depicted them.

I remember myself, some years ago, attending a rector's wife, since deceased, who resided in a country village, and on that occasion I suggested at the bedside milk as an article of diet, whereupon, to my surprise, the nurse suddenly blurted out something about milk causing phlegm. The family being highly educated and somewhat highly connected I thought I displayed better form by remaining mute, but on going down stairs the son, who, by the way, was a late Fellow of his college, took me to task for not showing more decision. I, however, pointed out to him the necessity of preserving equanimity in a sick room, and advised him to quietly follow the directions, but told him plainly to laugh up his sleeve, and he appeared satisfied.

On another occasion more recently in this very district I happened to attend a confinement, and to my great astonishment on visiting the next day the room was taken possession of by two females, one of whom turned out to be the superintendent, who was attired in a somewhat ghastly uniform, the like of which I had not seen, and who had been called in as a kind of consultant, but although I had the responsibility of the case, I was treated as though a nonentity.

Many a few of your readers may have read the life of the late Sister Dora, a name that will be justly cherished in this country, but it is impossible to conceal the fact that there was here a type of mind which made it difficult even in an organised institution to conduct business, and, if I am correct, it is easy to conceive the difficulties which confront the majority of medical practitioners with "nurses of the latest fashion," and this is, of course, accounted for owing to the difficulty of keeping the female mind under proper control, so, under all circumstances, I think now if your correspondents need shed tears over a class whom the present state of society regard as indispensable.

I am, Sir, yours truly,

Clement H. Sebs.

Queen's Road, Peckham, S.E., September 25, 1899.

[It is only fair to Mr. Gant to point out that, in his introductory remarks, he expressly repudiated any desire to formulate an indictment of properly trained and certificated nurses, or of nurses as a class. His strictures obviously apply only to certain, possibly numerous, exceptions, occurring in the ranks of those whom we may dub the unqualified. It is well-nigh inconceivable that women who have been through the prolonged and exacting training and supervision which certification implies, or ought to imply, would display such deplorable moral characteristics. The weakness of moral fibre which characterised Mr. Gant's heroines would scarcely have escaped notice during their period of probation, and we all know the severity with which such delinquent tendencies would be treated by the ladies who direct our large nursing institutions. We repeat, then, that Mr. Gant's remarks were intended to warn the profession only against *soi-disant* nurses, whose aptitudes and trustworthiness are, to putit gently, matters of conjecture. Ed.]

The Mortality of Foreign Cities

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of several of the populations:—Calcutta —, Bombay 37, Madras 31, Paris 16, Brussels 19, Amsterdam 12, Rotterdam 20, the Hague 14, Copenhagen 24, Stockholm 17, Christiania 21, St. Petersburg 22, Moscow 27, Berlin 25, Hamburg 19, Dresden 26, Breslau 30, Munich 24, Vienna 18, Prague 24, Buda-Pesth 21, Trieste 25, Rome 13, Turin 16, Venice 16, Cairo 45, Alexandria 38, New York 16, and Philadelphia 16.

Obituary.

SURGEON-MAJOR-GENERAL LITHGOW, M.D., C.B.

MEDICAL circles in Edinburgh were last week surprised to hear of the sudden death of Surgeon-Major-General Lithgow at his country house near Melrose. He had only been ill for a few days, and little word of the fact had reached Edinburgh or the Edinburgh Royal Infirmary, of which he had been the medical superintendent since December, 1892. His military career was most distinguished and successful; the *Scotsman* gives the following description:—"Major-General Lithgow could almost be said not to have had any illness of consequence until the last and fatal attack occurred. He was attached to the Army for thirty-six years, frequently on active and foreign service, and never required a single day's sick-leave." In his last post he proved himself just, able, seemingly severe as befitted his responsible position in the control of a vast institution, in reality one of the kindest of men, duty for him came before pleasure, went often against inclination, but was done, and done rightly.

MR. JAS. VOSE SOLOMON, F.R.C.S., OF BIRMINGHAM.

WE regret to announce the death of Mr. James Vose Solomon, F.R.C.S., who died on Wednesday at his residence, Handsworth, at the age of 82. Mr. Solomon was a native of Birmingham, where his father was a physician practising in this city. He studied at Birmingham and St. Bartholomew's. In 1838 was admitted to the licentiate of the Society of Apothecaries. He also became a member of the Royal College of Surgeons, England, and in 1854 he was elected a fellow of the college. Among general appointments he held were those of surgeon to the gaol, to the General Dispensary, to the Orthopædic Hospital, and to the Birmingham Police. In the development of the Birmingham Eye Hospital he played an important part, and for many years he was the honorary surgeon to the hospital. For some years he was the professor of ophthalmic surgery at Queen's College. In 1869 he founded the Birmingham and Midland Counties Branch of the British Medical Association, of which he was the first president.

Literature

A SYSTEM OF MEDICINE. (a)

THIS system of Medicine is now rapidly reaching its completion, and as this is the penultimate volume the Editor's troubles will soon be at an end. He still continues to bemoan his own shortcomings, but he should take heart of grace and remember that he is now fairly convalescent. We are not aware that any sequelæ follow the production of a work of this description, and we have no reason to suppose that there will be a relapse in the shape of a System of Forensic Medicine, or even of Materia Medica. The compilation of this work must have been in itself a liberal education, and if the Editor has read all the contributions of his "many writers," he should have added very considerably to his stock of knowledge.

This, the seventh volume of the System, is devoted entirely to diseases of the nervous system, a subject which was commenced in the preceding volume, and will be concluded in the final one. The present instalment contains Diseases of the Spinal Cord, Diseases of the Brain, and a somewhat indefinite group called "Other Diseases of the Nervous System." Many of the articles are exceptionally good, and, taking it all round, it is probably the best and most important volume of the series. Some of the contributors are "nerve specialists," whilst others are physicians attached to general hopitals. The article on "Myelitis," by Dr. Frederick Taylor, of Guy's Hospital, is a sound and careful bit of work. He explains very clearly the nature of the different varieties of this disease, and the reader is made familiar with the importance to be attached to acute and subacute, chronic, transverse, diffuse, focal, and disseminated inflammation of the spinal cord. The charm of this contribution is that that the information is conveyed in language which is comparatively free from technicalities.

The article on "Diver's Paralysis or Caisson Disease," is contributed by Dr. Andrew H. Smith, of New York, who had exceptional opportunities of studying the disease in connection with Brooklyn Bridge and the Hudson River Tunnel. His suggestion that the patients should be treated by placing them under atmospheric conditions similar to those which produced the disease is ingenious. He thinks that a chamber should be constructed in which a cot containing the patient could be placed, and to which compressed air could be admitted through a pipe connected with the caisson. The chamber would resemble a horizontal boiler of convenient dimensions, having a door or opening at the end. It would be properly ventilated, and would be lighted by electricity from without, the light being admitted through a series of portholes or bull's eyes. It would, of course, be furnished with a telephone so that communication could be kept up between the patient and his attendants. With the addition of a portable earth-closet and other similar appliances it could be made quite a charming temporary residence.

The article on "'Disseminate' Sclerosis" is by Dr. Risien Russell. The nomenclature strikes us as being somewhat strange, for by most writers the disease is spoken of as "disseminated sclerosis," whilst by others it is called multiple or insular sclerosis. This is one of the great drawbacks of the nerve specialist; he never seems to be happy unless he can coin a new name for an old disease, and the result is that his nomenclature becomes day by day more and more complicated. The author passes somewhat lightly over the differential diagnosis of disseminated sclerosis and paralysis agitans, and thinks that, in spite of tremor being common to both, it is not easy to suppose that any real difficulty in diagnosis could arise. As a matter of fact, students at examinations constantly do experience this difficulty, and are rarely able to state the points which distinguish the two diseases.

"Tabes Dorsalis," by which, of course, is meant locomotor ataxy, is the joint production of Dr Ormerod and Dr. Mott, the latter being responsible for the pathology and morbid anatomy of the disease. Both contributors have done their work well, and the article is one of the best in the book. Dr. Ormerod is by no means satisfied that all cases of locomotor ataxy are syphilitic in origin. He points out that it is impossible to maintain that tabes is pathologically identical with syphilis, and urges that generally speaking, it is not amenable to anti-syphilitic treatment. The ever-increasing tendency to name symptoms after some particular individual is well illustrated by the complaint. Thus we have "Westphal's sign," or loss of knee-jerk, the "Argyll-Robertson's sign," reflex iridoplegia, or loss of pupillary reflex under the stimulus of light, "Romberg's symptom," or staggering when the eyes are shut, and finally, "Charcot's disease," or joint. Moreover an allied condition, Hereditary ataxia is commonly known as "Friedreich's Disease" or congenital ataxia. To make things still more complicated in some cases, two totally distinct diseases have been named after the same individual, and in more than one instance several authors claim the honour of having the same disease named after them. This savours of puerility, and does not add to the dignity of neurology. Dr. Ormerod has, of course, simply followed a well-established custom in naming names, and has done nothing to add to our difficulties. Both he and his colleague have done their work well, and Dr. Mott's contribution to the pathology of tabes is of the greatest possible value.

Syringomelia, or cavity of the cord, is not an especially interesting subject. The most prominent symptom of the complaint is what Charcot called "dissociated anæsthesia," that is, a loss of sensation of pain and

(a) "A System of Medicine." By Many Writers. Edited by Thomas Clifford Allbutt, M.D., F.R.C.P., F.R.S. Vol. VII. London: Macmillan and Co. 1899.

temperature in a part, with retention of tactile sense in the analgesic area. The majority of the patients do not know that they suffer from this condition until their attention is called to the fact. It is urged that the sense of pain is a great protection as it gives warning of injury and assures care and rest of the part. If a man is burnt and does not experience any pain he is generally satisfied whereas he ought to recognise that he is suffering from an abnormal condition and take steps to get himself cured?

There is some doubt as to whether amyotrophic lateral sclerosis constitutes a separate disease apart from progressive muscular atrophy and chronic bulbar paralysis, but Dr. Beevor has made the most of the material at his disposal, and contributes a very interesting article

Infantile Paralysis, or Poliomyelitis Anterior Acuta is dealt with at considerable length by Dr. Allan Starr, of New York, who enters pretty fully into the subject of treatment. He thinks that massage is of the utmost importance in these cases. He makes a suggestion, however, which causes us to wonder if he employs the term in the same sense that it is employed by Continental writers. He says that among the poorer classes it is well to instruct the mother how to do this so that it should be given with persistence. This, of course, is absurd if he is using the term massage in the sense in which it is employed by Metzger, Von Mosengeil, and other writers. The statements made by an American writer on massage in an early volume of this work were of such an extraordinary description that one cannot help thinking that the term massage is used by a certain section of the profession in the United States to indicate a mode of procedure to which the name would not be applied in this country. If this be so it is certainly strange, for Douglas Graham, of Boston, is a recognised authority on the subject, and would certainly not countenance the idea that a person without anatomical or physiological knowledge would be competent to treat a case of infantile paralysis by massage.

Ferrier's article on the "Regional Diagnosis" of cerebral diseases is an admirable summary of the whole subject. It must be remembered that it is only within the last twenty years that the chaotic darkness of clinical medicine has been illuminated by experimental methods in this particular department. Before that little or nothing was known on the subject beyond the facts that in hemiplegia the lesion was in the opposite hemisphere, that a lesion of Broca's convolution was the cause of certain forms of aphasia, and that Jacksonian epilepsy was due to irritation in the Rolandic area. Now all this is changed and thanks to the researches of Ferrier, Beevor, Horsley, and Schäfer, we know exactly what symptoms, irritative and destructive lesions of the various lobes and centres of the brain will produce. It is an enormous advance and one of which English physiologists naturally feel proud. It is a curious circumstance but one which has been ascertained experimentally and verified clinically, that injury, even amounting to removal, of the prefrontal region, gives rise to no discoverable symptom either sensory or motor. Injuries to other regions—the Rolandic, for example—produce well marked effects, all of which are duly set forth in this article. We have only one criticism to offer. We are afraid that the average reader who has not a brain, or a working model of a brain, before him will have much difficulty in following Dr. Ferrier's article without constant reference to the diagrams on p. 274. It is annoying to have constantly to refer back, and the difficulty could easily have been obviated by printing these outlines on a separate sheet, set out in such a way as to be visible to the reader at any point of the article. We are glad to find that Dr. Ferrier acknowledges his indebtedness in the preparation of his contribution to Dr. W. Aldren Turner and to Dr. Ashley Mackintosh. This is as it should be, for it is only right that the devil should have his due. We trust that all the other contributors have been equally conscientious.

Another first-class article on the "General Paralysis of the Insane" is by Dr. Savage and Dr. Goodall, of Caermarthen, whilst Sir Wm. Gower's deals with the subject of epilepsy. Epilepsy affords ample scope for the discussion of treatment, of which the author has availed himself fully. He still thinks well of borax, which he gives in doses of from 4 to 10 grams three times a day. He mentions the psoriasis which it so often induces, and finds that it speedily disappears when arsenic is added to the borax mixture.

The subject of "Chorea" is dealt with by Dr. Risien Russell, who contributes seven articles to this volume, not including an article of which he is joint-author. This is certainly rather a large allowance for a physician whose name until the last year or two was comparatively unfamiliar to the medical reader. We do not suggest for one moment that the confidence is misplaced, or that the work is not admirably done, but there are now so many young physicians devoting themselves to the study of neuropathology, that it seems almost a pity not to have given more of them an opportunity of distinguishing themselves.

One word more and we have done. These volumes when first issued presented an extremely attractive appearance in their scarlet and gold covers. Some of them, although not exposed to sun or damp, and kept in a room not lighted by gas, now present a very dingy appearance, the original scarlet, especially at the backs, having assumed a dirty brown and in places a blackish hue. This is a great pity, and probably points to some faulty method in the binding department

We shall look forward with much pleasure to the publication of the eighth and concluding volume of this valuable and useful System of Medicine.

SELECTED PAPERS ON STONE. (a)

The first of these interesting papers is an abstract of the Bradshaw Lecture, Royal College of Surgeons, 1896. In it the author does not entirely view with satisfaction the almost entire disappearance from modern surgery of lateral cystotomy. Among other subjects, castration and vasectomy for enlarged prostate are dealt with, and a note of warning is given to surgeons on the uselessness of either operation in cases of fibrous or carcinomatous prostate; the utility of perineal lithotrity in some cases is mentioned, and also the importance of litholapaxy in children, and regrets are expressed that the Röntgen rays have not been found sufficiently reliable for the diagnosis of vesical calculus. The next paper contains a dissertation on a table of 110 cases of litholapaxy, after which comes an article on vasectomy, followed by an interesting chapter on saccules and pouches of the urinary bladder. A short paper is devoted to cases in which a non-malignant communication exists between the bladder and intestines; the next paper describing a new operation for extroversion of the bladder contains a very instructive case; this is followed by chapters on treatment of albuminuria by reni-puncture, on some suppurations of the urinary organs, on urethral stricture and its treatment, on some forms of acute urine fever; on a mode of stretching some urethral strictures, this includes a description of an instrument constructed on the lines of a Holt's dilator, which should admirably answer the purpose for which it is intended; next come some notes on hæmaturia, followed by an instructive case of large pelvic hydatid treated by perineal incision and drainage; the last paper deals in a practical way with urethral irrigation. These various papers condensed in a volume of 190 pages will well repay perusal, the precepts laid down being always sound, and the author's ideas being always set forth in a practical, plain, and concise manner. The illustrations are not many, but they bring under the reader's eye very clearly the various conditions, &c., which they are intended to depict

"ASEPTIC SURGERY." (b)

In the preface to the second edition of this very useful work the author says that no alterations of any moment have been made in it, yet we are glad to give a hearty wel-

(a) "Selected Papers on Stone, Prostate, and other Urinary Disorders." By Reginald Harrison, F.R.C.S. 190 pp. London: Churchill.

(b) "Aseptic Surgery." By C. B. Lockwood, F.R.C.S. 246 pp. Edinburgh and London: Young J. Pentland.

come a second time to a book which contains such a large amount of invaluable information and of useful advice to all, from the highest to the lowest, who practise the art of surgery. Almost the first phrase in the introduction should be regarded as a golden rule; Mr. Lockwood writes:—"It is quite impossible to practise aseptic surgery with success unless not only the surgeon and his assistant, but also the sisters and the nurses have a clear and distinct knowledge of its principles." Starting from this standpoint it is evident that the perusal of the succinct but lucid descriptions in the 200 odd pages that follow will amply repay all those concerned in the author's dictum. Part I. gives a short but very clear account of the various micrococci and bacilli. Part II. deals with the sources of infection divided into infection by air, by water, by contact, by the human skin, with a passing reference to auto-inoculation and to immunity. In Part III. disinfection and antiseptics are dealt with, the author keeping strictly to the definition he had already laid down in his introduction, that the former kills the bacteria outright, whilst the latter prevent or retard their growth. The last Part (P. IV.) is devoted to surgical technics. Some very useful and practical hints are given to the surgeon, to the assistants, to the nurses and sisters. With regard to the disinfection of the skin of the patient we quite agree that it should not be done in a routine manner, for, as the author says, "the methods which are necessary to disinfect the harsh, thick, neglected skin of hospital patients would be harmful to the delicate skin of a child or lady." Next the preparation of the instruments, ligatures, &c., is given, and some surgeons might with benefit bear in mind, as Mr Lockwood very justly says. . . . "how irrational it is to disinfect instruments and then allow them to touch what is infected." The author prefers the biniodide of mercury lotion to the perchloride solution, he give his reasons, and they certainly seem conclusive. A few necessary words are said about the operation itself; the application of the dressings is fully dealt with, and the after treatment briefly touched upon. The last chapter gives a summary of the good results of aseptic surgery. The idea of the whole work may be summed up by a sentence of the author's in dealing with the field of operation. He says:—"An operation founded on the principles of aseptic surgery is a bacteriological experiment."

"ON THE ORIGIN AND PROGRESS OF RENAL SURGERY." (a)

THIS volume comprises the three Hunterian Lectures for 1898, together with a fourth lecture, which was originally published in the *Edinburgh Medical Journal* for January, 1899, and which has been revised with additions. It is hardly necessary for us to say that these lectures, coming from a surgeon whose name is so intimately connected with renal surgery, are well worthy of being published in the form of a book. They practically embody all that is known up to the present day on the subject, together with the lessons the author has derived from his own great experience. The fourth lecture on "Rupture of the Ureter" is specially interesting in view of the rarity of the lesion, and of the difficulty in the diagnosis owing to the paucity of the symptoms; it is at the same time very instructive, and much may be learnt by its perusal and by the consideration of the eleven cases regarded as subcutaneous ureteral injuries, the abstracts of which are given with it. The work contains some excellent illustrations.

"GLEET AND CHRONIC DISEASES OF THE URETHRA AND PROSTATE." (b)

THERE is nothing very new in this little book, but the descriptions of the methods of treatment are good and practical. The application of irrigation to the urethra by means of the instrument used by the author should be of great use, and is well worthy of a trial in troublesome cases of persistent gleet. We heartily agree with Mr. Dalton when he says, "the supposed development of stricture from too rapid a cure of gonorrhœa is a myth, the more speedy the cure, the less likelihood of a stricture forming."

LECONS DE CLINIQUE CHIRURGICALE. (a)

THIS volume contains twenty clinical lectures given during August and September, 1897, at the Hotel Dieu, Paris. The author in his preface expresses his regrets that circumstances prevented their earlier publication, and expresses a hope that his readers will find in his work the exposition of new and personal ideas. These hopes will be found ably carried out. In the lecture on Uranoplasty, Delbet discusses at length the question of the age most suitable for operation, and follows Trélat in choosing the sixth year as the most favourable; before that period he considers surgical intervention to be coupled with many dangers, not the least of which is ulterior atrophy of the maxilla. All the following lectures are certainly of great value; among those of special interest we may mention the one on congenital thryro-hyoid cyst, in which the anatomy and pathology of the affection are fully dealt with; the one on cicatricial stricture of the œsophagus in which the advantages of retrograde catheterism of the tube after gastrostomy are fully explained; a very instructive dissertation on fracture of the spinal column, and another on cirsoid aneurysm; the text of the lecture on carpus curvus is embellished by several illustrations, which help the reader to realise the anatomy of the displacement; the valvular insufficiency of the internal saphenous vein in cases of varicose veins of the lower limb is brought forward in the twelfth lecture; the next deals in a most efficient manner with the complications and deformity following Dupuytren or Pott's fracture, and the operative measures for their relief; the fourteenth and fifteenth lectures describe intestinal occlusions, the former (illustrated) by twisting of the whole of the small intestine, the latter by chronic obstructions; the next two lectures are taken up by the treatment of hydatid cysts of the abdomen; and, finally, the last two deal with appendicitis and salpingitis and their treatment. The style and language are vigorous, clear, and eminently practical, and the type essentially readable.

YEAR BOOK OF PHARMACY. (b)

OF the leading contents of the volume we may fitly give first place to the account of the liquefaction of hydrogen recently accomplished by Dewar. Its liquefaction has been accomplished by submitting the gas to the combined influence of a temperature of 205 per cent. C. and a pressure of 180 atmospheres, under which it assumed the form of a colourless liquid.

The researches of M. Constan and of von Haussen have resulted in producing a new class of oxidising substances known as percarbonates, of which the potassium salt $K_2 C_2 O_6$ is a good example. It splits up when heated into potassium carbonate, carbonic anhydride, and oxygen, and decomposes water at the ordinary temperature with liberation of oxygen and the formation of potassium bicarbonate.

Messrs. Porsbrand and Richelmann have isolated from coffee a new alkaloid which differs from caffeine by its insolubility in chloroform, its failure to give the mercurial reaction, and by its forming a precipitate with picric acid.

The influence of alcohol on the digestive action of pepsin is discussed by C. Symes and also by R. H. Chittenden, Wendel, and Jackson. The effect of boric acid in retarding the assimilation of proteid and fatty food is shown by the investigations of Chittenden and Gies. The whole book is worthy of careful reading by

(a) "On the Origin and Progress of Renal Surgery." By Henry Morris, F.R.C.S. 285 pp. London: Cassell and Co., Limited. 1898.
(b) "Gleet and Chronic Diseases of the Urethra and Prostate." By Gerald Dalton. 48 pp. London: Henry Kimpton. 1899.

(a) "Leçons de Clinique Chirurgicale." By Pierre Delbet. 372 pp. Paris: G. Steinheil. 1899.

(b) "Year-Book of Pharmacy: Comprising Abstracts of Papers Relating to Pharmacy, Materia Medica, and Chemistry. With the Transactions of the British Pharmaceutical Conference at the Thirty-fifth Annual Meeting held at Belfast, August, 1898." London: J. and A. Churchill, 1898.

the general practitioner, and makes a useful addition to the medical library.

A TRAGIC DEATH

A curious case of accidental poisoning has occurred to both doctor and patient at Eastbourne, necessitating the holding of an inquest on the body of Dr. Dick of that town. From the report to hand it would appear that on the 14th inst. a patient called at the surgery and was given a bottle of medicine, which she took home. After taking the first dose she became ill, and on Dr. Dick calling next day he was informed of the circumstance. In order to assure his patient that there was nothing wrong with the medicine he drank a quantity in her presence, and before leaving the house took a second dose with the same intent. On his arrival home, however, he fell against the door, foaming at the mouth and betraying other symptoms of poisoning. He had strength enough to suggest the stomach pump, and medical aid was immediately summoned, but he succumbed; while his patient, who had swallowed one dose only of the medicine, recovered. At the time of our going to press we hear the analysis of the medicine showed it to contain a large quantity of strychnine.

Laboratory Notes.

FLUORINE PRODUCTS.

We have received from Messrs. T. Christy and Co. samples of three new products with fluorine as a basis, viz., Antitussin, Fluor-Rheumin, and Epidermin, together with a substance to which the name Malarin has been given. *Anti-tussin* is an ointment containing difluordiphenyl, and it is introduced as "a certain cure for whooping-cough and diseases of the throat and neck," a rather large order in its vagueness. It is directed to be rubbed in vigorously over the previously-cleansed skin of the neck, breast, and back, and it is said to "cure" whooping-cough in about a week. *Fluor-rheumin* is an ointment containing one in five of fluor-phenetol-difluordiphenyl, and when rubbed well into the skin over the affected parts it is claimed to be an exceedingly efficient drug in the treatment of various forms of rheumatism and neuritis. *Epidermin* contains one part of fluorylol and four parts of difluorphenyl mixed with ninety-five parts of a fatty base. It is powerfully antiseptic, and appears to be a preparation well adapted for the treatment of certain affections of the skin. *Malarin.* This is described as a condensation product of acetophenon and phenetidin. In virtue of its molecular constitution it is an energetic antipyretic though practically non-poisonous. Its effects are pronounced even on the normal temperature, and this too in comparatively small doses (4 to 6 grains), without any corresponding influence on respiration or on the pulse. The antipyretic action is associated with a hypnotic effect, which soothes the nervous system at the same time as it reduces the pyrexial temperature. Malarin promises to be a useful addition to the series of agents at our disposal for reducing fever and abolishing painful manifestations of various origins.

We should like, however, to enter a formal protest against the system of nomenclature which here reaches its unwelcome apogee. The only admissible plan of naming new products is to select a syllable or syllables from their chemical description roughly indicative of their nature. All names based on supposed therapeutical action are objectionable because they are apt to prove misleading, and they savour far too much of the popular nostrum.

Medical News.

Deaths From Small-Pox at Mexborough.

A death from small-pox is reported from Mexborough in the person of a child eighteen months of age, imported from Hull.

Vital Statistics.

The deaths registered last week in thirty-six great towns of the United Kingdom corresponded to an annual rate of 21·1 per 1,000 of their aggregate population, which is estimated at 12,786,832 persons in the middle of this year.

Birkenhead 17, Birmingham 25, Blackburn 20, Bolton 22, Bradford 19, Brighton 25, Bristol 16, Burnley 28, Cardiff 16, Croydon 13, Derby 15, Dublin 35, Edinburgh 20, Glasgow 22, Gateshead 25, Halifax 17, Huddersfield 17, Hull 21, Leeds 18. Leicester 19, Liverpool 30, London 18, Manchester 26, Newcastle-on-Tyne 24, Norwich 10, Nottingham 21, Oldham 17, Plymouth 17, Portsmouth 18, Preston 31, Salford 32, Sheffield 21, Sunderland 29, Swansea 20, West Ham 19, Wolverhampton 31. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1·4 in Burnley; from scarlet fever, 1·1 in Bradford; from fever, 1·0 in Sheffield, 1·1 in Halifax, and 1·4 in Birkenhead; and from diarrhœa, 5·8 in Hull, 5·9 in Birmingham, 6·5 in Nottingham, 6·9 in Manchester, 7·2 in Liverpool, 8 0 in Brighton, 10·0 in Wolverhampton, and 16·0 in Preston. In none of the large towns did the death-rate from whooping cough reach 1·0 per 1,000. The 73 deaths from diphtheria included 22 in London, 10 in Leeds, 8 in Sheffield, 6 in Leicester, 5 in Birmingham. 4 in Liverpool, and 3 in Portsmouth. Three deaths from small-pox were registered in Hull, but not one in any other part of the United Kingdom.

Stale Medicine.

Mr. Braxton Hicks, the coroner, recently volunteered the advice to the public never to take stale medicine, he having just recovered from illness caused by a dose of cough linctus which had undergone decomposition.

Gresham College.

The subject of the lectures to be delivered by Dr. E. Symes Thompson, the Gresham Professor of Medicine, on October 3rd, 4th, 5th, and 6th (6 p.m.), will be "Earth, Air, Water, and Insects in Relation to Disease."

University of Durham—Faculty of Medicine.

At the Examination for Degrees in Medicine and Surgery during September, the following Candidates passed the Second Examination for the Degree of Bachelor in Medicine—

Honours—Second Class.

Manning, Ernest J., St. Mary's Hospital.
Waters, James B., College of Medicine, Newcastle-upon-Tyne.

Brunyate, Annie T., London School of Medicine for Women.
Clapham, Stanley C., M.R.C.S., L.R.C.P., Guy's Hospital.
Ellis, Henry R., M.R.C.S., L.R.C.P., St. Bartholomew's Hospital.
Emmerson, William M., College of Medicine, Newcastle.
Fox, Ida E., London School of Medicine for Women.
Molony, Lucy S., London School of Medicine for Women.
Nevin, Robert W. College of Medicine, Newcastle.
Robertson, Monica L. M., College of Medicine, Newcastle.
Rutherford, Thomas C., St. Thomas's Hospital.
Renton, Ralph W., College of Medicine, Newcastle.
Turner, Sydney D., M.R.C.S., L.R.C.P., St. Thomas's Hospital.
Walker, Norman B., College of Medicine, Newcastle.
Wetherell, Marmaduke C., Guy's Hospital.

Society of Apothecaries of London—September, 1899.

The following candidates passed examinations during September, in:—

Surgery.—N. H. Bonnerjee (Sections I. and II.), A. F. Carlyon (Sections I. and II.), A. McC. Dallas (Section I.), E. F. Lamport, A. Orme (Section II.), and W. Rigby (Sections I. and II.).

Medicine. W. P Allen, A. F. Carlyon (Sections I. and II.), F. Elias, F. Marriott, H. J. Pickering (Section II.), W. Rigby (Sections I. and II.), L. L. G. Thorpe, H. E. Weston (Section II.), and H. Whittaker.

Forensic Medicine.—W. P. Allen, A. F. Carlyon, R. F. Ellery, F. Marriott, W. Rigby, and L. L. G. Thorpe.

Midwifery. F. P. Bush, W. Rigby, W. C. Stanham, and G. H. Watson.

The diploma of the Society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:—N. H. Bonnerjee, A. Orme, W. Rigby, A. F. Carlyon, and L. L. G. Thorpe.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

FILTHY LUCRE.

THE bacteriology of coins would certainly constitute a fruitful field of investigation. If one would take the trouble to wash a handful of money in a detergent alkaline solution, the turbidity of the resulting liquid would not fail to surprise. In a more enlightened age the Government may perhaps make arrangements for the periodical cleansing of the coinage, but this very hygienic measure is not yet within view. One can only wonder at the carelessness of 'bus conductors and others who deliberately stick coins between their lips while counting out the change.

DR. E. WHITE (Burlington, Canada).—The subject of "Dry Catarrh of the Middle Ear" will be found fully treated in an article which appeared in the first week in January, 1898, of this journal by Dr. Dundas Grant.

THE INDIAN MEDICAL SERVICE.

THE next Examination for Appointments in Her Majesty's Indian Medical Service will be held in London in February next. Regulations may be obtained at the India Office, particulars of which will be found in our advertisement columns.

L. G. M.—Night terrors in the young are very commonly associated with the presence of intestinal parasites, but the condition has also been noticed in association with circulatory troubles, such as incipient cardiac disease. Circulatory weakness, associated with too rapid growth, has also been credited with its production.

THE WEIR-MITCHELL TREATMENT

A CORRESPONDENT asks whether there exists a recent monograph on what is commonly described as the Weir-Mitchell treatment. If not, where can detailed information thereof be obtained?

DR. R. N.—Carbolised solutions, whether in oil or water, dull the edge of all cutting instruments. If left long in ordinary spirit steel instruments rust. It is best to keep surgical needles in a saturated solution of ordinary washing soda, or, if preferred, in a saturated solution of chloride of calcium in rectified spirit.

THE TREATMENT OF STUTTERING.

M. L. asks whether there is any institution in London where a working man who stutters could undergo a course of training with the object of overcoming the defect. He adds that anything beyond nominal fees would be quite out of the question in this case

NURSE J.—To remove blood from the hands always use clean water and a nail brush first, as soapy water does not readily dissolve inspissated blood.

SOMEWHAT IGNORANT!

DOCTOR (to dispensary patient): "Now, remember, my man, three or four drops of this mixture three times a day—and inhale." Patient: "Be I to take it in four or six ale, gov'nor?"—*Exchange.*

Vacancies.

Bethnal Green Infirmary.—Medical Superintendent for the New Infirmary, Cambridge Heath. Salary £500, with unfurnished apartments, coals, lights, and washing. Apply to the Clerk to the Guardians, Offices, Bishop's Road, Victoria Park, N.E.

Borough of Maidstone.—Medical Officer of Health. Salary £200 per annum and £150 a year for water analysis. Applications to the Town Clerk, Maidstone.

Cumberland and Westmoreland Asylum, Garlands, Carlisle.—Junior Assistant Medical Officer, unmarried. Salary £100 a year, with board and residence.

Durham County Asylum, Winterton, Ferryhill.—Assistant Medical Officer, unmarried. Salary commencing at £140, with board, lodging, washing, and attendance.

Egyptian Government School of Medicine, Cairo.—Professor of Ophthalmology. Applications to F. G. Hallett, Esq., Secretary, Examination Hall, Victoria Embankment, London.—(See advert.)

Govan District Asylum, Crookston, near Paisley.—Junior Assistant Medical Officer. Salary commencing at £100 a year, with rooms, board, attendance, and laundry.

Hospital for Consumption and Diseases of the Chest, Brompton.—Resident House Physicians for six months. Honorarium £25 each. Also an Assistant Resident Medical Officer. Salary £100 per annum, with board and residence.

Nottingham Hospital for the Insane, the Coppice.—Assistant Medical Officer, unmarried. Salary £150 per annum, with apartments, board, attendance, and washing.

Leeds Hospital for Women and Children.—Non-resident House Surgeon for six months. Salary at the rate of £125 per annum.

Huddersfield Infirmary.—A Senior House Surgeon and a Junior House Surgeon. Salaries £80 and £60 per annum respectively with board, lodging, and washing.

Loughborough and District General Hospital and Dispensary, Loughborough.—Resident House Surgeon. Salary £100 per annum, with furnished rooms, attendance, and board.

Fulham Parish, London.—Resident Medical Superintendent of the Infirmary and Medical Officer of the Workhouse. Combined Salary at the rate of £300 per annum, with residence, fuel, lights, and washing.—Applications to the Clerk to the Guardians, 75, Fulham Palace Road, Hammersmith, W.

Royal South Hants Infirmary, Southampton.—House Surgeon. Salary, £100 per annum, with rooms, board, and washing.

Victoria University, Manchester.—External Examinership in Anatomy for three years. Applications to the Registrar before Nov. 1st.—(See advert.)

Appointments.

BARNES, J. SANDERT, M.R.C.S., L.R.C.P.Lond., Junior Medical Officer to the Borough Asylum, Portsmouth.

BROWN, E. ARCHER. M.B.Edin., M.R.C.S., L.R.C.P.Lond., Second Assistant Medical Officer to the St. Marylebone Infirmary, Notting Hill, London.

BUCHANAN, R. McN., M.B., C.M.Glasg., F.F.P.S.Glasg., Bacteriologist by the Corporation of Glasgow.

FORSYTH, C. E., M.B., Ch.M.Aberd., Assistant Medical Officer to the County Asylum, Dorchester.

HUNGERFORD, GEOFFREY, L.R.C.P. and L.R.C.S.Irel., Assistant Medical Officer to the Wonford Hospital for the Insane, Exeter.

HUSKIE, J., M.B., C.M.Edin., Public Vaccinator and Medical Officer for the South Sefton Sanitary District of the West Derby Union.

JOYCE, R. C., M.B., C.M.Edin., Medical to the Standard Colliery, Ynyshir, South Wales.

MACLEAN, MADGE S., M.B., C.M.Glasg., House Surgeon to the Victoria Hospital for Sick Children, Hull.

MILTON, JOHN PENN, L.R.C.P.Lond., M.R.C.S., Medical Officer and Public Vaccinator for the Parishes of Penzance Civil, Penzance-in-Maldrow, and Paul, Cornwall.

OWEN, R., L.R.C.P., L.R.C.S.Edin., Public Vaccinator for the District of Sefton North of the West Derby Union.

PEARCE, G. H., L.R.C.P., L.R.C.S.Edin., L.F.P.S., Medical Officer of Health by the Darton Urban District Council.

WILLIAMS, W. J., L.R.C.P.Edin., L.F.P.S.Glasg., Medical Officer to the Carnarvon Isolation Hospital.

Births.

ACHESON.—On Sept. 22nd, at St. Ronan's Road, Southsea the wife of Surgeon J. H. Acheson, R.N., of a daughter.

BATTLE.—On Sept. 18th, at Harley Street, London, W., the wife of W. H. Battle, F.R.C.S., of a son.

MACEVOY.—On Sept. 19th, at 41 Buckley Road, Brondesbury, N.W., the wife of H. J. Macevoy, M.D., B.Sc.Lond., of a son.

JONES.—On Sept. 23rd, at 8 Church Terrace, Lee, S.E., the wife of George Jones, M.B., of a daughter.

Marriages.

FRENCH—DEACON.—On Sept. 18th, at Christ Church, Lancaster Gate, London, Louis Alexander French, M.R.C.S., L.R.C.P., of Emperor's Gate, to Florence Elizabeth, youngest daughter of the late Samuel Deacon, of Polebrook Hall, Northamptonshire.

FOOT-COALBANK.—On Sept. 19th, at St. Alban's Church, Teddington, Lieutenant Charles Montague Foot, R.N., youngest son of the Rev. C. N. Foot, of Teddington, to Nora, eldest daughter of Isaac Coalbank, M.R.C.S., of Teddington. No cards.

GRIFFITH—WILLIAMS.—On Sept. 19th, at St. Mary's, Risca, Edward M. Griffith, M.D., son of the Rev. E. M. Griffith, Rector of Glocaenog, North Wales, to Muriel, daughter of the Rev. Basil Williams, M.A., Vicar of Risca, Monmouthshire.

LAVER—CONOR. On Sept. 21st, at St. Andrew's, Ashley Place, London, S.W., Philip Guyon Laver, L.R.C.P., M.R.C.S., second son of Henry Laver, M.R.C.S., J.P., of Colchester, to Constance Mary (May), only daughter of Colonel Cecil Conor, late Comdg. 1st Batt. Duke of Wellington's Regt.

Deaths.

COLLINGWOOD.—On Sept. 23rd, at Ringwood, Hants, David Collingwood, M.D., F.R.C.S., late of Sydney, aged 41 years.

ROPE.—On Sept. 13th, at Harley Street, London, W., Henry John Rope, F.R.C.S., of St. Mary's Court, Shrewsbury, aged 51 years.

WHITE. On Sept. 24th, at Eastbourne, Joseph White, F.R.C.S.Edin., of Southwell Gdns., S.W., late of Nottingham, aged 77 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, OCTOBER 4, 1899. No. 14.

Vienna Clinical Lecture.

A NEW METHOD OF ESTIMATING LITHATES IN THE URINE.

By DRS. FREUND AND TOPFER,

Directors of Pathological Chemistry in "Rudolf-Stiftung," Vienna.

[FROM OUR OWN CORRESPONDENT.]

AT the laboratory class of the Rudolf-Stiftung Freund explained a handy clinical method for determining the amount of urea present in the urine, which he and his colleague, Dr. Töpfer, had practised in the laboratory during the past year with entire satisfaction.

The following method was the result of laborious experiments in accurately eliminating the total nitrogen contained in the extractives, and after a perusal of Prof. Gottlieb's method of estimating urates in the different tissues of the body.

Freund said the methods usually given in class-books for the estimation of urates were neither speedy nor accurate.

Whether we applied Bunsen's method, or the Bunsen-Pflüger analysis, there were errors to be found in our results; with the phosphate of Tungsten, boiling with phosphoric acid, or "caustic baryta-chlorbaryum" in alcoholic ether, no better results can be obtained by the precipitates. In all these different forms of analysis we have no assurance that the whole of the urates are estimated, neither can we eliminate the other cognate bodies containing nitrogen. It was strange, however, that the most insoluble salt was so little used as a test for urates in their estimation, knowing that it was an acknowledged axiom in chemistry that the most insoluble salt in the group was the most suitable for titration. In the usual text-book the detection of urates is described as giving characteristic reactions with nitric and oxalic acids which are insoluble in ether or amyl-alcohol, which is usually attributed to Brucke's observations.

With this information before them Freund and Töpfer have endeavoured to perfect a system of titration founded on the insoluble oxalate of urea in the urine, which is an important constituent in morbid conditions of the body. In health this constituent is variable, but an average has been taken of 10 to 16 grammes (154·3 to 246·8 grains) of nitrogen in 1·5 litre (0·33 gals. or 2·64 pints) in the 24 hours, or a percentage of nitrogen equalling 0·67 to 1·07; or, in other words, N=14 is equivalent to $C H_4 N_2 O = 30$, giving a percentage of 1·4 to 2·3, which would equal 21·5 to 34 grammes per 34 hours. But this total of nitrogen eliminated by the kidneys is not all urea ($C H_4 N_2 O$).

According to Pflüger and Bohland the average amount of nitrogen used up as urea is 86·6 per cent. of the total nitrogen eliminated, the extremes being 84 and 90·3 per cent., thus leaving 13·4 per cent. of the total nitrogen in combination with uric acid, xanthin bases, kreatinin, hippuric acid, initial albumen, ammonia and other extractive or pigmentary substances. In febrile conditions the same authors found this relation disturbed to an average of 84·6, extremes, 81·9 to 86·6. Averages of separate authors, however, cannot be accepted as accurate standards, as they vary so widely, as for example, Bödtker, who fixes it in the healthy at 90·1 per cent. of the total nitrogen excreted. Sjoqvist records two perfectly healthy men who regularly passed 91 per cent. of the nitrogen in that form of urea. The diet has a marked influence on the elimination of urea, but in this analysts differ. According to Gumlich, living on

A mixed diet gave 85·1 urea, p.c, $N H_3$ 4·39, remainder 10·36.

Animal diet gave 86·8 urea, p.c., $N H_3$ 4·84, remainder 8·39.

Vegetable diet gave 80·5 urea p.c., $N H_3$ 4·29, remainder 15·73.

Camerer obtained still more varying results with the hypobromite of soda:—

Mixed diet, 88·3 urea, 1·50 uric acid, 0·27 xanthin.

Animal diet, 93·3 urea, 1·29 uric acid, 0·10 xanthin.

Vegetable diet, 86·4 urea, 1·84 uric acid, 0·49 xanthin.

From these results we need not be surprised with the pathological variations. In two cases of phosphorus poisoning that recovered the urea was 80, $N H_3$ 13. Two fatal: urea 55·1, $N H_3$ 37·6, remainder 17·3. In another hepatic case with extensive degeneration of the liver the urea was 85 per cent. Atrophic cirrhosis has a reduction of $C H_4 N_2 O$, but the $N H_3$ is doubled, thus increasing the total amount of nitrogen eliminated although the urea is reduced. In catarrhal icterus the changes are slight. In cases of syphilis and carcinoma of the liver the urea is also found to be diminished, while the $N H_3$ is increased. Prott records cases of carcinoma of the liver with 77 of urea and 2·83 of uric acid; Gumlich 82·6 of urea and 5·3 $N H_3$; cirrhosis of the liver 73·8 of urea and 10·7 $N H_3$.

An interesting experiment in this connection is recorded by Hahn and Nencki, who operated on healthy dogs. Their results led them to conclude that the healthy dog eliminated one part of ammonia for every 40 to 70 parts of urea. In order to determine the changes occurring in the liver an Eck fistula was made in the portal vein and hepatic artery ligatured, when the ammonia rose to one in 13 to 33 of urea. If poison were used it rose as high as 7·6 to 16·1 of urea to one of ammonia.

By destroying the liver by injecting sulphuric acid in the gall ducts the relation of ammonia to urea was little if anything altered till the terminal symptoms of coma set in. By tying the gall duct the elimination of urea and uric acid is increased. Although these relations of 86·6 per cent. of urea and four of ammonia are given as averages, Bödkter

tes many with 90 or 91 per cent. of urea and 7·11

of ammonia with functional derangement of the liver or congestion, and no other morbid condition present.

Having learned from the foregoing that the urea ($C H_4 N_2 O$) eliminated in the urine during twenty-four hours averages 86·6 per cent. of the total nitrogen, the rest being ammonia ($N H_3$), uric acid ($C_5 H_4 N_4 O_3$), xanthin ($C_5 H_4 N_4 O_2$), hippuric acid ($C_9 H_9 N O_3$), kreatinin ($C_4 H_7 N_3 O$), thiocyanic acid ($C N S H$), indoxyl ($C_8 H_7 NO$), albumen, &c. From this it would be easy to estimate the total nitrogen as is usually done, and deduct the urea. We have also seen that the $N H_3$ is three to four per cent. the total nitrogen in health, but according to Hahn and Nencki the ammonia may be raised to four times this quantity by tying the hepatic artery. In this case the ammonia may be suddenly raised in the urine, while the urea may be greatly reduced, and the estimate giving still the 86·6 per cent. of urea. If the urea could be estimated absolutely this error would be averted, and a better value of secretion obtained. With this object in view Freund and Töpfer directed their attention to a method that might be both practical and accurate for daily use. For this purpose the oxalate of urea is the most reasonable to work with $(C H_4 N_2 O_2) + C_2 H_2 O_4$, which, when concentrated, throws down rhomboid crystals easily soluble in water but difficult to dissolve in ether, and by some in alcohol and amyl-alcohol. To arrive at their present knowledge several essays had to be undertaken with control experiments.

The first was performed by taking a small quantity of urine, 5 to 10 cubic centimètres, to which was added oxalic acid, gently evaporated to concentration, and finally washing the crystals with ether. It was found that the urates in the oxalic acid and ether solutions when filtered were almost negligible. It was suspected, however, that some went off with the oxalic acid in evaporation, although it must have been very small. Another hypothesis was that it formed the oxalate of soda, but the oxalate of lime gave no credence to this. Chalk was added to the ether washing, but with no better result. The experiment was next performed in cold water with the same result.

It next occurred to them that no positive error would arise if alcohol were first added to the 5 or 10 cubic centimetres of urine, and accordingly as much alcohol as urine was taken. Again, at the point of evaporation, when all the water was driven off, a little more alcohol was added to prevent a syrupy consistence. It was then rubbed up in this water-free alcoholic solution, and again evaporated with an oxalic ether solution.

This result was not so satisfactory as was anticipated, as the oxalic ether solution was prevented from acting uniformly owing to the dryness of the alcoholic solution.

It was finally arranged to add the oxalic ether solution to the alcoholic extract after partial evaporation, which had the desired effect of depositing the urine crystals in pretty white masses that were easily filtered out and washed with ether to cleanse them of all soluble matter. After many experiments testing the solution for urates, it was finally resolved that the quantity left in the solution after crystallisation and washing with ether was so small that a factor was useless; besides, it could not be calculated on the ether, as there was alcohol in the solution of crystallisation, notwithstanding the evaporisation before adding the ether.

The urate rhombic prisms of oxalic acid ($(C H_4 N_2 O)_2 \cdot C_2 H_2 O$) are now dissolved in distilled water and transferred to a Kjeldahl flask, and titrated with a fourth normal solution of soda with phenol phthalein indicators. After repeated analyses by this method, it is found that the difference between the actual drying and weighing, and triturating of the nitrogen varied between 0·012 to 0·025 per cent. of the solution giving a difference of 0·013.

The utility of the method, it may be perceived, rests on the fact that the urates alone are estimated, not the total nitrogen in the urine as is obtained in the formula $C H_4 N_2 O + (Na Br O)_3 = 3 Ba Nr + CO_2 + N_2' + 2 H_2 O$ as usually given for the estimation of the urates, but correctly speaking is an estimate of the total nitrogen present in the urines.

In order to obtain more exact data for this method a known quantity of pure urea was dissolved in a definite quantity of distilled water, and the different forms of analysis applied.

Experiment.	Amount of Urea added per cent.	Amount of Urea present.	
		Triturated with Oxalic Acid Method.	The Estimation of Nitrogen present.
		P.c. P.c.	P.c. P.c.
I.	3·94 per cent.	3·89; 3·90	3·92; 3·91
II.	3·94 „	3·88; 3·89	3·90; 3·92
III.	3·94 „	3·89; 3·89	3·89; 3·89
IV.	3·94 „	3·88; 3·87	3·93; 3·92

These parallel results must convince the severest critics that this is a trustworthy method of estimating the urates. The presence of albumen or sugar in the urine does not interfere with accuracy of the results. After long practice with this method of analysis Freund and Töpfer put it forward as unassailable.

In conclusion the method modified may be briefly repeated. About 5 cubic centimetres of normal concentrated urine to which an equal quantity of a 95 per cent. of alcohol is added. (It is always better to take two similar samples as controlling each other). Place on a water bath and evaporate, rubbing well with more absolute alcohol. To the alcoholic extract 70 cc. of a pure ether oxalic solution is added and allowed to crystallise; the crystals are again washed well with ether and filtered, about 80 cc. more of ether being required. After drying filter and dissolve the crystals in a Kjeldahl flask with two drops of phenolphthalein and titrate them with a fourth normal soda solution. One cubic centimetre of this $\frac{1}{4}$ normal solution corresponds to 0·015 grammes of urea, $C H_4 N_2 O$.

OPEN-AIR TREATMENT OF CONSUMPTION.

By JOHN C. THOROWGOOD, M.D., F.R.C.P.,
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COINCIDENTLY with Koch's discovery of the tubercle bacillus, now recognised as the essential accompaniment of the worst cases of tuberculosis, there has come over all thinking people a great and most advantageous change in the methods of treating cases of pulmonary consumption. Many years ago the victim of phthisis could not be kept in too warm an atmosphere. The ingress of fresh air was carefully excluded from the apartment, and if change of air was made part of the treatment, the invalid was usually sent to some most enervating climate where, in a short time, stomach and liver troubles were added to complicate the disease already established in the chest.

Things now are changed indeed. The consumptive invalid is encouraged to face cold in the mountain parts of Switzerland or in Colorado and Denver City. Cough mixtures are thrown away; tonics taking their place, and, as the digestive powers in

crease, a liberal and abundant supply of good food with moderate allowance of wine is urged upon the now hopeful patient.

My own experience affords to me instances of complete recovery from phthisis due to a sojourn in the cold of Canada, and that, too, in the case of one who had frequent severe attacks of hæmoptysis, and who was liable to subacute inflammations.

Everyone cannot manage to go far away from home for a cure, and for such we have now well-planned establishments for the open-air cure. This, I need hardly say, is no new thing, but as put before invalids, it comes as a new method of treatment and so let them take it, for the idea that he is trying a "new cure" does much to help both doctor and patient. Abundant evidence is now at hand to show that the consumptive invalid must be on a dry soil. This is most essential; next the elevation should be moderate, for cutting winds will not help the treatment, though these even are not so pernicious as sudden draughts in badly arranged apartments.

An objection I have found raised to the Sanatorium plan is that it is not well to have many consumptives under one roof. I do not think this much of a drawback. Cases must of course be selected with a certain amount of discretion and experience, and then the community is likely to be a cheerful one. In the consumption hospitals of London and in the provinces the patients seem, as a rule, happy and cheerful, though few of them like the idea of quitting Ventnor or Bournemouth to return to work in smoky London.

As experience increases it will be found that some —I should say the majority—do best, as far as cure goes, from living near the sea.

Sea air contains a certain amount of saline matter, and what better inhalation can a patient have than constant small doses of chlorides of sodium and other salts deadly to the tubercle bacillus in the lungs?

A sea voyage in a sailing ship to Melbourne and back is the best way of using this saline inhalation. To undertake such a cure requires courage, and though I have been amazed to see the wonderful good that this voyage can do even in advanced consumption I would not advise any one far gone in the disease to try the ocean cure.

I have noted many cases in every walk of life who have made the Australian voyage, and my own experience is most favourable. Patients have returned home improved both in general health and in physical signs to a degree I could never have expected. Many years ago I remember how very strongly my late teacher, Dr. Walshe, urged on a young chemist in Regent Street, who had one lung well on in phthisis, to take the Melbourne voyage. Soon after his arrival we heard of him as perfectly well and growing quite fat.

So there is in the open-air treatment and its concomitants very much to cheer and encourage the tuberculous invalid, and he must not be faint-hearted, but make up his mind to do the cure thoroughly in all points.

THE FREQUENCY OF SICKROOM INFECTION IN TYPHOID FEVER. (a)

By HERBERT PECK, M.D.,
Medical Officer of Health, Chesterfield Rural District.

He said it was generally accepted that the immediate cause of enteric fever was the bacillus typho-abdominalis of Eberth, and that invasion might take place in various ways. On the other hand, cases of the disease were rarely traced to a definite source of infection, so that a well-known medical officer recently stated, "In probably over 80 per cent. of the reported cases of typhoid fever, the origin of the infection cannot be ascertained with any certainty." (1)

He attributed this to the fact that many cases arose under conditions in which it was impossible to say which of several causes may be to blame. This was more frequently the case in urban than in rural districts, but the number of cases in rural districts is often too small for sound deductions.

His deductions were based upon inquiries into 206 cases of typhoid fever notified to him while Medical Officer of Health of the West Lancashire Rural District during the six and a half years ending September, 1898.

Definitions.—He said: Before giving particulars concerning the class of cases with which this paper chiefly deals, I consider it advisable to define as accurately as I can the class of cases included under each heading of the following table.

Soil Infection.—This includes the cases attributed to emanations from soil containing typhoid bacilli. The experiments of Dr. Robertson (2), and Sidney Martin (3) have established the long suspected fact that typhoid bacilli can exist for prolonged periods in organically-polluted soil and even increase in number.

The nine cases ascribed to this cause occurred at intervals during a period of several years in a hamlet which had been put in a sanitary condition and provided with a public water supply, after being in an insanitary condition for many years, during which cases of typhoid fever frequently occurred. It is possible that one or more of the patients acquired the disease in another manner, but I ascribed them as I have done after careful consideration.

Drain Effluvia.—In these cases sewer gas was found to enter the houses in which the patients lived, from either broken or defective fittings.

Pollution of Watercourse.—Five of the patients under this heading lived in two houses which had nothing in common except that they lived near a ditch or watercourse into which the excreta of typhoid fever patients had been thrown. Owing to drought very little but sewage from an infected house higher up was passing down the stream.

Two other cases occurred simultaneously on two dredgers working together on a canal which was polluted with sewage at that point.

The other cases occurred in persons living on the banks of ditches or streams into which filth was surreptitiously placed, and which were sometimes very offensive.

Manure.—Enormous quantities of manure are imported into the district, but the only classes of manure to which I attributed an outbreak of typhoid fever were "black manure," which consists of human excreta mixed with ashes and cinders, and "Oldham shoddy," which consists of human excreta mixed with refuse from cotton or woollen mills.

One case was that of a child who searched among manure for marbles, and the remainder those of men who had been working among it or who had it stored near their houses.

Water.—Many cases were probably due to this cause, but only one certainly—a woman who drank water polluted with the sewage of a neighbouring town, the only one in the house who suffered at that time.

Importation.—This term includes:—(a) Where the patient had been away from home for more than fourteen days, and returned ill; (b) where the patient returned home after an absence of not less than one week, and sickened within five and fourteen days; (c) where the patient worked in a neighbouring

(a) Abstract of paper read in the Section of State Medicine, British Medical Association Meeting, Portsmouth, August, 1899.

district on premises which inquiry, made at my request by the officials of the district, showed to be insanitary.

Sickroom Infection.—I have used this term to include cases due to the ingestion of specific bacilli directly derived from excreta, and suspended in the air of the sickroom or infected part of the house, whether this took place in the act of eating or drinking, the swallowing of saliva, or in any similar way. The significance of the term will become more apparent upon a perusal of the cases ascribed to this cause.

Several Possible Causes.—This term covers those which occurred under circumstances which rendered it impossible to ascribe the origin of the disease to any one defined cause, with a reasonable degree of certainty.

No Ascertainable Cause. — This term explains itself.

SUMMARY OF CASES.

	Cases.		
Soil Infection	9	equal to	4·37 of the whole
Drain Effluvia	21	„	10 2 „
Pollution of Water-course	9	„	4·37 „
Manure	6	„	2·91 „
Water	1	„	·5 „
Importation	25	„	12·13 „
Sickroom Infection ...	28	„	13·5 „
Several Possible Causes	69	„	33·5 „
No Ascertainable Cause	38	„	18·44 „
Total	206		

I. The patient, æt. 35, frequently visited her mother and sister, living in another district, when they were suffering from the disease, and fell ill as they were recovering.

II. A woman, æt. 29, came home from service in an early stage of the disease. Her sister, æt. 11, slept in the same bedroom throughout the illness, and developed the disease in a typical form about a fortnight after her recovery.

III. A gentleman came to his country house while suffering from the disease, and one of the maid-servants went down with it during his convalescence. She did not see her master during his illness, nor did she wash any infected clothing, and is believed to have contracted the disease through eating delicacies which had previously been in the sickroom.

IV. A priest, æt. 30, attended patients suffering from the disease, and was taken ill with typhoid fever three weeks later.

V. A woman, æt. 37, who had been frequently from home, developed the disease and died. Her child, æt. 9, frequently sat with her mother, and was taken ill the day she died. An elderly woman came from some cottages half-a-mile distant and nursed her through her illness, also washing her clothes, and developed the disease as her patient recovered. I know from personal observation that she sometimes took food in the sickroom. She returned home and was nursed by her daughter, æt. 25, who, notwithstanding my remonstrances, slept in the sickroom and developed the disease nine days after she had disinfected and cleaned the house.

A child, æt. 4, was also taken ill, but the medical attendant did not regard her complaint as typhoid fever, though there was considerable gastro-intestinal disturbance.

VI. A woman, æt. 30, was taken ill with typhoid fever, and was nursed by a midwife. Her nurse returned to her home in a neighbouring township at the conclusion of her illness, and developed the disease about a week later. I can only attribute her illness to her swallowing her saliva or eating in the sick room, as I know she did on at least one occasion.

Several members of the family living in the house adjoining that of the nurse frequently visited her, and three of them were taken ill, but only one was notified as suffering from typhoid fever.

VII. A woman, æt. 29, drank water from a brook polluted with the sewage of a neighbouring town, and was taken ill with typhoid fever between two and three weeks later. Her husband nursed her through the illness and then developed it himself, whereupon he went to stay at the house of his father a quarter of a mile distant.

His brother, æt. 6, was taken ill as he got better. The house was of only one storey, and the sickroom door was often left open and so ventilated into the house.

VIII. A sailor, æt. 42, came home from a long voyage, and was reported the same night as suffering from typhoid fever, from which he died. His father slept in the sick room, and was taken ill with the disease nine days later. A woman, æt. 32, nursed them, and was taken ill between four and five weeks after the return of the first patient. She was removed to a local hospital where she died. A boy, æt. 7, slept in a room communicating with the sick-room of the first two patients, and developed the disease six weeks after the return of his uncle, the first patient, from sea. Fourteen days later his other uncle, æt. 27, who slept with him until the commencement of his illness, also went down with the complaint.

I had recently condemned the premises on which these cases occurred as unfit for human habitation, but they were carefully attended to throughout the series of cases, for which they were in no way responsible. The water supply was the same as that of a dozen other households which did not suffer from the disease. The excreta were disinfected with corrosive sublimate solution, 1 in 960, from the commencement of the outbreak, and I can only attribute the disease to the fouling of the bed linen.

IX. A young man, æt. 21, stripped off the wall-paper of a room in which there had been a case of typhoid fever and began to be ill twelve days later. He was reported on the sixteenth day to be suffering from typhoid fever.

X. A girl, æt. 8, was allowed to sleep in the same room as a patient suffering from the disease (which he probably contracted outside the district), the medical attendant saying that this was "quite safe." She was taken ill nineteen days after the first patient.

XI. A girl, æt. 17, slept in a room leading from the sickroom of a typhoid fever patient and began to be ill three weeks after the latter, the disease being well marked.

XII. A woman, æt. 26, worked on a canal boat and probably contracted the disease outside the district. Her brother, æt. 29, attended to her on the boat and began to be ill twenty-one days after she did.

XIII. A girl, æt. 7, contracted the disease and died. Her sister, æt. 18, came home about a week before the death and attended to her, being assisted in the task by her father. Both father and daughter contracted the disease and the latter died.

XIV. The first patient was one of two mentioned as having contracted the disease while working on canal-dredgers, and was brought home ill, but died twelve days later. His sister, æt. 7, was frequently in the sick room, and was taken ill with the disease twenty-two days after his return home.

XV. A girl, æt. 7, was "feverish" and suffered from diarrhœa, but was not seen at that time by a medical man. A brother and two sisters slept in the same bedroom, and developed the disease simultaneously about five weeks after the commencement of her illness. Their mother nursed them, and developed the disease four weeks later.

Their next-door neighbour assisted them with the

housework during the illness, and a child which she frequently brought into the sickroom developed the disease.

XVI. A person suffering from typhoid fever was frequently visited by his uncle, æt. 40, who spent many hours at his bedside. The latter lived at a house about two miles away, and took to his bed twenty-six days after his last exposure to infection.

CONCLUSIONS AND REMARKS.

The sixteen groups of cases described above include 28 which may be accepted as cases of "sickroom infection," equal to 13·5 per cent. of the cases investigated. Four other cases were probably also due to this cause, but I prefer to exclude them rather than weaken a good case by the employment of doubtful evidence. It is also probable that other cases are included under the headings "*Several Possible Causes*" and "*No Ascertainable Cause.*"

My conclusions are:—(1) That sickroom infection is more common than is supposed, and does not receive the attention it deserves; (2) That sickroom infection is much commoner in the small and often crowded houses of the poor than in the larger houses of the well-to-do.

Though it appears remarkable that so little importance should be attached by the medical profession to this mode of infection, reasons for it are not hard to find. I think the chief of them are the difficulty of excluding other possible causes, and the comparatively small number of cases met with by individual practitioners. Another is the fact that it is the practice in some general hospitals to treat typhoid fever patients in the same wards as patients suffering from other diseases. I do not consider the practice wise, for accidents may happen even in a hospital, though there is a great difference between the amount of risk incurred in a hospital, where the excreta are cremated or carefully disinfected, and the stock of linen is practically unlimited, and articles are removed as soon as soiled, and in a cottage, where the importance of the disinfection of the excreta is not understood, and the stock of linen limited, so that soiled linen is sometimes used for days and even weeks. In connection with this latter point I may say that only two of the cases detailed, viz., Nos. III. and XVI., occurred in houses with more than three bedrooms, and these did so under peculiar circumstances.

Under the conditions usually met with in small houses, opportunities are afforded for the drying of portions of the excreta of the patient, and the diffusion through the air of the sickroom of the typhoid bacilli, and possibly their spores. Those who have noticed the comparatively bulky motes illumined in a sunbeam will understand how this occurs.

Dr. Philip Boobbyer (4) found that 85·3 per cent. of the cases which occurred at Nottingham during the ten years ending 1896 happened in houses of five rooms or under, and 14·7 per cent. in larger houses. The sanitary condition of the larger houses may have been better than that of the smaller, and their occupants may have been more intelligent or docile than those of the cottages, but my own experience teaches me that this sidelight of Dr. Boobbyer's inquiry into "Endemic Typhoid Fever in Nottingham" tends to prove my contention that a larger number of cases of typhoid fever than is suspected is due to what has been called "aerial" and "direct" infection, but which I consider might be more appropriately called "sickroom infection."

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OPENING OF THE MEDICAL SCHOOLS: INTRODUCTORY ADDRESSES. WINTER SESSION, 1899.

ST. GEORGE'S HOSPITAL.

MEDICINE, OLD AND NEW.

By W. HOWSHIP DICKINSON, M.D., F.R.C.P.

THE orator commenced by congratulating his listeners on having selected medicine as a calling. He contrasted the physician's objects and aims with those of the advocate and the clergyman, pointing out that medicine is wholly beneficent, at least in intention. The opponent is disease, and is always in the wrong. The advocate is bound to a side which may not be that of justice. No such partisanship directs the efforts of the physician, all rejoice in his success and agree in lamenting his failure.

After a brief review of the history of therapeutics, and the change that characterised the modern treatment of disease, the orator observed, that in recent days antipyretics have come into fashion which, if ever useful, I take leave to think are more often injurious. If Nature raises the temperature of the body, Art is invoked to lower it, as if the danger lay in the temperature rather than in the condition which caused it. No doubt a very high temperature is in itself injurious, but it is more to the purpose to say that a person has a high temperature because he is ill than that he is ill because he has a high temperature. I have known the body heat to reach 111 deg. and recovery to occur without the employment of any special means to make it less. Let us not be in haste to attack the temperature as if it constituted the whole or chief danger. I regard it not so much as a danger as a sign of danger. Antipyretic drugs are, as a rule, depressing; it may be that some, who might have survived their disease, have succumbed to the combined effects of the disease and its treatment. Increased temperature represents increased combustion, and occurs especially when there is a poison to be got rid of. I have often asked myself whether this destructive process is not also a purifying one, whereby offending matters in the body are burnt and purged away.

After an allusion to the methods of treating tuberculosis, for example, the orator called attention to the progress effected in the substitution of scientific for empirical methods, which had enabled us to recognise and isolate the essential principles of many diseases and morbid processes, and had compassed achievements, mostly in prevention, but to some extent in cure, which we ourselves must wonder at and which our forefathers would have regarded as impossible.

Passing on to the consideration of diseases due to bacilli, and how far we can prevent or control the morbid processes with which they are connected, the orator observed that three methods present themselves. (1) Killing or excluding the microbes. (2) Establishing immunity in the individual. (3) Employing antidotes in the shape of the antitoxins.

Antiseptics had done much in surgical practice to prevent infection, and if our present knowledge does not enable us to cure zymotic disease, it has provided us with means of prevention which have done much and promised more.

The great discovery of Jenner, on the one hand, and the discovery of antitoxic serum—serum made prohibitive of a disease by acting upon it with material which that disease has generated, on the other—marked steps in the evolution of medical science.

What with Jenner's fundamental discovery, remarked the orator, the super-additions which modern science has built upon it, and the new modes of creating antidotes to disease by the use of its own products, we see a wide prospect of relieving the ills of mortality, limited though it be by the prejudice of the vulgar and the subservience of politicians who value the votes of their constituents more than their lives. This brings us within sight of the "conscientious objector," though one does not see how conscience is concerned

in a matter which is not one of religion or morality, but of expediency. The conscientious objector is himself to be objected to as one who presumes without special knowledge to decide upon a question where special knowledge is required. Ignorant he necessarily is, but he is less to blame than his betters, who have endorsed his ignorance and allowed it to influence legislation. Liberty is an excellent thing, but to give liberty to spread small-pox may be thought to be carrying it too far.

The orator concluded his address with the observation that if we regard medicine as a science, if that can be called a science which is a quintessence of many, it is of all the most progressive, and it is that which of all others tends most directly to the benefit of mankind. Those are to be congratulated who have chosen this vocation, whether it be looked upon as an intellectual pursuit or as affording opportunities for doing good.

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By G. F. BLACKER, M.D., M.R.C.P.Lond., F.R.C.S.Eng.,
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IN welcoming the new comers, he observed that their support was the more welcome seeing that it was uncertain whether the medical school of University College will continue to be associated with the college in which during all the past years its work has been done, and what is to be the exact position with regard to the new university from which they hoped so much. They would, he said, shortly be bidding adieu to the old buildings, and this carried him back to the beginnings of our hospital and the men who formed its staff in the year of its opening, 1834. The North London Hospital, as we learn from Mr. Nixon's history, practically made a beginning as the University Dispensary, 4, George Street, Euston Square. The management of the dispensary was in the hands of a committee of the proprietors of the University of London elected by the council. At a special general meeting of the council of the University of London held on September 30th, 1828, the attention of the proprietors was called to the great advantage of having a hospital for clinical instruction attached to the university, and under the control of the council. After some little delay a start was made in May, 1833, and on the 22nd of that month the foundation-stone was laid by the Duke of Somerset. In 1840, as further accommodation was urgently necessary, the south wing was completed and opened, and at the same time out-patient accommodation was provided. The north wing was built during the year 1846, giving the building its present form. The staff of the hospital at its opening was as follows:—The physicians were Elliotson, Thomson, and Carswell; the surgeons were Samuel Cooper, Liston, and Richard Quain, and the obstetric physician was Davis. The opening of the hospital in 1834 marked a most important epoch in the history of medical education. Medical teaching at that time was mainly in the hands of the private schools, anatomy was almost solely taught in them, and so, too, were many of the other subjects. At this time the system of election to the staffs of the large hospitals was a most vicious one. It was the custom for the surgeons to take private pupils or apprentices who paid them enormous fees—a thousand guineas was not an uncommon sum—on the understanding that when the time came they should be appointed to the post of house surgeon or house physician under their respective patrons. By this invidious custom many men who were most worthy of obtaining posts upon the staffs of the large hospitals entirely failed to do so, and the abuse prevailed to such an extent in the case of the two united hospitals of Guy's and St. Thomas's that nearly every member of the staff was either a relative or had been a pupil of Sir Astley Cooper. At the smaller hospitals a similar system prevailed; an appointment was obtained mainly by the expenditure of money or by intrigue. The degrading system of canvassing the whole of the governors was insisted upon, and votes were openly bought and sold; worse than this, the result of an election often depended solely upon the amount of money the unfortunate candidates were able to lay down, since an appointment was frequently gained by the wholesale creation of faggot votes at the last moment until one or other of the candidate's resources failed him. It will ever be to the honour of our college and hospital that this pernicious system was not allowed to prevail within its walls. From the very commencement the appointments were made by selection; and personal intrigue, family influence, and monetary considerations were never permitted to influence the result. Their hospital was the first to adopt the system of throwing the resident appointments open to competition, any student of the hospital being entitled to compete if he had attended a certain number of lectures.

The lecturer then gave biographical sketches of past members of the staff, touching on their claims to fame and to the esteem of their professional descendants.

The lecturer concluded his address with the remark that he could place before them no better incentive to work than a recital of some of the memories and traditions of their school. But it would not do for them to ever rely upon the traditions of the past; it is necessary for them to build up traditions of their own. It would be their duty to see that they make a good use of the opportunities afforded to them by that magnificent building now in course of construction, and to make their work in that new building worthy of those traditions of University College and the present hospital. He pointed out to the students that as medical men they were called upon to play a two-fold *role*. It was their duty not alone to acquire as complete a knowledge as they could of purely professional matters, but they should seize every opportunity of improving their general education and of acquiring a knowledge of the world. Their success in life would depend as much upon the latter as upon their professional attainments. Though no doubt the competition in the medical profession is ever increasing, yet the opportunities afforded them of fitting themselves to emerge successfully from the struggle were greater now than they ever were. At the same time they must remember that more is expected of them, since the education of the general public in scientific matters is much higher now than it was a few years ago. If they will but make good use of the opportunities afforded them they would have no difficulty in acquiring a sound knowledge of medicine and surgery, but at the same time they should make it part of their education to cultivate a healthy interest in all the many details of life met with outside the profession. It is by no means certain that a man's business is the most important part of his life, says Robert Louis Stevenson in his most fascinating "Apology for Idlers." Perpetual devotion to what a man calls his business is only to be obtained by perpetual neglect of a great many other things. It is well to remember the old saying which tells us that if a man reads too hard he will have little time for thought, and Robert Hall's summary of a certain learned but dull personage, "He had so many books upon his head that they pressed too much upon his brain." He is but a poor doctor whose sole attainment is his knowledge of physic.

CHARING-CROSS HOSPITAL.

THE OUTLOOK IN MEDICINE.

By DR. MITCHELL BRUCE, F.R.C.S.

THE orator premised that the Outlook in Medicine as a useful art is hopeful at the present time, as evidenced by the fact that the scientific method was now being pursued in every department of it. He insisted on the importance of etiology as a branch of study, and incidentally on the importance of the *role* now played by bacteriology in that connection. In respect of individual susceptibility, he pointed out that we had within us a natural disposition to keep well which, if cultivated, would preserve us from evil when others who neglected the laws of healthy living were struck down around us. The body was automatically guarded against the incursion and action of injurious influences by possessing provisions for resistance which were capable of being cultivated, strengthened, and

artificially reinforced. Many of these were anatomical and physiological arrangements, which must be kept in perfect working order; but more powerful and complex, however, than these was the provision for combating destructive micro-organisms, the discovery and study of which had inaugurated a new era in medicine in respect both of prevention and treatment. The microbes of disease did not have it all their own way in the human body. From the moment of their invasion the ultimate cells of the blood and organs rose against them and produced a chemical antidote to their poisons, antitoxins to the toxins, and, by-and-by, if the patient survived sufficiently long, the antitoxins increased sufficiently to destroy the toxins, and recovery was the result. Naturally it had occurred to the pathologist to ask the physician, Why should we not hasten the formation of anti-toxic in the blood, so that an infectious disease shall terminate not after a week, but after a day? This question had been answered practically by the injection of the antitoxins of diphtheria and other diseases, which saved the lives of so many persons every year.

After gratefully acknowledging the liberality of the public to hospitals, particularly Charing Cross Hospital, Dr. Mitchell Bruce pointed out that with support of hospitals, if hospitals are properly served, goes support of scientific medicine, and indirectly the support of pure science itself. He alluded to the great strides taken in this direction in the provinces, and deplored that no similar munificence had been displayed in the metropolis. Would London ever do the same, he asked, in a concerted and successful fashion? When had we heard of an Owens or a Whitworth immortalising his name by a noble gift to the University of London? The metropolis, he observed, appeared to possess no municipal pride in this direction.

After some remarks on the way in which public opinion had been enlisted on the side of compulsory and preventive hygiene, the orator went on to observe that the position of the profession as a profession, and the work of each of the students, would be something very different from those of their predecessors. They were contracting new obligations to others, and therefore new obligations to themselves as students, as men about to enter a career involving the management of a multitude of complex and delicate social duties. Twenty years ago students learned medicine with a view to practise it as successfully and scientifically as they could; to become the trusted and faithful friends of sick persons of every rank of life who might ask their assistance; to take an honourable place in the community, wherever their lot might be cast; and to play an active and useful part in social reforms, like their neighbours, when the occasion arose. How different was the prospect before each of them now? how much greater the authority and powers they would wield when they became practitioners? how much more grave their responsibilities? how much need for increased intelligence, tact, patience, consideration, high sense of duty, and therewith the development of the faculties demanded in the conduct of public business? He then discussed how these considerations must bear upon their course of study, and showing how necessary it was to educate the public in the laws of hygiene, beginning with the young.

In connection with the present movement in support of the open-air treatment of tuberculosis, would it not presently occur to people, he asked, that if consumption can be arrested by means of fresh air it might be prevented by the free enjoyment of fresh air; and not only consumption but a host of other diseases? One of the chief benefits of the present stir in this direction would be that individual men and women would be convinced of the value of a pure atmosphere to themselves individually, and let a little fresh air and light into and through their houses.

In conclusion, he urged that they must be prepared to take part in the social life of the community, of which they, as students, would now form part; adding that there was no reason why the student should not open his mind at the same time to the elevating and refining influences of literature, of history, of modern languages, and of the fine arts, those parts of his mental equipment which enabled a man to enter with success into the discussion and management of the affairs of his personal, domestic, and social life; which endowed him with what are known as judgment, intelligence, tact, and clear-headedness; which contributed so much to the formation of high character and sound moral principles; and which secured for him public respect and confidence.

ST. MARY'S HOSPITAL.

ON SOME MOTIVES AND METHODS IN MEDICINE.

By H. G. Plimmer, M.R.C.S., F.L.S.

The study of medicine is divided into two great divisions, the first relating to practical usefulness, the second relating to scientific investigation, and each of these divisions can be attractive to men who are entering life, according to their disposition of mind, both dispositions of mind being equally noble. It is usual to tell students that the profession of Medicine is the best and noblest of professions, but it is not in itself so. It is only as noble as you choose to make it, which is quite a different thing. To many members of our profession it remains always nothing better than a trade, and some members of it, again, are, at best, nothing better than artisans.

With regard to facts, do not attach too much importance to them in themselves, or to their acquisition. John Hunter, whose use of facts was as masterly as Darwin's, and whose methods should be a model to all of us, says, "Too much attention cannot be paid to facts, yet too many facts crowd the memory without advantage, any further than they lead us to establish principles." It is these principles we should use directly in the practice of our profession. Regarded as a mere means of gaining a living, medicine is a poor trade for an honest man, and there are many easier and better fitted for that purpose. But to those of you who would be seekers after truth, or whose aim is that of usefulness to others, it is certain that you will not be disappointed in the profession you are entering to-day.

The author adopted John Hunter's definition of medical science as "the experimental analysis of life in health and disease," and he pointed out that the object of experimental methods in pathology is to simplify its many problems. One of the greatest advances made in modern times being the recognition of the fact that disease must be studied by experiment. It has taken several centuries since Bacon's era to discard fancies and theories, and to bring the experimental method into this branch of science. Contrasting the value of the information afforded by experimental methods as compared with mere observation, he observed that simple observation certainly furnishes a certain number of valuable hints and suggestions, but nothing more, and it would be quite as senseless and impossible to try to establish a system of of scientific etiology from examination of a dead body as to try to establish the principles of mechanics by looking at a broken machine.

The etiology, for instance, of those diseases only which can be reproduced at will, can be accurately regarded as known. This brings us to the logical conclusion that our ignorance of etiology must be very great, especially about those diseases which cannot be reproduced by any means at present in our power, even when the symptoms and pathological anatomy of such diseases are well known, as is true, for example, in tetanus and cancer. By the experiments which scientific medicine has undertaken, the contagium vivum of many of the most deadly diseases has been isolated, and thereby is fulfilled the first condition for guarding against such diseases: the first condition and the basis for the great ideas and principles of prophylaxis have been attained.

We are in this hospital very favourably situated with regard to investigation and experimental work, for here clinical and experimental werk, when necessary, go hand in hand. In some London hospitals scientific and experimental work is discredited and not allowed; but here, thanks to the large mindedness of our staff, every

facility is placed in our hands for investigation and research; and I feel sure that this plasticity of mind, with regard to all the great problems at present before us, will bear fruit. It should stir us all, here at St. Mary's, to take every advantage of the opportunities and help given to us, and to do the best that is in us.

I know you will not misunderstand me with regard to what I have said. As one who has been in practice, I know well the great importance of clinical medicine. I know well how important it is that every symptom should be accurately studied and recorded; how important it is that every gross post-mortem appearance should be minutely recorded; and how essential it is that our powers of accurate observation should be trained to the uttermost, till they become as nearly photographic as is possible. But it seems to me that the same amount of energy expended on experimental science will give infinitely greater results, so that any of you who may feel drawn to this kind of work need not feel uncertain of reward of your work, or of finding suitable objects to work on.

The orator concluded with a touching reference to the extraordinary stimulus which Pasteur gave to scientific investigations in disease, of so pronounced a character that medicine had really been revolutionised, and he reminded them of Renan's dictum: "La raison triomphe de la mort, et travailler pour elle, c'est travailler pour l'éternité."

LONDON SCHOOL OF MEDICINE FOR WOMEN.

By MRS. GARRETT ANDERSON, M.D., Dean.

SPEAKING broadly, the work in a medical school may be divided under four heads—the study of the healthy body, the study of disease, the study of all the methods for investigating or curing disease, and the art of applying these methods. The study of the problems of life and of disease is no longer a matter of learning from books and repeating from memory. The experimental method has revolutionised the teaching of physics, chemistry, physiology, and pathology. Large and costly laboratories are now absolutely necessary if the students are to keep up with what is required of them by examiners. There can be no doubt that the experimental method of teaching is the true one, whether much or little of any subject is wanted as a foundation for the scientific study of medicine.

The study of pathology, or the causes and effects of departures from health, ought, if possible, to precede work in the hospital wards. The student should know what disease is before he attempts to recognise it in individuals. All honest quackery is based upon complete ignorance of pathology; dishonest quackery on the conviction and the hope that the patient is completely ignorant of it also. In studying how to investigate the meaning of symptoms in a patient, the best rule is to look at everything and to guess at nothing. In the words of Sir Wm. Gull, "We make more mistakes by not looking than by not knowing." The organisation of the Royal Free Hospital as a teaching hospital has made great progress in the 22 years since women were admitted as students. It is a very difficult and complex business to change a hospital that has been without students into a first-class hospital school. Students want a great deal, and it is no easy matter to provide properly for them. When they are no longer students they want from their hospital the opportunity of gaining experience as practitioners. Much is being done at the Royal Free Hospital in this direction. The influence of competition is now beginning to be seriously felt by the schools that admit women, and it is an influence that will be felt more and more as time goes on.

As to the cost of a medical education people get as a rule what they pay for, neither more nor less, and if a medical student wants a great deal of the best teaching it will cost more than the minimum of teaching of a less ambitious type would. The hospital that gives resident posts to women graduates will be noticed very favourably by students. The London School of Medicine for Women is now being rebuilt. Fifteen thousand pounds has already been spent on the building, and £12,000 more has to be spent. It is to be hoped that the work will be completed next year, and that the debt on the building will be gradually extinguished.

No apology is necessary at this time of day for the study of medicine by women. It is generally recognised now that women have exactly as much right to practise medicine and to support themselves by doing so as men have. They are doing excellent and highly skilled work in medicine proper, in surgery, and midwifery in almost all parts of the world, and so long as their work continues to be good they are sure to prosper.

Lunacy Department.

ASYLUM REPORTS.

ENGLISH ASYLUMS.

GLOUCESTER COUNTY.—The Committee call attention to the large increase in the number of patients chargeable to the county, viz.;—897 as against 826 at the close of 1897, a net increase of 71. This increase is entirely attributable to a diminished death and recovery rate, a large proportion of hopeless and incurable cases having been admitted during the year. Unhappily the same experience is widespread wherever there are asylums, and the serious result is being forced on the notice of asylum authorities that asylums are not regarded *bona fide* as asylums but as convenient receptacles for the flotsam and jetsam of humanity. The report of the Commissioners is very satisfactory, but they should distinguish between wet beds on the male side and wet beds on the female side. The Chaplain's remarks on the spiritual and moral treatment of some idiots—or, he should rather have said, imbeciles, are forcible and sympathetic.

DORSET COUNTY.—This report is voluminous, and in some respects interesting. Dr. McDonald expresses his views at some length, and warmly commends the open door system, which he has introduced with, evidently, satisfactory results. The percentage of admissions to the numbers resident is not high, and the recovery rate is lower. Dr. McDonald says, "There is much force in the statement put forward a few years ago by an eminent physiologist, 'that the race is degenerating,' and there would seem to be a curious link of connection between this so called degeneration, and the practically proved falling off in the recovery rate in the public asylums of this country. While there is food for thought and suggestion in this statement, one is compelled to ask does it not also beg the question? Is it the truth or only half the truth? The race has probably been degenerating in the estimation of its wise men for centuries. The level of intelligence and education has been raised, but this serves all the more to mark contrasts which in pre-education days were less noticeable. If scrofula and phthisis are signs of degeneracy surely *pro tanto* these signs are diminished to-day compared with thirty years ago. Their relation to idiocy and mental disease has been pretty well established by Ireland and Clouston. Old age has as much to do with diminished recovery percentages as anything. The fifth commandment is not respected as it used to be. The cost of clothing is very low. The dietary is varied, which is commendable, but two courses each day at dinner would give more variety still, and meet the individual cravings of so many patients more fully. The report altogether is full of detail, and gives evidence of the superintendent's desire to be up to date in all departments of the management.

MIDDLESEX COUNTY.—The report of the Visiting Committee is rather a long one, but of no very special interest. It has been found necessary to raise the charge for maintenance from 11s to 11s. 6d. a week. There is here as elsewhere necessity for increased accommodation. More than 10 per cent. of the admissions were senile cases, 5 per cent. were general paralytics, and 7·5 per cent. were epileptics. The death-rate from phthisis is somewhat large. The Commissioners speak in high terms of praise with regard to the condition of the wards and

dormitories, and the good order and tranquil behaviour of the majority of the patients.

West Sussex, Chichester.—The second annual report gives abundant evidence of push, energy and enterprise in the management, and the results in so short a time seem to be very satisfactory. Already, however, further accommodation is required and plans for new wards for 300 patients are about to be submitted to the Commissioners in Lunacy. Influenza has visited the asylum with the usual experience that the officers and staff have been more severely attacked than the patients. Dr. Kidd mentions a physical cause of insanity, especially of melancholia, viz., defective and decayed teeth. He observes "it is remarkable how frequently melancholics are found to have thoroughly bad teeth, and it is no wonder that indigestion, loss of appetite, refusal of food, and a train of other symptoms obtain." He therefore recommends the engaging of a visiting dentist. The pathological laboratory is reported to have been well fitted out and put into good working order by the medical officers, who have devoted a great deal of time and attention to this work. Like many other superintendents, Dr. Kidd would like to see the opprobrious word *asylum* dropped, and *hospital* substituted.

Carmarthen.—Here, as elsewhere, there is evidence that the Commissioners make a point of reducing the number of wet beds. "In 9 cases out of 628, or 1·4 per cent., were patients' beds wetted last night." This is a question agitating some Commissioners and superintendents over much. There are extremes with all hobbies. The record stated is a very fair one. Dr. Goodall is evidently trying in many ways—medical and administrative, to bring the asylum here up to the standard of modern ideas, and he has had many difficulties in taking over the command of an old asylum,

Derby Borough Asylum.—The Commissioners reports do not appear this time. This is unusual. Dr. Macphail has nothing of special interest to report unless it be his summary of ten years' results. Influenza is now coming to be recognised as a cause of insanity. In ten years there have been 88 cases, or 8·9 per cent. Dr. Macphail observes regarding the alleged increase of insanity:—"I am of opinion that the only true test of the increase or decrease of insanity in a district, is to take the cases occurring for the first time in each year, to exclude all readmissions, and to compare with the population over a series of years. This has been done in the case of the borough, and a tabular statement shows that there has been no increased ratio of new cases.

The Lawn, Lincoln.—Structural and other improvements continue to be made in this well-known hospital home for private patients. There is a persistent movement in the direction of social and administrative novelties and changes calculated to make the Lawn more attractive to its residents. The average number of patients is in excess of the previous year. "The committee have felt themselves justified in raising the ordinary weekly payment to 40s., but while this low rate might suggest to outsiders the idea that the comforts and equipments of the Lawn are not first-class, the Committee desire to emphasise their contention that in no institution in the kingdom where the mentally afflicted are provided for can better surroundings be secured, and the percentage of recoveries and reliefs testifies to the advantages secured by a term of residence at this institution for those requiring treatment." We have quoted this passage, because we believe it is no overstatement of fact. Dr. Russell's report gives an idea of the freedom enjoyed by Lawn patients. "As in former years many have had leave of absence to spend various periods with their friends or at health resorts." A party of ladies and gentlemen, under the charge of the assistant Medical Officer, spent three weeks at St. Leonards. The annual ball, as usual, was a fancy dress affair.

Scotch Asylums.

Roxburgh, Berwick, and Selkirk.—This, as usual, is a careful production, and the statistics and financial statement are full of detail. Dr. Carlyle Johnstone is evidently following closely on the heels of the latest asylum developments in Scotland, though he is not one to accept blindly new views, however attractive they may appear. The night service is improved. A new female hospital has been erected, and it will probably illustrate still further the matured views of asylum men regarding the requirements of an asylum hospital.

Aberdeen Royal.—The reports are very satisfactory, and Dr. Reid enters fully into a description of changes and extensions which will materially increase the efficiency of the asylum management. A most amicable settlement has been arranged between the Parish Council of Aberdeen and the directors of the Royal Asylum, whereby the former becomes a Lunacy District Board for the city of Aberdeen, and will undertake to build a new asylum to accommodate the pauper lunatics chargeable to the city, these being meanwhile provided for in the Aberdeen Royal Asylum.

Dundee Royal.—The financial position of this asylum seems to be steadily improving. The following extract from Dr. Rorie's report is worthy of quotation as coming from the pen of Miss Honnor Morten, having appeared in the *Evening Telegraph*:—"There is one word to be said to the would-be nurses who storm our hospital portals. Why not become asylum nurses? There is no disease that requires more careful and skilful nursing than mental disease. The era of trained nursing in asylums has dawned, and men and women endowed with sympathy for suffering, and with good health and intellectual gifts may find a new vocation in tendance on the insane. . . . The work is among the highest to which it is possible to put the hand, but it calls for some self-sacrifice. Surely, if we take the degrees of comparison, it is well to be a 'home' nurse, and capable of caring for one's relations; it is better to be a 'hospital' nurse, and equal to attending on the stranger who is physically ill; but it is best to be an 'asylum' nurse, and minister to the mind diseased." It seems absurd that the medical report should be cut down, at the discretion of the Committee, for publication, but so it is.

Glasgow District, Woodilee.—This, in many respects, is a thoroughly business-like report. The Brabazon scheme of occupation, of a varied character, for patients, who would otherwise be left in an idle, uninterested condition, is here in operation. It is said to afford much interesting and profitable employment to a number of suitable patients. A committee of about 12 ladies, chiefly from Lenzie, attend at the institution for two hours every Friday, and teach ten male and thirty-five female patients the various occupations introduced by the Brabazon Society. The kinds of work taught consist of Smyrna rug making, painting on cards and match-boxes, making paper flowers, lamp shades, &c. Dr. Blair includes in his report a special pathological report by Dr. Marr, the senior assistant. Dr. Marr considers that asylum pathology needs a man for this alone. He is right.

Montrose Royal.—Dr. Havelock's report covers many topics, general statistics, night supervision, regarding which he has some sensible remarks, sewage disposal—he favours bacteria beds, which scientifically is the best idea—the opening of Carnegie House, an extension of the private asylum, named after Mrs. Susan Carnegie, who founded the Montrose Asylum in 1781, erection of new villas, &c.

Lanark County.—Dr. Campbell Clark, in a lengthy report, refers to several matters of interest. He has now focussed to a point the possibilities of spleen extract in the treatment of mental cases. Its chief use is in the treatment of adolescents, especially males. He makes appropriate reference to the decease of two old stagers, and points out the "fact not sufficiently realised by the general public, that an insane person may have a social and industrial value, as great as an average sane person of the same class. There are men and women patients living obscure lives in asylums, of whom it may as truthfully be said 'well done, thou good and faithful servant' as of workers outside.' The Commissioners specially commend the night supervision, and the industrial occupation of the patients. The asylum now has accommodation for 950 patients, and private patients are received from the district and from beyond it at very low rates of board.

IRISH ASYLUMS.

LONDONDERRY DISTRICT.—Apart from overcrowding the Commissioner regards the condition and management of the asylum as most satisfactory. The medical clerical work is well done, and the attendants are carefully trained. Dr. Hetherington reports 10 deaths out of 44 as caused by consumption, "a disease," he observes, "to which the insane are particularly liable." True, under certain conditions, and one of these is overcrowding. In Table I, we find the following statement: "Limits of Accommodation (Dormitory), 166 (male), 178 (female); total, 344. Remaining in asylum December 31st, 1898, males, 243, females, 223; total, 466. This tells its own tale, and we are sure that Dr. Hetherington is fully alive to the evils attending it. The cases of escape and accident are very few considering the risks from overcrowding. Speaking of the good results the Commissioner refers to the overcrowding as apt to be lost sight of in view of these results. One dormitory according to regulation scale should have 36 patients. It actually accommodates 60. In the outside corridor 20 patients sleep at night. "These figures," quoting from the inspector "are given because some persons may be deceived by the favourable results obtained in the management of the institution. The congested condition of the asylum renders it a hot-bed favourable to the rapid and dangerous development of zymotic disease which may at any time be introduced."

DOWN DISTRICT.—Dr. Nolan remarks: "Emigration of the young and wage-earning has been stated to be a contributing factor in the increased number of admissions of senile cases to the public asylums. It is worthy of note that in the Report of the State Commissioners in Lunacy for New York no less than 35·5 per cent. of the insane in the asylums of that State were born in Ireland. It would seem as if the conditions which necessitated emigration were potent causes of insanity, and it is possible that if they had remained at home some of those who compose this 35 per cent would have increased the home asylums population." Here we are dealing with unknown quantities and unknown factors, and must reserve opinion. It is more than likely that the first part of the foregoing quotation contains a sound conclusion. The disease most prevalent among the patients was consumption, which caused no less than 39·6 per cent. of the deaths, and here there is no charge of overcrowding by the Visiting Inspector. The conditions are probably those which at one time made the Inverness Asylum a hotbed of phthisis, viz., insanitary, ill-ventilated homes, and insufficient food of physiological quality. Dr. Nolan has done his best under the circumstances by adopting the latest views in his attempts to stamp out, or at least reduce, the ravages of the disease. Antiseptics, open-air treatment, the testing of the milk supply, have all been resorted to.

CORK DISTRICT.—There is, and has been for some time, considerable overcrowding, and steps are in contemplation for some relief to this state of matters. Dr. Woods labours under serious disadvantages. Much has been done already to bring the administration up to modern requirements, but he has to deal with conditions which have been in existence for years, and which are growing, and paralysing as they grow. The site of the asylum, though from the æsthetic point of view an ideal one, is a troublesome one for extension owing to elevation. Dr. Woods now repeats the hope expressed in 1895, "that special provision would be made for the treatment of acute and recent cases; and the more I have since thought on this subject, the more convinced I am of the great want of means at our disposal for their proper treatment. No part of the existing building can, I think, be fully adapted for this purpose. We would require a hospital, in the truest sense of the word, with at least 100 beds for each side of the house." In the management of such an institution there must be many anxieties not dreamed of in a modern, uncrowded asylum, and the complimentary remarks of Sir George O'Farrell are well deserved.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, October 1st, 1899.

TREATMENT OF DYSENTERY.

AMONG the substances employed in rectal injections against dysentery nitrate of silver takes the first rank, white permanganate of potash is but rarely used. Yet this last agent, according to Dr. Gastinel, constitutes a remedy of considerable value. By experiments he has made he found that enemata of permanganate of potash eased better than morphia all the painful phenomena of dysentery, arrested the alvine evacuations, and effected a rapid cure, especially when they were associated with a large dose of calomel.

His treatment consists in administering at the outset an enema composed of ten ounces of a solution of permanganate of potash (1—1,000), to which is added an equal quantity of water sufficiently hot to raise the mixture to 112 degs. F. The patient lies on his left side for the first part of the enema, on his back for the second, and on his right side for the remaining third, and retains the injected liquid one or two minutes. If the visit is made in the evening no more is done. The following morning a second enema is given, followed in a few hours by the ingestion of 15 grs. of calomel. If the patient is seen for the first time in the morning an enema is ordered at once, and when ease has been procured, that is to say at the end of an hour, the calomel is given.

These enemata are repeated generally every twelve hours, and as the character of the excretions has been modified, only one is given daily, and finally only every two or three days; while at the same time the strength of the solution is diminished. The enemata are somewhat painful, but bearable, the pain not exceeding half an hour; while it is followed by a considerable relief of all the symptoms.

In children M. Gastenel employs the same treatment, but naturally the strength of the solution is much weaker (0·2 per cent.), while the dose of calomel is in proportion to the age.

INFANTILE ECZEMA.

According to Professor Marfan, of the Hopital des Enfants Malades, infantile eczema is due to dyspepsia. The malady exists principally on the face and on the head, extending to different parts of the body, only after having occupied these regions. It commences in the third or fourth month, and, if left to itself, disappears only after weaning. This eczema, says M. Marfan, affects sometimes a special form, the moisture disappears, and the affection thereby merits the name of dry eczema but this transformation seems to take place especially when the general condition is modified, when, for instance, the child who had been fat seems to waste away. What constitutes the real danger of infantile eczema is that frequently the surface of the disease becomes infected and produces divers complications, and in particular impetigo; sometimes broncho-pneumonia supervenes.

The cause of this eczema resides generally in overfeeding provoking digestive troubles. Consequently it is of paramount importance to regulate the *regime*. Once a fortnight the child, if over six months, should be put on water diet up to noon and every half-hour one of

the following powders given: Calomel ¼ gr., sugar x grs., divide into four powders. These doses are extremely small, but calomel should never be given to children under three months, and later, the above dose should not be exceeded, which will always be found sufficient for the purpose, and never provokes that dysentery so often witnessed in infants. As local treatment, picric acid might be employed in solution (1 per cent). Later on zinc ointment will be beneficial. But this local treatment, concludes M. Marfan, will be of no account if the *regime* is not regulated, both as to the quantity of milk to be given, and to the precise hours the child should take it.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, September 30th, 1899.

At the Free Society of Surgeons, Hr. König introduced the subject of

CHILD TUBERCULOSIS,

with special regard to treatment of older persons. He said that although in childhood generally conservative treatment did as well as resection, the conditions of the knee-joint were particularly unfavourable. In the capsular, as well as in the osteal form of disease, deposits of fibrine became organised, encapsulisations took place in the joint, by which several independent compartments were formed, so that when an injection of iodoform or the like was made, only a portion of the diseased part came into contact with the medicament.

In spite of all exertion, therefore, occasionally the disease made progress, and nothing remained but to resect. In older people the condition was essentially the same; here such a knee was occasionally seen to heal, but a long time was required for it; two years was not reckoned high. These patients were accustomed to go from one hospital to another, and when one had treated them for a year or so with injections, firm bandaging, stasis, &c., without arriving at any desired result, the duty came upon one to set them on their feet again, so that they could do without further hospital treatment. The speaker resected in people who were 70 years old and more, age was no reason for abstaining from it. He even resected phthisical patients, so long as their condition allowed it. If large abscesses were present these were widely opened and treated openly. In a patient operated on a few weeks previously, on opening the joint the speaker only found a quite small collection of matter in the meniscus; from here a passage opened to the patella, in which there was extensive infiltrating tuberculosis. It was impossible to locate the collection before operation, even the Röntgen rays failed.

Hr. V. Bergmann also resected early in older people, but he remembered from his Würzburg days that he did not always succeed, and once had to amputate. In the 4½ years that he was there he amputated at the thigh 98 times for tuberculosis. In the case of children he considered it advisable to be as conservative as possible, on the one hand on account of the disturbance of nutrition, and on the other hand on account of the contractions that followed early operation, for this latter reason even arthrectomy was to be feared.

Hr. Bennecke read a paper on

OPERATION IN BASEDOW'S DISEASE.

Among the 25 strumectomies that had been carried out in the Charité during the last 3½ years, partial extirpation of the thyroid was performed three times for Basedow's disease. The patient died of collapse, and the other two were then shown. He was of König's opinion that the symptoms of Basedow's disease were set up by an intoxication in consequence of morbid excretion of the thyroid.

The first of the two patients shown was 17 years old, and had been operated on 2½ years. She had then a large goitre, exophthalmos, vascular murmurs, pronounced palpitation, tremor, a pulse 120 to 140. At the operation, the trachea was seen to have become very membranous. A few hours after the operation a severe attack of dyspnœa came on, it was caused by after hæmorrhage, and the coagulated blood had compressed the softened windpipe. After removal of the clots the breathing was restored and healing of the wound took place without further disturbance.

The effect of the operation was decidedly favourable, the exophthalmos and the tremor disappeared, slight attack of dyspnœa and tachycardia indeed came on at intervals, but much more rarely and with less violence than before, so that the patient was able to follow her employment, which entailed a daily work of eleven hours.

The second case was that of a woman, æt. 27. On her admission into the Charité in May, she was suffering from uncommon nervous excitability, so that she could not lie still a moment, but threw herself about. There was extreme exophthalmos, moderate goitre, free breathing, and a pulse between 120 and 160 per minute.

The immediate result of the operation was the cessation of the nervous unrest, the patient lay quietly in bed. A week after the exophthalmos began to recede, continued to improve for several weeks, and then remained in the state it had then reached. The pulse soon after the operation was between 70 and 90; it was now about 100. The general condition had improved a good deal, but there was still some palpitation. In one case examined microscopically there was slight colloid degeneration. The follicles were mostly lined with a single layer of epithelium and empty.

Hr. Wolff had never seen a cure after operation for Basedow's disease, but considerable improvement, but in the first case shown it appeared to have taken place. Hr. Hahn said that the milder cases of Basedow offered the best chances for operation. In 80 strumectomies he had operated five times for Basedow's disease, and in one case certainly with complete recovery.

Hr. Doebellin reported on

ELEVEN CASES OF INJURY TO THE EXTENSOR APPARATUS OF THE KNEE

that had been treated in the Charité since 1896. Ten were cases of complicated fracture of the patella, most of them came under treatment at once, and in all cases sutures were applied openly. The results were extraordinarily satisfactory in all. The same gentleman showed a woman who, in 1893, was operated on for

PHLEGMONOUS HERNIA, THE CONTENTS OF WHICH WERE BLADDER WALL.

In 1898 a protrusion had been observed in the old cicatrix for some time from which a warm fluid trickled. She was admitted into the Charité, and three hours

after the commencement of the symptoms it was seen that the thin bladder wall had perforated into the cicatrix, and that about 30 ctm. of small intestine had become prolapsed. These after careful cleansing with physiological saline solution were replaced, and recovery was uninterrupted, although a large colony of staphylococcus aureus grew afterwards upon the agar-plates that had been pressed upon the prolapsed intestine before their replacement. The cicatrix had again become thin, but the patient would not agree to any further operation.

Hr. Franke showed a man with

Ruptured Urethra

in consequence of fracture of the pelvis. Urethrotomy was performed, and the urethra was found torn through its whole circumference. The proximal end which lay about 8 cm. from the distal, could not be drawn down to allow of the two ends being united by suture. The bladder was therefore drained through the perineum; later on the tube was withdrawn, and the wound healed by granulation.

There was now no fistula, the whole of the urine passing by the natural orifice, and a bougie could be easily passed along the whole of the urethra, and as this could be done without drawing any blood, it showed that the whole tract was properly covered with epithelium.

Austria.

[from our own correspondent.]

Vienna, September 30th, 1899.

Cinnamic Acid and Tuberculosis.

For some time past cinnamic acid has been used in the wards of Prof. Stoffella in cases of tuberculosis with considerable advantage, and in order to bring this form of treatment before the profession at the very earliest date, the professor undertook to write an article on the subject for one of the Vienna journals.

This new drug was held out as a specific in the cure of tuberculosis according to the records given by his assistant, Dr. Hoff. During the following week a letter from Feodor Schmey, of Upper Silesia, appeared in the same journal disclaiming Stoffella as the clinical discoverer of this drug, and referring him to papers written on the subject a year since. From these records it seems that cinnamic acid has been used in the treatment of consumption for a very long time, and has been administered in the form of "Peru-Cognac," which contains five grammes of cinnamic acid in a litre, or seven grains to the ounce.

To-day Stoffella humbly apologises, but repeats his perfect confidence in the results obtained from his clinical observation.

Infarcts in the Liver.

Professor Chiari has so frequently met with infarcts in the liver that he now pauses to ask the reason why, as they seem to him to be principally due to a mechanical effect produced in the vena port, and the hepatica artery. These conditions he divides into sources:—(1) the closing and contracting of a large branch of the vena port accompanied with feeble action of the left ventricle and a congested state of the venous system of the body which would produce a congestive hyperæmic centre, or the so-called atrophic infarct, also known as Zahn's "red infarct." In its description it cannot be differentiated from the common congestion usually met with. This form develops rapidly and may remain stationary for a long time, ultimately producing induration like other congestions of the liver, or it may recede and disappear altogether. Closure of the interlobular branches will not produce analogous hyperæmia, but tying or thrombotic closure of the trunk of the vena portæ will produce the same cyanotic atrophy and induration of the whole liver. Chiari describes 17 cases he has recently investigated, all occurring from hyperæmic congestion, the result of occlusion of the vena portæ; 15 of these had the characteristic "atrophic red infarct." In all, the heart's action was feeble during life. In none were the branches of the vena portæ closed.

The second class of cases is due to closure of the smaller interlobular branches of the vena portæ, with multiple necrotic centres in the liver with or without hæmorrhagic centres, or anæmic or hæmorrhagic infarcts. He recorded a number of cases under this head occurring from emboli and thrombosis of the smaller interlobular branches whose clinical history all point to eclampsia puerperalis before death. Schmotely concluded that this eclampsia was due to a toxin produced by the coagulation of the blood in the liver.

The third class is due to the alteration in the liver cells and neighbouring structures, with necrosis of the vascular tissue producing anæmia and hæmorrhagic infarcts in the liver and closing the smaller branches of the arteria hepatica. This form of infarct is evidently due to the closing of the vascular system and arteria hepatica propria with ultimate necrosis of the liver. He illustrated this class by appropriate examples.

Cardiac Changes in Chlorosis.

Gautier records 22 cases of chlorosis in whom 20 of them had all the dimensions of the heart increased, viz.: enlargement of the cavity, extension of area, and hypertrophy of the cardiac muscle.

In a large number of the cases these increased dimensions and the chlorotic pallor receded after a short course of treatment. In discussing the cause of the dilatation and hypertrophy Gautier attributed the entire blame to the reduced functional action of the cardiac muscle which disabled it from fulfilling its proper function in the inoculation.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

Stacke's Operation for Suppuration in the Mastoid Antrum.—Mr. Carless operated on a woman, æt 28, who had been suffering from a discharge from the right ear for eight weeks. The cause of the otorrhœa was not very obvious; the initial attack was acute, and perforation must have occurred within a few days. On admission, the discharge from the ear was not very profuse, but the patient had the evidences of mastoid suppuration, which had been evident for about a week; the temperature ranged about 100 degs., there was some headache, and the tissues lying over the mastoid process were congested, pulpy, and œdematous. The right disc was a little hazy, the patient was occasionally sick, and

seemed a little dull. Dr. Pritchard had seen the case, and agreed that it was one for immediate operation. The patient having been anæsthetised an incision was made behind the ear immediately posterior to the crease of skin at the base of the auricle; the tissues were thick and infiltrated, but there was no pus superficial to the bone. The auricle was stripped up and drawn forward so as to expose the posterior margin of the meatus and the supermeatal spine. A triangular hole was now cut into the bone by a small chisel about a quarter of an inch broad immediately below the spine, and at the first stroke of the mallet the chisel entered the antrum, the external wall of which was not more than a line in thickness, and pus escaped at once. The opening in the outer wall of the antrum was enlarged by cutting pliers, sharp spoon, and gouge, and the limits of the cavity were defined by the probe. The whole of the outer wall of the posterior part of this cavity was removed, and it was found that there was no connection with the lower mastoid cells. The passage into the attic was then carefully defined with a probe, and the bridge of bone lying over this was removed as far as the bony meatus, so that the tympanic cavity and the antrum should be freely opened superficially. Both these cavities were well curretted, and all granulation tissue removed therefrom. The cartilaginous meatus was separated from its posterior attachments, and its deepest portion incised in a T-shaped manner, the corners at the base of the T being cut away with scissors, the cavity thus formed was well flushed with 1 in 60 carbolic lotion, and packed tightly through the meatus with iodoform gauze. The auricle was then replaced and the incision closed with stitches. Mr. Carless said that this was by far the most satisfactory plan of dealing with suppurated mastoiditis; by its means the antrum and tympanic cavity could be thoroughly curretted and well drained through the meatus, which was enlarged for the purpose, all the dressings being subsequently conducted through that passage. It was also advantageous from the cosmetic standpoint since the scar was hidden behind the ear, and the wound usually healed by first intention. The greatest care had to be exercised in order to avoid wounding the facial nerve, especially when cutting through the narrow passage leading to the attic. It was, he thought, always advisable in these cases to keep a probe in the passage, and never to cut behind it. The anæsthetist should also be instructed to carefully watch the patient's face for any sign of twitching as indicating that the nerve had been touched.

GREAT NORTHERN HOSPITAL.

Double Ovariotomy.—Mr. Peyton Beale operated on a woman, æt about 30, who had been admitted with a very large abdominal tumour of three months' duration. The only history obtainable was that the abdomen had gradually and steadily enlarged, with amenorrhœa, for the last two months. On admission, the abdomen was so tense that respiration was extremely difficult, and an immediate operation was deemed necessary. The abdomen was therefore opened in the middle line, and a large left ovarian cyst immediately presented. This cyst was about thirteen inches in diameter, and seemed to completely fill the abdomen. Some of the fluid was withdrawn, and the cyst pulled freely out of the wound; it was then seen that there were several smaller cysts springing from the same ovary, and the ovary, together with about one inch of the Fallopian tube, was removed. It was then found that the right ovary was also cystic, consisting of one cyst about the size of a fœtal head, together with two smaller ones. The same course was adopted with these. On examining the ovaries after removal no trace of any new growth could be seen in connection with them or with the cysts. Unfortunately they were not examined by the pathologist. Mr. Beale said that owing to the patient's condition he did not feel justified in attempting to shell out the cysts; moreover, there appeared to be very little ovarian tissue present, and under these circumstances he deemed it advisable to remove both ovaries and their tubes, which were firmly adherent to the smaller cyst. Prior to the operation the abdomen was so tense that no physical signs of fluid contained within the cyst wall were obtainable; in fact, the only thing which could be ascertained for a certainty was that the mass was unconnected with the uterus. The abdomen was closed in the usual way without drainage.

The patient made an uninterrupted recovery, and left the hospital in three weeks after the operation in good health.

It is interesting to record that this patient was readmitted three months later suffering from numerous solid nodular tumours in the abdominal cavity and scattered throughout the abdominal parietes, including many in the skin. She was suffering great abdominal pain, and had great difficulty in passing water. On examining the bladder with the hand the organ was found to be nearly filled by a hard nodular mass. Per vaginam the vagina and uterus were both freely involved in a new nodular growth. Per rectum Douglas's pouch was filled with the same growth, and the walls of the rectum also. An exploratory laparotomy was performed, and it was then found that the whole of the mesentery was the seat of what appeared to be multiple sarcomata, the whole of the parietal peritoneum was likewise studded, together with the bladder, uterus, kidneys, liver, and spleen. The patient died about a week subsequently, and the growths were found on microscopical examination to consist chiefly of myxosarcoma. Mr. Beale afterwards said this case showed how very important it was not to lose sight of cases which had undergone ovariotomy. It was only by accident that the woman presented herself at the hospital a second time, for she had been admitted to another institution and transferred to the Great Northern when it was found that a previous operation had been performed there. The case was of interest, because at the first operation there was no trace whatever of any new growth in any of those parts found subsequently to be affected, nor were any of the cyst contents permitted to escape into the abdominal cavity, and, seeing that the whole of each ovary was removed, it must be assumed that the malignant growth started in the peritoneum, and then spread to the various viscera. He laid stress on the fact that at the first operation he had carefully examined all the abdominal viscera, as he said that it was most important that this should always be carried out as a matter of routine, especially in cases of ovarian disease.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 4, 1899.

THE LEICESTER GUARDIANS *VERSUS* THE LOCAL GOVERNMENT BOARD.

THE crop of troubles sown by Mr. Chaplin's revolutionary Vaccination Act is springing up with remarkable quickness and vigour. It is now two years since that most retrograde of measures was indelibly stamped upon the archives of Mr. Balfour's administration. The reasons of the concession to the clamours of a noisy section of faddists was obviously political, that is to say, with a view to ingratiate popular prejudice, and thereby to catch votes at future parliamentary elections. At the time when the Bill was before the House, we ventured to predict that so far from conciliating the anti-vaccinationists, the proposed measure would simply encourage them to demand an ell for every inch they had been granted. That expectation has been amply fulfilled by the subsequent course of events, which has brought about that most undesirable of all constitutional maladies, to wit, a direct conflict between local authorities and the Local Government Board. Half-a dozen boards in different parts of the United Kingdom are up in arms because Mr. Chaplin, in order to keep any semblance of control over the unvaccinated in anti-vaccinationist districts, has been obliged to take the extreme step of asserting the vaccination officer's independence of his own local authority, so that all prosecutions are to be undertaken under the ægis of the Central body at Whitehall, and independently of guardians on the spot. This state of affairs is certain to be resented by all Englishmen, who have always asserted the powers and rights of the purse. Those who pay the vaccination officer, they maintain, have the right to direct his actions in so important a matter as the undertaking of legal proceedings. That position is made possible only by the tacit admission contained in Mr. Balfour's Act that the doctrine of conscientious objection to vaccination is sound and can be maintained by the individual at all hazards to the welfare of the community. At any rate, the dissenting boards of guardians have refused to engage or to pay a vaccination officer who is not under their complete control. Leicester, which has always been a stronghold of the anti-vaccinationists, has defied the repeated directions and warnings of the Local Government Board. A mandamus has now been served on the Leicester Guardians, and if, as appears likely to be the case, they prove obstinate, before Christmas they will be lodged in gaol. A greater triumph than the threatened martyrdom could not be imagined for the Anti-vaccinationists; but it is to be hoped that the close of the nineteenth century will not be destined to witness so undignified a proceeding. At the same time we profess no feeling of sympathy with Mr. Chaplin in his present troubles. Small-pox, before the introduction of vaccination, caused a mortality of 7 to 9 per cent. of persons buried in London during the seventeenth and eighteenth centuries, a mortality that rose in epidemic years to 15 or even 18 per cent. Contrast that terrible state of affairs with the fact that since 1885 London has been almost immune from the ravages of that loathsome malady. This improvement, in the opinion of most modern authorities in preventive medicine, was in the main due to compulsory vaccination, but it is this beneficent instrument that has been deliberately pithed and undermined by Mr. Chaplin's weak-kneed attempts at statesmanship. The need of an adequate representation of the medical profession in both Houses of Parliament was never more apparent than in the history of this last Vaccination Act. Nemesis, however, has followed hard on the heels of legislation. A stand-up fight is taking place between the local authorities and the Central Government, and has upset the great guiding principle of conciliation that has become a first law in national administration. The anti-vaccinationists are greedy for fresh concessions, and are eagerly clutching at the crown of martyrdom now dangled before them by Mr. Chaplin. The Government that hoped to catch the votes of dissentients from vaccination are likely to rouse their bitterest opposition, for gratitude is as little known to the faddist as reason. Lastly, it remains to be seen what the fulness of time will bring forth with regard to the disease around which so much social and legislative conflict has been waged. If the anticipations of some of our sanitary experts be correct the future outlook is not free from grave anxiety. There are many matters of preventive medicine that press for treatment at the hands of Government. If, however, the administration that passed their Vaccination Bill in the teeth of universal scientific condemnation are inclined to push that disastrous policy, it is to be

hoped that they will be turned from the error of their ways and in future will confine their energies to class legislation and to a spirited foreign policy. The voice of science is the voice of truth, and cannot be disregarded by any government without the certainty of near or remote disaster. It is to be hoped that one day a large portion of the treasure now spent by Great Britain in acquiring and protecting foreign countries may be spent upon preventive measures that affect so deeply the general welfare of ourselves and our o. fellow countrymen at home.

A PROCTOLOGIST'S VIEWS ON CONSTIPATION.

The average physician usually views constipation, so to speak, from the mouth, and treats it accordingly. In a recent number of the New York *Medical News*, Dr. A. B. Cooke deals with the subject from another point of view, that of the proctologist, one of the latest additions to the category of specialists. It is necessary, to begin with, to distinguish clearly between constipation and mere costiveness. Neither hard stools nor dry stools, nor other kinds of stools, he tells us, constitute constipation, for these expressions are merely descriptive of physical properties, and costiveness embraces them all. Correctly speaking, constipation is the condition of which costiveness is merely a symptom. Costiveness adds the author, is not necessarily a disease which constipation always is, and, though usually associated, the former may exist without the latter. Then, again, constipation is a relative term, seeing that remarkable differences in individual habits are not incompatible with ordinary health, and, while two motions daily may be the normal output for one person, another may find life tolerable with an interval of days, and even weeks, between the alvine dejections. These considerations lead us up to a definition of what constipation really is, viz., a diseased condition of the alimentary canal characterised by a modification of function which results in the pathological retention of fæcal matter. We are all of us acutely conscious of the importance to the maintenance of a proper standard of health by methodical evacuation of the intestinal contents, and we can appreciate the appositeness of the remark attributed to "the old physician," that if his bowels moved naturally he felt sure that he would not die that day. In the hurry and turmoil of modern life, particularly in our large cities, attention to this function is made a matter of convenience, and disease is the harvest of neglect. One of the most obvious and familiar causes to which the author calls attention is the habitual use of purgative medicines, fostered and encouraged by conscienceless advertisers whom he would gladly see suppressed by legislative enactment. In this country, at any rate, public opinion, we fear, is not yet ripe for legislative interference with the intestinal functions, but undoubtedly the medical profession, by educating the public on this matter, might accomplish much. Without going into the details of the author's elaborate classification of the causes of constipation, there is one point which is specially worthy of attention, viz., painful affections of the anus. Defæcation is largely a voluntary process, and the prospect of acute pain unquestionably acts as a deterrent which tends to the formation of a disastrous habit, productive of further local mischief and constitutional disturbance. Even more, the consciousness that defæcation is going to be painful has a directly repressive effect on peristaltic movement, thus fostering a tendency to fæcal accumulation. We emphasise this fact because minor, but nevertheless painful, affections of the anus do not, perhaps, receive the attention which they merit from this point of view. The practitioner is but too apt to accept the patient's bashful, incomplete statements without taking the trouble to ascertain for himself the condition of this aperture. We would impress upon him the desirability of his cultivating proctology as an accomplishment, for by so doing he will be enabled to remedy many cases of obstinate constipation, and to save his patients much avoidable suffering.

THE WINTER SESSION.

The opening of the Medical Schools for the winter session seems to have been shorn of part of its importance as an academical event by the fact that so many students now find it advantageous to commence their studies in May instead of October. Moreover, the ceremonial with which in years gone by teachers and students were wont to invest the occasion has been greatly curtailed, indeed, in about half the schools, not even the time-honoured introductory lecture has been maintained. The truth is that this lecture has become a burden too great to be borne, either by the younger member of the staff, upon whom the irksome task devolved, or by the students who had to listen to it, at any rate, after the first time. Occasionally the services of an oratorically disposed outsider have been requisitioned, but the experiment proved a hazardous one because no layman could possibly be in a position to discuss the aspirations of the medical profession in any save the most general way, and there are too many ethical pitfalls into which the unwary and the inexperienced might fall, to the confusion of their sponsors. Still the opening of the winter session cannot but be a red-letter day in the calendar of the neo-student. It is the occasion on which he is first introduced to his new and strange surroundings, and comes into contact with the men with whom he will, for five long years at least, have to work cheek by jowl. It is some time of course before the new student can find his way about, and still more before he begins to feel at home. He soon learns to appreciate the abyss which separates him, a first year's man, from his fellows of the second and subsequent years; indeed of the latter he sees very little, they having abandoned the dissecting room and physiological laboratory in favour of the wards

Before he has recovered his equanimity the new student has to run the gauntlet of the secretaries of the various athletic clubs to which he is cordially invited to subscribe, an invitation which he has seldom the courage or even the desire to withstand, glad as he usually is to sink his individuality in an organisation of some kind which shall mitigate the lonesomeness of the *début*. Then he has to set about providing himself with books and instruments, and we get the *petite bourse* where superannuated editions and implements are offered for sale by the wily seniors. After taking cognisance of the schedule of lectures, the hours at which they are to be delivered, and the various ways in which the days are to be employed, the new students pair off, some to set their lodgings in order, others possibly to places of refreshment or amusement by way of inaugurating the new life. And there we leave them with all the novelty of their career fresh upon them, full of hopes and aspirations, in some instances to be amply fulfilled, in others condemned beforehand to disappointment.

Notes on Current Topics.

The Use of Diphtheria Antitoxin in Australia.

Dr. Ramsay Smith, Senior Physician to the Adelaide Hospital, South Australia, has been taken to task by a medical man in the Colony for not treating diphtherial patients under his care in the hospital with antitoxin. The criticism was based upon a statement of Dr. Smith's to the effect that antitoxin had never been used, and there had never been a death from diphtheria in the hospital. Whereupon the somewhat out-spoken comment of the practitioner was: "I must conclude that either the diagnosis was greatly at fault or that Dr. Ramsay Smith has had phenomenal good fortune, or that some other method of treatment has been employed which has not occurred to the rest of us poor mortals, and which is only vouchsafed to and permitted to be used by such deified individuals." The burden of the criticism further proceeds "the public have a right to expect that they will be treated in a public institution by the most up-to-date and approved methods, and that a medical man holding such a responsible position as Senior Resident Physician will be cognisant of, and ready to use, all the latest and best known remedies. In a letter to an Australian contemporary, Dr. Ramsay Smith publishes a spirited reply. He explains that the credit of the good results of the treatment of diphtheria at the Adelaide hospital is due not to him, but to the Hon. John A. Cockburn, M.D., the present Agent-General for South Australia, and that if the criticising practitioner desires to learn what the method of treatment is, it will only be necessary for him to attend at the hospital, and ascertain for himself. No doubt, many in this country would be glad to be informed as to this method, and Dr. Smith would be conferring a favour upon the professon generally by making known through the medium of a medical journal the means by which he is able to obtain such successful results in diphtherial cases without resorting to antitoxin. Clearly there can be no necessity for using the antitoxin, even in Australia, if other means can be employed which prove to be equally successful. We trust to hear more from Dr. Ramsay Smith upon this subject.

Bile as an Antiseptic.

It is an experience common to all progressive learned professions to witness a constant dismissal of beliefs as their knowledge of exact laws is extended. In the medical world to-day's abandonment of yesterday's entrenched position is a lesson acquired by the student before he is out of his apprenticeship. For all that, it will come to the middle-aged practitioner as somewhat of a shock to be required to unlearn the conviction impressed upon him in his earlier days that one of the functions of the bile in the human intestine was its action as an antiseptic. The chief reason for that cherished conclusion was the observation that the fæces became particularly offensive when the flow of bile was obstructed. A German investigator, Morse, has made an experimental research into the power of bile to control the processes of putrefaction and fermentation both inside and outside the body. Briefly summed up, the conclusions were that bile exerts no influence on the putrefaction of albumen in the intestine; that the presence of bile apparently increased the bacterial putrefaction of albumen outside the body: that fermentation of carbo-hydrates was increased in the presence of bile, and that concentrated bile retarded the growth of bacteria, but the action ceased after twenty-four hours. These experiments are of sufficient suggestive importance to demand careful testing. The fact that a great deal of intestinal digestion appears to be carried on by bacterial agency would, if proved, go a long way to disprove the assumed antiseptic properties of bile. It should be remembered, however, that the teachers of a generation ago were not in possession of the data afforded by modern bacteriology.

Coroners' Courts.

Grim though its purpose be, the coroner's court but too often sadly lacks the dignity which magistrates and judges contrive to import into the proceedings in their respectives spheres of influence. For this the satellites of the presiding genius are to some extent responsible. The coroner's officer, for example, has a nasty little habit of soliciting gratuities from sorrowing relatives, the mortuary keeper follows suit, and last, but not least, there is the crowd of seedy looking *soi disant* reporters who assemble when there is any family scandal, and who hold out itching palms to be covered as the price of silence in the press, a bargain which, even when made, is not unfrequently violated, to the distress of the relatives who were hoping to be spared the further

pang of publicity. Even professional witnesses are not exempt from the attentions of the coroner's officer who, as cashier, seldom fails to lay siege to the odd shillings when paying over the fees, a pretension which every self-respecting medical man should take care to resent. A coroner's court is a gruesome place at best, but the presence of these callous solicitors adds considerably to its repulsiveness. Coroners themselves might do much to purify the courts from these flaws, especially by selecting their officers from among a less venal class of men, or, at any rate, by repressing their tendencies. In this they would certainly receive the support of the constituted authorities, and the hearty approval of public opinion.

Homœopathic Assurances.

In the course of a series of lectures on the homœopathic treatment of tropical diseases recently delivered by a Dr. Hayward, some very remarkable statements were made which, we fear, would not bear close scrutiny. We are told that while the average mortality from yellow fever is 27·7 per cent., the mortality under homœopathic treatment is only 7. As the actual statistics are not given in the report before us we cannot very well criticise them; but we should imagine that the number of patients suffering from this fell disease who underwent homœopathic treatment must be far too small for it to be possible to base any trustworthy conclusions thereupon. A similarly bold and equally unauthenticated statement is made in respect of cholera. Coming to typhoid fever we are assured that, though a germ disease, homœopathic medication does much to modify the course and shorten the duration thereof. Statements such as these may pass muster with the uncritical laity, to whom the lecturer was addressing himself, but must excite contempt among those who know what little influence purely medicinal treatment has in any of these diseases. It is this very want of candour on the part of the practitioners of that ilk which makes it well-nigh impossible for self-respecting practitioners to meet them on cordial terms, and so long as the arts of the mountebank are resorted to to bolster up this particular system so long will its adepts be ostracised by their fellows. It goes without saying that if homœopathy accomplished even a fraction of what its advocates claim for it, it would long since have brushed all alternative methods of treating disease out of the field.

Mr. Chamberlain and the Malarial Inquiry.

It would seem that some friction is likely to ensue between the Liverpool School for Tropical Diseases and that which is being organised in London. It will be remembered that the whole inquiry into the question of the malarial bearing mosquito has been carried on by Major Ross, in connection with the former School, and that the Malarial Commission sent to the Gold Coast by the Liverpool School authorities is, under Major Ross, still prosecuting its inquiry. Despite, however, the valuable work to which this Commission has specially devoted its energies, it would appear that quite recently a despatch was sent by the Secretary of State for the Colonies to the presidents of the various colonial branches of the British Medical Association, and among them the branch at the Cape of Good Hope, requesting that medical men practising in tropical lands should send specimens of the various species of mosquito, in malarial districts, for investigation to the School of Tropical Diseases in London. This fact, taken in conjunction with the refusal of Mr. Chamberlain to grant any official assistance to Major Ross's inquiry, appears to be rather significant. Clearly, if the Liverpool School of Tropical Diseases requires official assistance, it should be granted. Why should the Colonial Secretary favour the London school? Each school is working upon the same lines and has the same objects in view, namely, the dissemination of the knowledge of tropical diseases. To encourage, however, any rivalry between the two institutions is a policy which cannot be deemed wise, and we, therefore trust that in the future the Secretary of State for the Colonies will be careful to extend the same patronage and assistance to the Liverpool school, as in the past he has done to that established in London.

English Medical Men in the Transvaal.

The Boers are no respectors of persons, and their treatment of English medical practitioners with whom they may happen to have a grievance leaves a good deal to be desired, as the following example will show:—A practitioner was summoned to attend the little child of a Boer, but refused to respond to the summons inasmuch as another medical man had charge of the case. In consequence of this refusal the Boer lodged a complaint against the practitioner at the next meeting of the local governing body of the district. Accordingly, a resolution was passed by the latter pledging the members thereof to boycott the practitioner, and a young practitioner from a neighbouring part was invited to settle in the district, and was promised the support of the local authorities. This perfectly unwarrantable step was taken merely because the medical man in question, by acting in accordance with professional usage, displeased a person who was the patient of a *confrère*. Medical practice under such conditions could scarcely be enviable, but now the time seems to have arrived when old scores will have an opportunity of being paid off.

An Anti-Vaccination Congress.

It is absolutely essential for the anti-vaccination faddists to keep on moving, and continue to make a show of resistance to Jenner's prophylactic. The latest information respecting their movements is that they intend to hold an International Congress in Berlin in the course of a few weeks, at which it is anticipated that representatives from all the European countries and the United States will be present. Moreover, it is announced that "Doctor" Phelps, of London, will address the Congress. We confess that this is the first that we have heard of such a gentleman. Probably an ardent anti-vacci-

nationist of this name, who is generally described with a military title, is here meant, and if so, we would suggest that he would be better employed in volunteering for service in South Africa than in disseminating nonsense upon public platforms. However, some satisfaction may be derived from the fact that probably the anti-vaccinationists have been woefully disturbed by the recent progress of vaccination in this country, as shown by the official returns. The Act of 1898 was a concession in their favour, and the results of its working must have greatly astounded them. Indeed, judging from the official returns, despite the conscience clause, vaccination seems to have been made more or less popular by the Act of last year. Thus, Lord Lister's "tremendous experiment" has proved, quite beyond expectation, to have been an excellent thing. All that is now wanted is for the anti-vaccination party to enter upon a well-earned retirement, and thus, with as little fuss as possible, admit their defeat.

The Medical Society of London

THE 127th session of the Medical Society of London will be inaugurated on Monday next, October 9th, by an address to be delivered by the President, Dr. Frederick Roberts. This will be followed by a discussion on "Personal Experience in Relation to Serum Therapeutics and Antitoxin Treatment." It is announced that the Lettsomian Lectures on "Cancer of the Breast" will be delivered in March and April by Sir William Mitchell Banks, and the Oration in May by Dr. Kingston Fowler.

How are We to Feed our Babies.

THE question of the proper feeding of babies is one not only of weight to the individual, but of the utmost collective importance to the community. Healthy babies mean a healthy nation, and *vice versa*. Of course, it may be taken as an axiom that the proper food for the infant is mother's milk, nothing more and nothing less, but unfortunately Nature's pabulum is not always available under the stress of modern civilised life. Then comes the great problem which heads this paragraph, namely, How are we to feed our babies? To that anguished question we doubt if many medical men could give a clear and properly substantiated answer. For some inscrutable reason or the other the curriculum that exacts from the student a minute knowledge of the finest ramifications of remote branches of nerves and arteries, does not ask for any proof that he has considered the crucial point as to how the young of his species should be nurtured. That is possibly because the exigencies of consulting practice have not brought the facts of the case before his examiners, who are, as a rule, quite ignorant of the needs of general practice. There can be little doubt that a well-written and carefully edited summary of all kinds of baby feeding, natural and artificial, would be of great value to the general practitioner. We wonder when the common sense of the main mass of the profession will insist upon the rational education and examination of medical students.

The Antidotal Properties of Permanganate of Potassium.

THE case with which permanganate of potassium gives up its oxygen when brought into contact with oxydisable substances renders it of extreme value as an antidote in respect of many, if not indeed of most, of the alkaloids. It is admittedly the most efficacious agent we possess in cases of poisoning by opium and its alkaloids, and it has been estimated that a given weight of the salt will neutralise a similar quantity of morphine. This valuable property, however, is not limited to alkaloids of the morphia series. Stokvis recommends it as an antidote in poisoning by phosphorus, which it transforms into orthophosphoric acid. Autail has shown that it neutralises the toxic properties of oxalic acid, the cyanides, strychnine, colchicine, and muscarine. Lacerda long since recognised it in the treatment of serpent bites, while Durante and Giodano found it equally of service in attenuating the symptoms resulting from the bites of insects. Somewhat later Hugouneng demonstrated its antidotal action in respect of caffeine, cocaine and alkaloids of the atropine group, and still more recently Paratore has shown that curare, nicotine and aconitine are also destroyed thereby. Comparative experiments with the permanganate show it to be far more trustworthy than tannin or iodine in the treatment of strychnine poisoning, whether employed hypodermically or for washing out the stomach. It would seem indeed that the permanganate is the agent *par excellence* to which the physician ought to have recourse whenever he is confronted with a case of suspected alkaloidal poisoning. In view of these marked antidotal properties, it is possible that the administration of permanganate might prove of service in the frequent cases of ptomaine poisoning, the lethal agent in these cases being presumably alkaloids, alkaloids, moreover, which are peculiarly susceptible of oxidation.

Workmen's Injuries.

ALL humane men most welcome the principle of compensation for injuries which is now enforced under the Employers' Liability Act; but the working of the measure still requires amending in details before the working-man will secure its intended measure of justice. A case settled last week in Marylebone County Court brings some of these defects into relief. A workman engaged in cutting mouldings by means of a machine slipped and fell with his left hand against some rapidly revolving and unguarded knives, whereby four fingers and a thumb were instantly cut off. Plantiff was entitled, according to the statement of counsel, to one pound a week for life. The judge, however, fixed the sum of £200 to be paid in full satisfaction of all claims by the plaintiff against the defendant. With regard to that part of the decision, most folk will be inclined to think that defendant was let off very lightly in commutation of a life-charge of a sovereign a week. Four years' purchase, for instance, would not satisfy the learned judge who settled this case as a basis for

arbitration in selling a house, or in fixing the amount of his pension. That is not all the fault we have to find with Judge Stonor, however, for in addition to awarding that comparatively trifling recompense for so terrible a mutilation, he ruled that no costs would be allowed. Anyone who knows the cost of legal proceedings, especially when undertaken by poor persons on somewhat speculative issues, will be able to form a pretty shrewd estimate of the extent to which the £200 will be further whittled down. A short amending Act is evidently needed to establish the basis of commutation of penalties, and to make all verdicts against employers carry costs, One would like to know if criminal proceedings could not be instituted against the employers who used the unfenced machinery.

Pills Fatal to Children.

An inquest held at Canning Town last week upon the body of a child of thirteen has disclosed some usually unsuspected dangers of home drugging with chemists' wares. The mother of deceased asked a friend to get some magnesia, but instead of that some pills were brought, and two of them were administered to the child. A medical man was called in later, but found deceased unconscious and dying. He subsequently made a post mortem examination of the body, and came to the conclusion that death was due to collapse following diarrhœa, caused by some irritant acting on a delicate condition. The chemist from whom the pills were purchased said that they contained capsicum and aloes, and were manufactured specially for him. The jury returned a death from misadventure, and added a rider requesting the coroner to call the attention of the Chemists' Society, or the proper authorities, to this case, with the view of protecting the public in the future. This attitude on the part of the jury is somewhat unusual, for those bodies are generally all on the side of the prescribing chemist. At the same time, many rational men would feel inclined to go a good deal further, and, after securing a full analysis of the pills in question, to demand legislative control over this reckless, irresponsible vending of dangerous drugs by chemists all over the United Kingdom. Not only do these tradesmen encroach upon the ground that should be occupied by legally qualified medical men, but by their illegal prescribing they further constitute a standing menace to the health and the lives of Her Majesty's lieges.

Medical Service in State at St. Paul's.

On Thursday, October 19th, at 7.30 p.m., the Bishop of Stepney will preach at St. Paul's Cathedral to the members of the medical profession. The Lord Mayor of London will attend the service in state. The service is the annual one organised by the Guild of St. Luke, and is always a brilliant ceremony, as many doctors who are graduates or Fellows of the Royal College of Surgeons attend in academical robes. The music will be rendered by a choir of over two hundred voices provided by the London Gregorian Association, so that the whole service is likely to be most solemn, brilliant, and impressive. Admission to the space under the dome will be by ticket only. It is trusted that practitioners not wearing robes will not be deterred from attending, as all are equally welcome. On account of the great demand for seats it has been found necessary to limit the number of tickets issued for friends, and the executive committee will be unable to grant more than one extra ticket to those not wearing academical costume, and two to those who have expressed the wish to wear robes and join the procession. Application for tickets, with information as to robes must be made on or before the 8th inst., to the Registrar of the Executive Committee, 24 Somerset Street, Portman Square, London, W.

The Destruction of a Town for Sanitary Reasons.

The Japanese are a go-a-head race, as everyone knows, but they are about to achieve a record in sanitation. The Government have just ordered the destruction of a town, Teckcham, in Formosa, inasmuch as sanitary experts have declared it to be unhealthy and unsuitable for human habitation by reason of having been built upon a swamp. The terms under which the edict of the Government will be carried out are somewhat interesting. A new locality has been chosen for the town, and sites for the houses will be presented to the citizens, occupying as near as possible, the same relative position, but the citizens will be called upon to bear the cost of moving their belongings. Whether the community in question are satisfied or not with the change determined upon, the Government will carry it out. The novelty, however, of the edict is somewhat startling, and yet this record in sanitation is only another instance of the enterprise and remarkable progress shown by the Japanese nation.

The Remuneration of Public Vaccinators.

The old saying, "'Tis the number that pays" has been amply illustrated in the case of the public vaccinator of Birmingham. For the half-year ending June last this official received for vaccinating children no less a sum than £592 2s. 6d., which was paid by the Birmingham Guardians. *Pro rata* this means an income of £1,184 5s, per annum, quite a princely amount to draw for public services of the kind in question. The payment was based upon the minimum fee allowed by the Local Government Board for each successful case of vaccination. But despite this fact, the guardians think that the total amount is excessive, and that the minimum fee should be still further reduced. But Boards of Guardians are very difficut to please. They appear to have overlooked the fact that it is far better to have paid their public vaccinator yearly £600 for successful cases of vaccination than for the people to remain unvaccinated, and so expose the town to the risk of an epidemic of small-pox, which might ultimately cost the ratepayers £20,000.

The Mill for Female Doctors.

IT is evident that the chief centre for the manufacture of female practitioners is Switzerland. Out of a total of 1,153 students attending in the five Swiss Universities, 344 were women, and of these only 24 were Swiss. Out of 247 students at Berbe 87 were women; and out of 350 at Zurich 123 were females. These figures have a serious bearing on the often debated problem of the recognition of foreign medical qualifications in Great Britain, for even the most liberally minded educationalist must hesitate to admit three hundred Swiss girl students annually to the privilege of medical registration in this country, not to speak of the crowd of those qualified in other countries.

Typhoid and Dairies.

THURLES has been the scene of a serious outbreak of typhoid which has been clearly traced to the milk supplied from a local dairy, one of whose members contracted the disease. Fifteen customers immediately showed symptoms of it, and some died, and eventually, fifty other neighbours resident in the immediate neighbourhood became infected. The water consumed by these people was derived from pumps within reach of infection, and it was ascertained to be polluted. At length the guardians rose to the necessity of providing a safe water supply, and the work has been put in hand.

PERSONAL.

M. LACOURT is the first graduate to receive the newly created degree of Doctor of Pharmacy of the University of Paris.

MR. HAROLD L. PALMER, M.R.C.S.Eng., L.S.A., of Newtown, North Wales, has been appointed a magistrate for the county of Montgomery.

DR. FRANCIS CHARLWOOD TURNER, Physician to the London Hospital, has had conferred upon him, *honoris causa*, the degree of D.C.L. of the University of Durham.

DR. RICARDO JORGE, the principal Medical Officer in charge of the Plague Commission at Oporto, has asked to be allowed to discontinue his work in connection with the combatting of the plague, both on the ground of his own state of health and of the hallucination of public opinion.

FEMALE practitioners cannot complain that they have not fair play in Scotland. A few days since, the Hospitals Board of Govan, a district of Glasgow, appointed Miss Augusta Boyes, M.D., Ch.B., as resident physician to its fever hospital, and the Edinburgh Victoria Hospital for Consumptives appointed Dr. Anne Mercer Watson to be resident physician.

THERE are, doubtless, many among our readers who have passed a portion of their time of study at the University of Vienna, and will remember with kindly feelings the genial Professor of Medicine, Hofrath Dr. Theodor Puschmann. The announcement of his sudden death at the early age of fifty-six, will be received by them with feelings of sincere regret. The deceased Professor wrote, among other works, a "History of Medicine in Vienna during the last Hundred Years," which was translated into English.

Scotland.

[FROM OUR SPECIAL CORRESPONDENT.]

"LORD KELVIN, Professor of Natural Philosophy in the Glasgow University, 1846-1899," is the title of a volume which Messrs. Maclehose, University printers, Glasgow, announce will be issued shortly. The volume has been in preparation for some time, and is to be published by the desire of a number of Lord Kelvin's friends. Professor Fitzgerald, of Trinity College, Dublin, has written a biographical sketch of Lord Kelvin for it, with special reference to his scientific work. It will also contain a full account of what is of permanent interest in connection with Lord Kelvin's jubilee, and appendices giving the names of all those who were invited by the University and the City to take part in these celebrations. There will be two editions, a special and an ordinary, and the illustrations of the special edition will consist of photogravures, including a portrait of Lord Kelvin, of the old and the new college buildings, especially of those portions of them more intimately associated with Lord Kelvin's name.

DEATH OF LACHLAN MCPHERSON.—On Monday, September 25th, Lachlan McPherson, Bedellus to the Glasgow University, passed over to the majority, which will be regretted not only in Glasgow but throughout the world where Glasgow students have made a home. At the time of his death he had entered upon his 83rd year, having been connected with the University for forty-six years. During this long period he served under four Chancellors, four Principals, sixteen Lord Rectors, and more than two hundred professors. Four years ago he celebrated his golden wedding. A man of fine presence, he bore himself with impressive stateliness in his public appearance as bedellus. In his intercourse with students, he was the kindliest and most encouraging of men; most entertaining in his reminiscences of olden times in the old college in the High Street, which made his listeners open wide their eyes with pleasure and astonishment, and also of his more recent experiences at Gilmore Hill. His funeral took place on Friday last, at which the Principal and a large assemblage of professors and the public were present.

A WINDFALL FOR GLASGOW CHARITIES.—By the will of Mr. James Brown Thomson, of Glasgow, the charities of that city have benefited to the extent of nearly £80,000. The University receives £10,000, and the Royal Infirmary £6,000.

Manchester.

[FROM OUR OWN CORRESPONDENT.]

ST. MARY'S HOSPITAL.—This old-established institution for women and children is moving its home. The foundation stone of the new hospital is to be laid by the Countess of Derby on Monday, October 9th. It is to consist of two portions, each distinct and furnished with separate entrances. One will be devoted to obstetric cases, the other to the treatment of diseases of women and children. The hospital is intended to accommodate 125 in-patients. Provision is to be made for the training of medical students, nurses, midwives, and monthly nurses.

THE SUMMER MORTALITY.—During the last fourteen weeks 926 deaths have occurred in Manchester from diarrhœa and English cholera, 713 being of infants who had not completed their first year of life. The cooler weather, however, is now having its effect, and last week the deaths went down to 77, as compared with an average

of 114 for the six preceding weeks. In addition to these sixteen deaths were recorded with diarrhœa as a secondary cause.

Owens College.—The recently published calendar shows the medical department to be in a flourishing condition. Of the 1,067 students of all departments, 428 are "medicos." The medicine class numbers 115. As regards examinations, 215 are working for the degrees of the Victoria University, 47 for London, and 10 for other universities. For the "Conjoint" there are 48 and 13 for the "Triple." In special departments there are 41 Dental, 11 Pharmaceutical, and 16 Public Health.

The Introduction address of the winter session was delivered on October 2nd by Sir James Crichton-Browne, LL.D., M.D., F.R.S., on "The Quest of the Ideal"

Royal Infirmary.—Various changes have recently taken place in connection with the teaching staff. The appointment of Dr. Reynolds will do much to strengthen the medical side. Dr. Kelynack has been appointed Medical Registrar in the place of Dr. R. T. Williamson, who has resigned. Dr. Moore has been appointed to succeed Dr. Kellynack as Pathologist. The new clinical laboratory is in full work under Dr. Fothergill. The discussion of the much vexed question of the new infirmary site will shortly be reopened. A bust of the late Sir Joseph Heron has been presented to the Infirmary Board. "James," the head porter, will be remembered by many generations of students, practitioners, and patients, for he has been a familiar figure at the infirmary for forty-five years. He now retires on a well-deserved pension.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

THE FORTHCOMING CONFERENCE ON HOSPITAL REFORM.

To the Editor of The Medical Press and Circular.

Sir,—I feel some regret at the announcement made in your last issue that Mr. Holmes is to take the chair at one of the meetings of the association interested in the Reform of Hospital Abuses. Some years ago the Charity Organisation Society and the British Medical Association combined and endeavoured to supply what it was considered the working classes most wanted—namely, some good system by which medical and surgical advice and treatment could be provided which would take the place of the out-patient departments of our hospitals, to which many resorted without any claim, and by which much injury was done to the great body of general practitioners. The relation between the hospitals and the public through subscribers letters was destroyed when the doors of out-patient departments were thrown open, and the fact that no letters are required, was freely advertised. The greater the number of out-patients, the greater was made the claim of any hospital on the charitable public. This abuse was not likely to be reformed by the physicians and surgeons attached to them, and how far Mr. Holmes and his friends succeeded by their endeavours, they have not disclosed. If the great body of medical practitioners throughout the country were really suffering by the indiscriminate relief afforded by hospitals, it will be well for them to act quite independently of those who are or have been connected with hospitals. It seems to me probable that the want of funds will produce more effect on the present defects of the out-patient system of hospitals than anything else, and the best plan which practitioners can adopt to assist in this is to use their influence with the public by discouraging support to hospitals.

It is important that medical practitioners throughout the country should be careful to avoid any charge that may be brought against them of being influenced chiefly by self-interest in their wish to reform the abuses of hospitals. The question why the public should prefer hospitals to practitioners is to some extent due to the idea that specialism is preferable in most maladies, and the general practitioners have only been applied to when sudden illness or other circumstances prevented patients from going to hospitals. The very poor pay from clubs and the working class generally has induced practitioners to look to the middle and upper classes for remunerative practice, and it seems now as if the reason why they are beginning to attack the out-patient system is really because they are losing this class of patient. Whether any system can be organised to provide what hospitals supply at reasonable rates, is the question of interest, and it would be well to keep very clearly in view what are the public wants and how the profession must meet them.

I am, Sir, yours truly,

A Practical Reformer.

FEVER ACCOMMODATION IN DUBLIN.

To the Editor of The Medical Press and Circular.

Sir,—In an annotation on page 329, you speak of Dublin having one special fever hospital of 120 beds (of which about eighty are usually occupied). Cork Street Fever Hospital—the only special fever hospital in Dublin—has really 240 beds, and its convalescent home, Benevin, has twenty-six beds. The average number of beds occupied in Cork Street Hospital last year was 165·91, and during the present epidemics our numbers have not fallen below 220. Your article also neglected to mention that Sir Charles Cameron's panacea was a Corporation hospital of 80 beds!

I am, Sir, yours truly,

E. Macdowel Cosgrave, M.D.,
Physician, Cork Street Hospital.

Gardiner's Row, Dublin, September 27th, 1899.

[The number of beds available in Cork Street Hospital is stated in the latest edition of "Burdett's Hospital Annual" as 220, and the average number occupied as 193 (see page 201 of Annual). When writing, however, we preferred to take the figures given in the report of the Dublin Hospital Board published in the most recent issue of the "Irish Medical Directory," and these state the accommodation as we have given it—*i.e.*, 120 available beds, and 101 occupied on an average. The convalescent home at Beneavin was not available at the date of this report. It is scarcely necessary for us to say that we never regarded the proposed isolation hospital as a substitute for, but rather as an auxiliary to, Cork Street, the Hardwicke, and other existing fever hospitals, and we think it is beyond question that such additional accommodation is essential to meet the strain of an epidemic. It appears to us that Sir Charles Cameron's estimate of £250 per bed is excessive, but as it appears that the Dublin Corporation is ready to throw £28,000 of the citizens' good money after the £91,000 already wasted in providing villas at £436 a piece for well-to-do artisans we are not disposed to quarrel with Sir C. Cameron's scheme because it is somewhat extravagant.—Ed.]

SANITARY REMOVAL BY FORCE.

To the Editor of The Medical Press and Circular.

Sir,—I see by this week's Medical Press you take exception to the way the law is set in force to carry out the above Act in London, but I think you do so under a misconception.

I believe the Acts for England and Ireland are precisely similar. In Dublin, when the Medical Officer of Health for a district finds it necessary to put compulsory removal in force, he fills up and signs a certificate setting forth:—" —— is suffering from a dangerous and infec-

tious disease, and is without proper lodging and accommodation," which form he gives to the sanitary sub-official. The latter goes with this certificate to the police court, and the presiding magistrate signs a warrant for the removal. The sanitary sub-officer without this certificate has no authority or power to act.

I am, Sir, yours truly,
Henry W. Oulton, M.D., M.O.H.

17, Up. Fitzwilliam Street, Dublin,
September 30th, 1899.

Obituary.

SIR CHAS. ALEX. GORDON, K.C.B., M.D.

It is with sincere regret we have to announce the death of Sir Chas. A. Gordon, at his London residence, Westbourne Square, on Saturday last. Deceased was a personal friend of the editorial staff of this journal, he having contributed to its columns pretty regularly during the past quarter of a century, and greatly attached himself to all by his urbanity and great cordiality. Immediately after qualification Sir Charles entered the Army Medical Service, and probably saw as much fighting as any officer during the present century. He was engaged during the whole of the Indian Mutiny, and had entire medical charge of the Army Medical Service for many years before leaving India. On his return to England he was sent on a special mission by the British Government as medical representative during the Franco-Prussian war, and was in Paris during the whole of the siege and bombardment, at the conclusion of which he published an exceedingly valuable report in book form, entitled "Lessons on Hygiene and Military Surgery from the Franco-Prussian War" (London: Bailliere, Tindall, and Cox), which created considerable stir at the time, and is still referred to as a standard authority on subjects with which it treats. Sir Charles was a voluminous writer. He wrote for the love of it, and steadily declined payment for literary work, the thought that he could impart useful knowledge from his vast experience which might benefit his fellow men was a sufficient incentive to work, and throughout a long acquaintance the writer of this brief notice can honestly affirm that Sir Chas. Gordon was the most sincerely modest and unobtrusive of men it has been his privilege to meet, a gentleman in the truest acceptation. He was an officer of the Legion of Honour of France, an Hon. Surgeon to Her Majesty the Queen, held innumerable medals and clasps, and was created a Knight Commander of the Bath on the celebration of the Diamond Jubilee two years ago. He was one of those to whom might have been applied the epilogue to Horace, men who "do good by stealth, and blush to find it fame."

Laboratory Notes.

INFANT AND INVALID'S FOOD.

We have received from the Infant and Invalid Food Co., Ltd., Cereal Buildings, 54, City Road, London, a sample of their "I. and I. Food," and find on analysis that it has the following composition:—

Albuminoids	11·81	per cent.
Moisture	8·08	„ „
Fat and Oil	3·19	„ „
Mineral matter	1·42	„ „
Fibre	1·12	„ „
Carbohydrates (by diff.)	74·37	„ „

A careful microscopic examination confirms the statement in the pamphlet accompanying the sample that this food "is a carefully prepared mixture of various cereals," and also proved the absence of all moulds and deleterious substances, and an undue proportion of indigestible fibre or husk.

The analytical figures given above show that the food contains a notable proportion of fatty matters, while the nitrogenous or flesh forming constituents are present in suitable proportions. The amount of moisture is by no means excessive. The mineral matter consists almost entirely of phosphates of calcium and potassium, which are essential to normal nutrition, and are moreover valuable as aiding the due formation of bone.

ARCHER'S COGNAC.

We have examined a sample of Eau de Vie Cognac, imported by Messrs. Edward Archer and Co., Malvern, and find on analysis that it gives the following figures:—

Absolute alcohol (by weight) 40·5 per cent. (or 83·9 per cent. proof spirit). The extractive matter is equal to 0.64 grammes per hundred cubic centimetres. This figure is consistent with the due maturing in a sherry cask, which is part of the process in the preparation of genuine brandy.

The acidity is ·045 grammes per hundred cubic centimetres calculated as tartaric acid.

The amount of ethers is equivalent to ·04 grammes per hundred cubic centimetres calculated as acetic ether. This figure shows that the brandy has been duly matured for a sufficient time to allow of the development of those volatile products on which the delicate flavour and bouquet of the finished article depend.

We are satisfied that this brandy is of high quality, thoroughly genuine, and worthy of commendation for medical use.

TANNOFORM.

We have received from Merck's London office samples of Tannoform, a condensation product of tannin and formaldehyde, which has come into use in the treatment of hyperidrosis and bromidrosis, in virtue of its astringent and antiseptic properties.

It is presented in two forms, the Tannoform Substance and the Tannoform Dusting Powder. The latter is put up in an ingeniously devised paper dredger, which facilitates the dissemination of the powder evenly over the affected surfaces.

Tannoform is not only a siccative antiseptic of the first order, odourless and absolutely unirritating, but it answers all the requirements of an intestinal antiseptic for use in fermentative disturbance of the alimentary canal associated with diarrhœa and gas formation. The average dose for internal use is, in adult cases, eight grains, and four grains in children's cases, to be given in the form of a cachet.

Literature.

HOSPITAL REPORTS.

THE MIDDLESEX HOSPITAL REPORTS. (a)

The preface to this Report tells us that it is arranged on the same plan as that of its predecessor. The plan is all right, but we sincerely wish the volume had a stiff binding that we might give it a place on our book-shelf, and that it was not so closely printed. From time to time we have to put the volume down, as we find a few pages of its closely printed statistics make our eyes ache. We feel this all the more for the volume is rich in information, well arranged, and excellently summarised, but of what use is all this if the type is unreadable and the paper back unfits the book for the book-shelf. The work done during the year was large and creditable. Such of the papers in the Report that we could read were well worthy of study, and yet for a small outlay this is practically lost to the medical profession.

A severe headache and a series of coloured rings before the eyes are too much to pay for the pleasure and advantage derivable from reading the Report.

Of the latest of statistics the most interesting is the P. M. Table with its abstract of 318 examinations. Included in the last is an account of injury to the internal mammary artery with wound of the pericardium and

(a) "Reports of the Medical, Surgical, and Pathological Registrars for the Year 1897." London: H. K. Lewis. 1898.

other by hydrochloric acid there were no excoriations about the mouth in either case.

From the Medical Registrar's report we learn that antitoxin was used in the treatment of diphtheria in nine cases in 1894; in 29 cases in 1895; in 25 cases in 1896; and in 17 cases in 1897. In two cases an erythematous rash followed the administration of antitoxin, but otherwise no unpleasant results occurred.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. (a)

The present volume of this great hospital's reports is, as a measure of the scientific advance of medicine, of more than usual interest. These reports are really the year-books of scientific medicine. They show the prevailing type of sickness of the preceding year, they give the effects of our social and domestic life on the health; they show the influence of occupation, and they give the most generally approved system of therapeusis.

The practitioner who reads the reports of the principal general hospitals is well prepared to successfully hold his own in these days of keen competition in the profession.

Of the papers in the present volume the most interesting are Sir T. Smith's "Case of Abdominal Cysts;" Mr. Walsham's "X-Rays in Diseases of the Chest;" "On Pneumonia and Pneumococcus," by Mr. Turner; "Stomachic Phenomena," by Mr. R. Gitt; and Dr. Andrewe's article, "The Growth and Work of the Pathological Department." We may add, that for a pleasant, chatty, well told record of a busy practitioner's life, we know none more enjoyable than that told in this volume by Mr. H. S. Webb.

From the surgical report we learn that 3,746 surgical cases were discharged, cured, or relieved during the year, and that 219 cases died in hospital.

During 1897, anæsthetics were administered 4,893 times, and it may interest those who, in season and out of season, advocate ether, to know that only 201 cases of etherisation are recorded as against 1,959 chloroformisations. Ether, it thus appears, was found suitable in no more than 4 per cent. of the cases requiring an anæsthetic, whereas chloroform was used in almost 40 per cent. of the cases, and this in London where ether is most zealously advocated, to the exclusion, as far as possible, of chloroform.

GUY'S HOSPITAL REPORTS. (b)

The present volume opens with a valuable article, "Notes on Diagnosis," by Dr. Pye-Smith. It is a practical contribution to clinical medicine, well worthy of attention by practitioners and senior students. Indeed, we should like to see it published in pamphlet form, and in the hands of every senior medical student.

Mr. Jacobson and Dr. S. B. de Mesquita contribute a joint paper on "Epithelioma of the Neck," probably arising in a relic of the branchial clefts. "Mediterranean Fever," by Mr. Gerald Sichel, goes over the familar ground that for a century has been trodden by observer after observer. In fairness to the author we must say that he advances our knowledge of the disease by showing that Widal's serum method has materially facilitated the diagnosis of the disease, and that a Mr. Bruce has discovered its micrococcus. Needless to say, an antitoxin has been prepared as a therapeutic remedy.

As we read of the continually occurring mention of antitoxins we think we hear the emphatic pronouncement of Sangrado, "medical reading is waste of time, all treatment is but bleeding," if for bleeding we substitute antitoxin injections we get much modern medical practice.

The aggressive nature of surgery is well shown by Mr. Gilford's paper, "The Surgical Treatment of Unperforated Gastric Ulcer." He gives an account of three cases in which operations were performed. As so many cases of gastric ulcer get well under the ordinary treatment of a regulated dietary and rest we cannot wholly approve of this heroic method. We think the omission of M. Dieulafoy's name, and the ignoring the good work he has done in this class of disease, is a mistake.

Dr. Poole's account of the typhoid epidemic at Maidstone occupies eighty pages, every one of which contains instructive reading; indeed, the article is one of permanent value to medicine.

The functional activity of retained testicle is the subject of a paper by Mr. G. Bellingham Smith. The author arrives at much the same conclusion as the bath attendant in the "Arabian Nights' Tales," as told in Burton's edition.

ENCYCLOPÆDIA OF MEDICINE. (a)

This enormous undertaking by Hofrath Drasche has now reached 183 parts, and is still far from being complete. The book is not a periodical, but a dictionary of medicine, surgery, chemistry, &c., comprehending all the special departments recognised in the curative art. The contributors exceed 200, engaged in the various specialties, who are scattered over the two German speaking empires of Austria and Germany proper. It may be noted, by the way, that 45 of these authors, or 22½ per cent., are located in Vienna itself. The other representative towns and cities are Prague, Berlin, Halle, Munich, Königsberg, Buda Pesth, Warsaw, Frankfort, Giessen, &c. Each author confines himself to his own specialty on which he professes to be an authority. The views of other authorities from every quarter of the globe are also added where a diversity of opinion exists, so that this encyclopædia of medicine, although written by Germans, is not confined to views of the German speaking race, but is a brief synopsis of the latest knowledge for the specialist and busy practitioner who can read the language.

Haug has among his "Neoplasms of the Tympanum" a "reflex neurosis" associated with cough, sneezing, &c., that may be worth noticing as an example of the exhaustive nature of the work and its practical utility. This morbid condition is usually excited by the presence of polypi in the recessus epitympanicus near the perforation of the membrana Strapnelli. Troublesome symptoms may be induced and much anxiety suffered long before degeneration of the tympanum is manifested and the real nature of the case diagnosed.

The prognosis, like all other cases of polypi, depends on the nature, size, number, and duration of the growths, as small, soft, rapidly growing polypi recur very frequently. This recurrence has a tendency to produce caries or induce malignancy, which should be borne in mind during treatment. In treating these, alcohol and sublimate (0·1 of sub. to 100 of alcohol), trichloride of acetum, and chromic acid are the most potent.

Under "Prostitution" Jessner has a long history of its rise and fall, and the application of hygienic measures in the present age, as a means of modifying its ravages on the present and future generation. He does not coincide with Lombros' opinion that all who follow this calling, male and female, are irresponsible criminals, although he believes there is something in heredity. He agrees with penalising this trade and not legalising it, as is too much the fashion at the present time. The clinical histories of our hospitals are strong arguments in favour of suppression.

These samples imperfectly illustrate the meritorious utility of the work, and suggest how valuable such a dictionary of medicine will be to the inquiring mind.

THE PENYCUIK EXPERIMENTS. (b)

The zebra stripes on the cover form a fitting introduction to the contents, which deal with the author's experiments in crossing zebras, and with the literature of the subject. Part II. consists of papers which have

(a) "Saint Bartholomew's Hospital Reports." Edited by Norman Moore, M.D., and D'Arcy Power, F.R.C.S. Vol. XXXIV. London: Smith, Elder and Co. 1899.

(b) "Guy's Hospital Reports." Edited by E. C. Perry, M.A., M.D., and W. H. A. Jacobson, M.D., M.Ch. Vol. LIII., being Vol. XXXVIII. of the Third Series. London, J. and A. Churchill. 1898.

(a) "Bibliothek der gesammten Medicinischen Wissenschaften für practische Aerzte und Specialaertze." By Prof. A. Drasche, Wien.

(b) "The Penycuik Experiments." By J. C. Ewart, M.D., F.R.S. Pp. xliii-177, Illustrated. London: Adam and Charles Black. 1899.

free bleeding from the artery into the pericardial sac. In two cases of poisoning, one by carbolic, and in the appeared in the *Veterinarian*, and the *Zoologist*, but part I. gives a capital summary of the author's results and beliefs. Many interesting questions are discussed, and the author shows how far his experiments throw light on them; thus he only admits prepotency as occurring by the parent of the purest descent having the greatest influence. Telegony, according to the present state of the author's mind, occurs but seldom, if at all. The many problems of Reversion are fully discussed, and striking examples are given. The book is fully and well illustrated, and will be found interesting reading.

To those who have opportunity of trying experiments in crossing, it will have further interest, as it lays down profitable lines of investigation, which, if pursued by many, will lead in a few years to an accumulation of collective experiment, which will finally clear up many doubtful points.

THE NEW ENGLISH DICTIONARY.

The double section of the New English Dictionary, just to hand, finishes the letter H, and, with it, the first half of Volume V. It contains 2,721 main words, 528 special combinations explained under these, and 467 subordinate entries, 3,716 in all.

Comparison with the corresponding pages of some other lexicographical works shows the following figures:—Words recorded, Johnson 403, Cassells 1,939, Century 2,713, Funk 2 816, Here 4,371. Words illustrated by quotations, Johnson 294, Cassells 459, Century 894, Funk 267, Here 3,290.

Number of illustrative quotations, Johnson 930, Richardson 998, Cassells 655, Century 1,980, Funk 332, Here 15,160. The total number of quotations in H reach the enormous number of 59,776, for the letter the "Century" Dictionary gives 8,349.

Among the substantives in this section are the names of three important bodily members, hand, head, heart, which, with their derivatives, occupy 109 columns, and show how the designations of prominent parts of the body lend themselves to all manner of figurative and transferred applications, and to a luxuriant growth of phrases.

Medical News.

The Etymology of "Drug."

A contributor to the *Chemist and Druggist* discusses the etymology of the word drug. The generally accepted derivation, we are told, is the Anglo-Saxon "dryge" dry. Dr. Murray cautiously states that the ulterior origin is uncertain. The earliest quotation he gives is from the Close Roll of Edward III, 1327:—"Norem balas de drugges de spicerie." In some MSS. of Chaucer the word appears as "dragges," and this has led some etymologists to the belief that the words "drug" and "dragee" (a stomachic sweetmeat) are of similar origin. Professor Skeat, however, says "dragges" and "drugges" cannot be the same word. Littré, following most continental authorities, says that the French "drogue," and the Spanish "droga," come from the Dutch "droog" or "droek," which also means dry. Some authorities explain that this etymology is based on the fact that a drug was generally a dried herb, while it has also been guessed that a drug was so called because it dried up and cleansed the body, affording no nourishment. A more plausible explanation is that the word "drug" is a descendant of Cymric "drwg," old Irish, "droch," signifying something that is bad. This idea is worked out in Larousse's "Grand Dictionnaire Universel." The word would thus be associated with the almost invariably nasty taste of medicines. The Celtic "drwg" would probably, he thinks, be related to the Sanscrit "druh," which is applied in the Rigveda to a maleficient demon. Demons under this or similar names are traceable in many Eastern folklore tales, and the Irish had a dwarf evil spirit, which was known as a "droich." The connection of the word "drug" with this meaning, something nasty and common, would go some way towards explaining the very ancient use of the word as something not wanted, as when we speak of "a drug in the market," and it might probably help to understand its application to a common sort of carpet, called a "drugget," which some authorities with no sort of historical evidence have associated with the town of Drogheda.

London Hospital Medical College.

The following entrance scholarships have been awarded:—Price Scholarship in Science, value £120, Mr. R. Milne. Price Scholarship in Anatomy and Physiology, for Oxford and Cambridge students only, value £60, Mr. A. W. S. Fisher. Entrance Scholarships, value £47 10s. each, Mr. G. A. Soltau and Mr. T. W. Smith (equal).

St. Thomas's Hospital Medical School.

The prizes were distributed at this hospital yesterday (Tuesday) by Dr. T. Clifford Allbutt, F.R.S., at the opening of the School for the winter session. The successful competitors for the past winter session:—

Entrance Science Scholarships.—C. M. Roberts, First Scholarship, £150, and C. H. Latham, Scholarship, £60.

First Year's Students.—G. C. Adeney, the Wm. Tite Scholarship, £27 10s.; C. M. Roberts, College Prize, £20; C. H. Latham, College Prize, £10.

Second Year's Students.—C. U. Ind, the Musgrove Scholarship, £38 10s.; W. H. Harwood-Yarred, College prize, £20; J. E. Adams, College prize, £10.

Third Year's Students.—C. N. Sears, College prize, £20, and 2nd tenure of Peacock Scholarship, and A. F. Miskin, College prize, £15.

The following were the prize winners for the past summer session:—

First Year's Students.—F. W. W. Smith, College Prize, £15, and C. M. Roberts, College Prize, £10.

Second Year's Students.—C. U. Ind, College Prize, £15, and H. W. Sexton, College Prize, £10.

The following were medalists:—

R. J. Horton Smith, the Wainwright Prize in Practical Medicine.

H. T. D. Acland, the Cheselden Medal, in Surgery and Surgical Anatomy.

H. D. Singer, the Bristowe Medal, in Pathology and Morbid Anatomy.

J. Gaff, the Treasurer's Gold Medal, for General Proficiency and Good Conduct.

In addition to the foregoing several students received "Certificates of Honour" for excellent work done, including those who had filled house appointments during the past year.

Middlesex Hospital Medical School.

The Entrance Scholarships at the Middlesex Hospital Medical School have been awarded as follows:—Freer Lucas Scholarship (135 gs.), Leonard Herbert Henry Bays, Epsom College; First Entrance Scholarship (£100), F. Wood; Second Entrance Scholarship (£60), W. Kingsbury; Entrance Exhibition (£25), Raoul Felix, Mauritius; University Scholarship (£60), A. E. Taylor, Downing College, Cambridge; *proximè accessit*, Louis Courtauld, Trinity College, Cambridge.

Life Assurance Congress.

A congress of medical men interested in examinations for life assurance was held last week at Brussels under the presidency of the Minister of Agriculture, Mr. Van der Bruggen. Recent legislation in respect of injuries to workmen has given rise to a large number of interesting questions, and one of the results of the meeting will be an endeavour to codify rules concerning the risks to life and accident assurance companies for general use. We hope to be able to give a synopsis of the transactions at an early date.

The Mortality of Foreign Cities

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of several of the populations:—Calcutta 25, Bombay 48, Madras 34, Paris 15, Brussels —, Amsterdam 13, Rotterdam 17, the Hague

21, Copenhagen 20, Stockholm 16, Christiania 16, St. Petersburg 22, Moscow 25, Berlin —, Hamburg 18, Dresden 20, Breslau 27, Munich 23, Vienna 15, Prague 22, Buda-Pesth 17, Trieste 28, Rome 1,2 Turin —, Venice 19, Cairo —, Alexandria —, New York 18, and Philadelphia 13.

Surg.-Lieut. Anthony has command of a large force of the Royal Army Medical Corps which is being concentrated at Portsmouth in view of the probability of war with the Transvaal. This corps will furnish the general hospital in the field, and also a detachment for service on the hospital ship.

Tropical Medicine.

The first winter session of the new School of Tropical Medicine, recently established in connection with the Seamen's Hospital, was inaugurated on Monday last by an address delivered by Dr. Patrick Manson. Instruction in this special class of disease will be given both in the lecture theatres and in the hospitals of the Seamen's Hospital Society.

A Valuable Medical Appointment.

A recent recommendation of the Local Government Board to the Glossop Guardians that they should pay for the more expensive medicines, and not throw the cost on the Medical Officer, elicited the statement from that officer that, out of a gross salary of £50 he had to pay out £25 to £30 for such medicines. The Glossop Guardians are to be congratulated on the possession of so conscientious an official. When paupers' drugs for an entire union, and for a year, have to be paid for out of such a pittance as £50, it seems probable that they would not be of the rarest or most efficacious quality.

University Education in France.

The official report of the French Government states that the total expenditure of the fifteen universities for the year was 13,859,500 francs, for which sum they educated 27,080 students—*i.e.*, 511 francs, or nearly £20 per student. The united income of the universities is about 3,600,000 francs, so that ten million and a half francs have to be found by the State as a subsidy.

Vital Statistics.

The deaths registered last week in thirty-six great towns of England and Wales corresponded to an annual rate of 20·6 per 1,000 of their aggregate population, which is estimated at 12,786,832 persons in the middle of this year. The deaths registeren in each of the last four weeks in the ceveral towns, alphabetically arranged, correspndee to the following annual rates per 1,000 :—

Birkenhead 25, Birmingham 22, Blackburn 21, Bolton 22, Bradford 17, Brighton 16, Bristol 14, Burnley 26, Cardiff 16, Croydon 15, Derby 15, Dublin 29, Edinburgh 19, Glasgow 21, Gateshead 26, Halifax 15, Huddersfield 10, Hull 21, Leeds 21. Leicester 16, Liverpool 27, London 18, Manchester 26, Newcastle-on-Tyne 27, Norwich 17, Nottingham 22, Oldham 16, Plymouth 17, Portsmouth 19, Preston 23, Salford 27, Sheffield 26, Sunderland 28, Swansea 8, West Ham 21, Wolverhampton 14. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were :—From measles, 1·4 in Burnley; from fever, 1·1 in Nottingham, 1·6 in Sheffield, and 2·5 in Portsmouth; from diarrhœa, 4·4 in Nottingham, 4·7 in Birmingham, 6·0 in Hull, 6·4 in Bolton and in Manchester, 6·8 in Sunderland, and 8·0 in Preston. In none of the large towns did the death-rate from scarlet fever or from whooping cough reach 1·0 per 1,000. The 89 deaths from diphtheria included 42 in London, 11 in Sheffield, 8 in Leicester, 5 in Liverpool, 3 in Leeds. Three deaths from small-pox were registered in Hull, but not one in any other part of the United Kingdom.

Adolescence and Longevity.

The *Leisure Hour* for October contains some interesting statistics regarding the duration of life, from which we quote the following :—"Dr. Ainslie Hollis has recently directed attention to the connection between the times which man and various animals take to arrive at maturity and the duration of their natural life, assuming that death occurs by senile decay. It appears that the period of adolescence is less in proportion to the full term of life in the case of short-lived mammals than it is in those with longer lives. For instance, a mouse arrives at maturity in about three months, and the length of its subsequent life is four years, or about fifteen times the period of adolescence; a horse arrives at maturity in eight years; its natural length of life afterwards is about four times this period; man completes his full growth at the age of twenty-five years, and the expectation of life beyond this is twice the period of adolescence. The length of the period of man's youth is thus greater in proportion to the whole length of life than that of animals with shorter lives. The relation between adolescence and longevity is so close that Mr. E. D. Bell has shown that it can be expressed by a mathematical formula, namely, 'The full term of life in a mammalian species is equal to ten and a half times the period of maturity divided by the cube root of the period of maturity.' This statement, of course, simply represents an average, and takes no account of death by accident or disease."

PASS LISTS.

University of Durham.

The following candidates passed the third examination for the degree of Bachelor in Medicine during September :—

Honours—Second-class.

Thorne-Thorne, Richard, St. Bartholomew's Hospital.
Bodman, Christopher Osmond, University College, Bristol.
Hindmarch, Robert Simpson, College of Medicine, Newcastle.
Reah, Henry, College of Medicine, Newcastle.
Parkin, Alfred, College of Medicine, Newcastle.

Pass List.

Adeniyi-Jones, Curtis Crispin, College of Medicine, Newcastle.
Appleby, Ernest Bertram, College of Medicine, Newcastle.
Clarkson, Frederick, St. Thomas' Hospital.
Coates, Thomas Seymour, College of Medicine, Newcastle.
Gibson, Charles Henry, College of Medicine, Newcastle.
Hawes, Ivon Henry Skipwith, St. George's Hospital.
Hodge, Albert Ernest, College of Medicine, Newcastle.
Horan, Hubert Wolstenholme, College of Medicine, Newcastle.
Manson, Kenred, College of Medicine, Newcastle.
Scott, Frederick Riddle, College of Medicine, Newcastle.
Vaux, Ralph Thomas, College of Medicine, Newcastle.
Velenski, John Charles, College of Medicine, Newcastle.

The following Degrees were conferred on September 23rd, 1899 :—Doctor in Medicine :—John Charles Anderson, M.B., Dur; Arthur James Dale, M.B., B.S., Dur.; J. Livingstone Frazer-Hurst, B.A., M.B., B.S., Dur.; Ralph Norman Lishman, M.B., B.S., Dur.; Theodor Lund, M.B., B.S., Dur. (*in absentia.*); Norman McCall-Smith, M.B., B.S., Dur.; William L. Wight Walker, M.B., B.S, Dur.; William Henry Whitehouse, M.B., B.S., Dur.

Doctor in Medicine (Practitioners of Fifteeen Years' Standing).—Oswald Baker, L.R.C.P. and S.; E.; Ralph Henry Browne, M.R.C.S., L.R.C.P.; William G. Dickinson, M.R.C.S., L.R.C.P., D.P.H.; Dennis Cawood Embleton, M.R.C.S., L.R.C.P.; Syed Hassan, M.R.C.S., L.R.C.P., D.P H.; H. Nelson Halberton, M.R.C.S., L.R.C.P., D.P.H.; Joseph Stenson Hooker, L.R.C.P. and S.; E., L.S.A.; John C. Radclyffe Husband. M.R.C.S., L.R.C.P.; Henry Knowles, L.R.C.P., L., L.R.C.S., E.: Henry Richard Leech, L.R.C.P. and S.: E., L.S.A.; Gordon B. Willie Messum, M.R.C.S., L.R.C.P.; George Sinclair, L.R.C.P. and S ; E.; Thomas Hanson Smith, L.R.C.P. and S.; E.; Henry George Sworn, M.R.C.S., L.R.C.P.; John Arthur Webster, M.R.C.S., L.S.A.; Neville Harold Wood, M.R.C.P., L.R.C.P., M.R.C.S.

Bachelor in Medicine (M.B.).—Norman Christian Bailes, Laurence James Blandford; Mark Francis Cahill, L.R.C.P., L.R.C.S.; Solomon Cross; Harold Ben Fawcus; Richard Fisher, M.R.C.S., L.R.C.P.; Edward Gofton; Robert Bond Greaves, L.S.A.; John Rutherford Halliday; William John Harrison; William Hayward, M.R.C.S., L.R.C.P.; John Tyrer Johnson; Henry Herbert Markham; Richard Oswald Mather, L.R.C.P.; James Muirhead; Edward Frederick Pratt, L.R.C.P.; Morgan Richards, L.S.A; Norcliffe Roberts; Robert Lowis Routledge; Edward Norman Threlfall; Carl Wahlgren Von Bergen; David Henderson Weir.

Bachelor in Surgery (B S.).—Norman Christian Bailes, Laurence James Blandford, Solomon Cross, Harold Ben Fawcus, Richard D. Fisher, M.R.C S., L.R.C.P., Leopold Fothergill, M.B., Edward Gofton, Robert Bond Greaves, L.S.A., William John Harrison, William C. Hayward, M.R.C.S., L.R.C.P., John Tyrer Johnson, Henry Herbert Markham, James Muirhead, Edward Frederick Pratt, L.R.C.P., Morgan Richards, L.S.A, Norcliffe Roberts, Robert Lowis Routledge, Edward Norman Threlfall, Carl Wahlgren Von Bergen, David Henderson Weir.

Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or*

initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

HARD ON THE CHEMIST.

BANGS: "I'd give a good deal to know how it feels to be drugged and robbed."

Benthere: "Why don't you go and get a prescription made up at Messrs. X and X?"

G. S. T.—We cannot tell without seeing our correspondent's MS. whether the article will be suitable for our columns or not.

POISONING BY MISADVENTURE.

THE unfortunate mistake of Dr. Dick at Eastbourne, which a few days ago cost him his life, has brought us more than one inquiry about poison bottles and safety stoppers. It appears that the ingenuity of manufacturers is of no avail, and that the majority of practitioners still store the most deadly poisons in ordinary bottles, notwithstanding the frequent fatal accidents occasioned thereby. For the information of our correspondents we may state that there is no lack of protective material always at hand. But a few months since we drew attention to an ingenious poison bottle made at Hearn's Glass Works, Lea Bridge, London, N.E., costing but a few pence, and of such a shape that a mistake would be impossible in the hurry of compounding or even in the dark. As an alternative we have a safety stopper, made by Messrs. Foster and Crowley, which is provided with a prickly cap at the top of the cork, giving a sharp reminder of danger. There are many other devices, but these happen to be before us and may be pronounced absolute safeguards.

M. R. C. S. (Leeds).—We cannot recommend our correspondent to adopt the course which he proposes to take. We are writing to him privately.

DR. S.—Application must be made direct to the Colonial Office. Further information will be found in our "Students'" number, published on the 13th of last month. A copy can be obtained from the publisher.

P. S. D. (Manchester).—From an ethical point of view our correspondent acted quite rightly.

L. R. C. S. Edin. (Bradford).—It is usual for a consultant to write after seeing the patient sent for consultation, giving a detailed account of the case to the practitioner.

M. D.—Our correspondent should write to the Dean, West London Postgraduate College, West London Hospital, Hammersmith, W.

SURGEON.—The subject has only recently been discussed in our columns, but we will shortly again deal with it and draw attention to the facts brought under notice by our correspondent.

THE VALUE OF PETROLEUM EMULSION IN THE MORPHINE HABIT.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—In cases of enforced administration of morphine there is generally trouble with the bowels. In these cases I have almost ceased the administration of powerful tonic drugs such as atropine and nux vomica, and prescribed petroleum emulsion with much success. Thinking this fact may be useful to others who have to deal with similar cases, I should be glad if you will kindly draw their attention to the points at issue through your valuable columns.

I am, Sir, yours truly,
PERCY G. LODGE.

100, Preston Street, Bradford, Oct. 2nd, 1899.

ERRATUM.—In the letter of Mr. Corbett upon the Lunacy Question in our issue of the 27th ult., the number of insane in the three kingdoms was, by a printer's error, stated as 240,000 instead of 140,000. The actual figure was 139,700.

OMEGA.—The subject is referred to in our editorial columns.

Meetings of the Societies and Lectures.

WEDNESDAY, OCTOBER 4TH.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Specimens will be shown by the President, Dr. W. Duncan, and others. Papers:—Dr. Williamson: The Pathology and Symptoms of Hydatidiform Degeneration of the Chorion.—Dr. Herman: Two Cases in which Life appeared to have been Saved by Anti-Streptococcic Serum.

FRIDAY, OCTOBER 6TH.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.) 8.45 p.m. Annual Business Meeting. Clinical Cases by Dr. Toogood, Dr. Dockrell, Mr. Clarke, Dr. Sunderland, and Mr. Parke.

Vacancies.

Cumberland and Westmoreland Asylum, Garlands, Carlisle.—Junior Assistant Medical Officer, unmarried. Salary £100 a year, with board and residence.

Durham County Asylum, Winterton, Ferryhill.—Assistant Medical Officer, unmarried. Salary commencing at £140, with board, lodging, washing, and attendance.

Egyptian Government School of Medicine, Cairo.—Professor of Ophthalmology. Particulars from F. G. Hallett, Esq., Secretary, Examination Hall, Victoria Embankment, London.—(See advert.)

Essex and Colchester General Hospital, Colchester.—House Surgeon. Salary £100 per annum, with board, washing and residence in the hospital.

Hospital for the Insane, the Coppice, Nottingham.—Assistant Medical Officer, unmarried. Salary £120 per annum, with apartments, board, attendance, and washing.

Hospital for Women and Children, Leeds.—Non-resident House Surgeon for six months. Salary at the rate of £125 per annum.

Leicestershire and Rutland Lunatic Asylum.—Assistant Medical Officer, unmarried. Salary commencing at £150, with board, lodging, washing and attendance. Applications to the Clerk, 10, New Street, Leicester.

Loughborough and District General Hospital and Dispensary, Loughborough.—Resident House Surgeon. Salary £100 per annum, with furnished rooms, attendance, and board.

Parish of Fulham, London.—Medical Superintendent of the Infirmary and Medical Officer of the Workhouse. Salary £300 per annum, with residence, (partly furnished), fuel, lights, and washing.—Applications to the Clerk to the Guardians, 75, Fulham Palace Road, W.

Royal Infirmary, Hull.—Senior House Surgeon for two years, unmarried. Salary 100 guineas per annum, with board and furnished apartments.

West Riding Asylum, Wakefield.—Fifth Assistant Medical Officer. Salary £100 per annum, rising £10 anually to £150, with furnished appartments, board washing, and attendance.

Worksop, Notts.—Medical Officer at the Worksop Dispensary, unmarried. Salary £120 per annum, with house, coals, gas, and attendance.

Appointments.

BAKER, W. J. T., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer for the South Sanitary District of the Sheffield Union.

BOVEY, THOS., W. W., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Abbotsbury District of the Weymouth Union.

DUFF, J., M.D.Glasg., M.R.C.P.Lond., Medical Officer for the Infectious Hospital, Chester.

FRENCH, E. G., M.B., Ch.B.Edin., House Surgeon to the Royal Alexandra Hospital, Brighton.

JELLETT, J. C., L.R.C.P., L.R.C.S.Irel., Medical Officer *pro tem.* for the Cranbrook and Frittenden Sanitary Districts of the Cranbrook Union.

KELYNACK, T. N., M.D.Vict., M.R.C.P.Lond., Medical Registrar to the Manchester Royal Infirmary.

LOXTON, ARTHUR, F.R.C.S.Edin., Honorary Surgeon to the Birmingham and Midland Hospital for Skin and Urinary Diseases.

RICHMOND, R. T., M.A.Cantab., M.R.C.S., L.R.C.P.Lond., House Physician to the Royal Hants County Hospital, Winchester.

TAYLOR, G. G. S., M.D.Durh., L.R.C.P.Irel., M.R.C.S., Honorary Physician to the New Hospital for Cancer and Skin Diseases, Liverpool.

Births.

GALLOWAY.—On Oct. 1st, at 54 Harley Street, London, W., the wife of James Galloway, M.D., F.R.C.P., of a daughter.

LAYTON.—On Sept. 30th, at The Lawn, Walsall, Staffs., the wife of Frank G. Layton, M.R.C.S., L.R.C.P., of a daughter.

WALLIS.—On Sept 29th, at 237 Roman Road, Old Ford, Essex, the wife of Sidney S. Wallis, L.R.C.P., M.R.C.S., of a son.

Marriages.

MAYBURY—WAGNER.—On Sept. 27th, at St. James's Church, Weybridge, Lysander Maybury, M.D., of Southsea, son of the late N. A. Maybury, M.R.C.S., of Finchley, to Ethel, daughter of O. H. Wagner, of Wimbledon.

MARSH CREW. On Sept. 27th, at Prestbury Church, John Hedley Marsh, M.R.C.S., L.R.C.P.Lond., Medical Officer of Health for Macclesfield, to Florence May, youngest daughter of Thomas Crew, Macclesfield.

ROUSE—HAWKINS. - On Sept. 27th, at St. Paul's Church, Worthing, Algernon Edward Rouse, M.R.C.S.Eng., L.R.C.P.Lond., of Littleport, third son of the late James Rouse, F.R.C.S., of London, to Florence Edith Hawkins, third daughter of the late Edward Hawkins, of Hampstead.

STONER HALL.—On Sept. 26th, at the Parish Church, Brighton, Harold Stoner, M.R.C.S., L.R.C.P., L.D.S.Eng., of Regency Square, Brighton, to Ethel Mary, second daughter of Edwin Penfold Hall, of Grand Parade, Brighton.

SUTHERLAND—GAIRDNER.—On Sept 28th, at the University of Glasgow, Lewis Robertson Sutherland, M.D., Professor of Pathology in the University of St. Andrews, to Helen Christian, elder daughter of Sir William Gairdner, K.C.B., Professor of Medicine in the University of Glasgow.

THOMAS—DUNCANSON.—On Sept. 28th, at the Congregational Church, Bromley, Kent, Harold Wynne Thomas, M.R.C.S.Eng., L.R.C.P.Lond., of Bromley, to Madeline Forrester, twin daughter of the late E. F. Duncanson, of Nutwood, Bickley.

Deaths.

JACKSON.—On Oct. 1st, at 94 Broardhurst Gardens, South Hampstead, Henry E. Jackson, M.R.C.S., aged 52 years.

KING.—On Sept. 23rd, at Chepstow, Edward Pendril King, M.R.C.S., L.S.A., son of the late Thomas King, F.R.C.S., of Chepstow, aged 64 years.

SHURLOCK On Sept. 27th, at Eldridges, Chertsey, Manwaring Shurlock, M.R.C.S., L.S.A., aged 85

WALLACE.—On Oct. 1st, at 1, St. John's Terrace, Colchester, Alexander Wallace, M.D.Oxon, M.R.C.P.Lond., aged 70 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

THE QUEST OF THE IDEAL. (a)

By SIR JAMES CRICHTON BROWNE, F.R.S.

AFTER comparing the Manchester of to-day with the Manchester of a century ago, the city described by de Quincy as "mud below and smoke above," the author reviewed the history of the institution, and contrasted the sums, with difficulty raised to further the cause of medical education with those so lavishly bestowed on accommodation for lunatics.

Passing on to the oration proper, he said that in considering how he could best achieve an introductory address which would be stimulating rather than instructive, that should stir one or two present to more vigorous endeavour in the work before them, it had occurred to him to warn them against certain dangers which would assuredly beset their path, dangers not generally realised, but real enough. The dangers he referred to were not ethical, but mainly intellectual. He desired to speak merely as one who had gone before along the road they were about to travel, who was familiar with its windings, and able to caution them against certain tendencies which were incidental to the route, and which sometimes were lamentable and disastrous in their results. He alluded to these modern tendencies to materialism, which regarded mind as a mode of motion, or to its congener, naturalism, which subordinated spirit to mechanism and set up unchangeable law as supreme, the agnosticism which ignored both mind and matter and confined its attention to phenomena, tendencies the influence of which they were certain to feel, and to which some of them were not unlikely to succumb. Their teachers could supply them with no corrective to the materialising agencies which would operate upon them in the laboratories and the hospitals, but then they had no antidote to the materialistic virus, the great catholic teachers to whom all who are interested in medical and biological science were obliged sooner or later to turn, would inject it into their veins with tenfold virulence. Herbert Spencer was certainly responsible for the widespread diffusion of materialism. The splendid cogency of his arguments with regard to the whole phenomena of the universe had obtained for his theories as to the evolution of mind—which, notwithstanding his admission of an unknowable as a necessary datum of consciousness, were pure and undiluted materialism—such ready currency. Spencer insisted that mind arose out of the molecular vibrations of matter, just as do light, heat, and electricity, and that the only difference between the commonest sensation and the most transcendent emotion lay in the number and complexity of the molecular vibrations of nerve surface. He did this with a subtlety and ingenuity that almost inevitably commanded the assent of those whose daily experiences impressed them with the constant and intimate connection between brain states and mental manifestations, and so his philosophy had dashed to pieces the ideals of many medical postulants. If Spencer had done much to scatter broadcast materialistic ideas in medical circles, Huxley had done more, for in spite of his repudiation of the title materialist as a reflection on his agnostic orthodoxy, few recent writers better deserved the designation. He had taught that molecular changes in the brain were the causes of all states of consciousness, voluntary acts being as purely mechanical as reflex action. High thinking, in his alembic, turned out to be merely increased resistance and friction in certain nerve circuits. He had reduced our species to conscious automata.

The ways by which materialism was avoided and faith reconciled with science were many. Sometimes it was not reconciliation, but cohabitation, that was arrived at, as in the cases of Faraday and Cuvier. The victory of science over faith was sometimes the advent of peace. There were those again to whom an expectant attitude afforded composure. The loss of the ideal was a personal calamity. "That way madness lies," as those engaged in his own special department of practice were not seldom made aware, and the loss of the ideal was inevitable if no solution of the world problem could be arrived at, or if the solution were materialism. Materialism reduced all things to the pull of opposing atoms. Under its interpretation intellect was the activity of nerve cells; immortality a delusion; virtue, honour, duty, were forms of selfishness; and heroism a kind of disease. When that glorious woman, the stewardess of the *Stella*, took off her lifebelt and gave it to an affrighted being beside her, and bravely sank, commending her soul to God, her act was not conducive to the preservation of the individual or the special. It was an expression, we were told, of the abnormal overfunctioning of a certain portion of her brain. Did not the heart sink and the gorge rise at such revolting nonsense?

It was not for him in the time at his disposal to combat those three formidable giants who were always lying in wait to devour medical students—materialism, naturalism, and agnosticism. What he had to say was simply an exhortation to hold fast, as their sure refuge, by idealism, which, in one shape or another, and however smothered up, still dwelt in each of them, and with this exhortation he would associate a suggestion that the assumptions of science which excluded an idealistic view of the world, as well as the prepossessions against anything beyond solid facts and their material explanations, which their studies might have engendered in their minds, were still open to doubt and refutation. Wide as was the sphere of science, it was still limited in all directions. As Max Muller said:—"Our minds are not so made as to grasp either beginnings or ends." The range of the senses was a narrow one. Beyond the red and

(a) Introductory Address delivered at the Opening of the Winter Session of Owen's College, Manchester, October, 1899.

violet of the spectrum were rays of wave lengths to which the retina did not respond. Hearing held good only from thirty up to 40,000 vibrations a second, and smell, taste and touch, went but little way in revealing the properties of matter. It was certain that what we called our intellect rested on belief and not upon knowledge. Physical science could do nothing to demonstrate the existence of an outer material world, which we believed in, nevertheless; physical science could never prove the existence of mind in our fellow men, yet it was one of our most rooted beliefs. He desired to draw attention to certain unfathomable chasms that yawned well within the bounds of recognised science, and the existence of which was inconsistent with the materialistic hypothesis. First there was the chasm between the organic and the inorganic. Secondly, there was the chasm between the physical and the vital, for if the origin of life was wrapped in obscurity, so was its maintenance. Thirdly, there was the chasm—the widest of all and the most fatal to materialism—between mind and matter. It was just this chasm, which, as young medical scientists, they were likely to overlook, for the dependence of the mind upon the brain was a pre-supposition of much of their work. No man had seen thought at any time, and no man had seen neural process. It was only in their effects that we could follow them from point to point, *i.e.*, in sensation and movement. Thus it was that Du Bois Raymond had said it was hopeless to resolve thought into a physiological process, and that Wundt had delivered himself to the effect that the action of mind on matter, if it existed, would be in the nature of a miracle. Thus it was that modern science had repudiated crude materialism as regards the relations of mind and brain, and had fallen back on an agnostic theory called psycho-physical parallelism, which was now in the ascendant. This theory avoided a shallow materialism by propounding an enigma, but in spite of its professions of the equality of the psychical changes and their physical counterparts, it very soon appears that those who adopt it give precedence to matter.

After a detailed dissertation on the structure of the brain, Sir James said mind and character in health and disease were to be appraised by the reactions which a man's words and deeds had on our minds. They could not be made visible or palpable to the outer senses, but through their body mask they might be discerned clearly enough by the light which our own minds reflected on them. "Suppose," said Professor James, "that the whole universe of material things should prove a mere surface veil of phenomena, hiding and keeping back the world of genuine realities. Suppose that our brains are thin or transparent places in the veil, through which gleams from the outer sunlight of absolute light may shine; is it not clear that the light will break through our brains in the restricted forms, and with all the imperfections that characterise the medium of transmission?"

> "Brain, like a dome of many coloured glass
> Stains the white radiance of eternity."

It was not any abstract psychological system—invaluable though that may be in its own sphere—that interested them as medical men, but the real life and its ideal element; and his firm belief was that their professional success would largely depend on the manner in which they combined realism with idealism. About their realistic fidelity there could be no doubt; it was for their adherence to the ideal that he pleaded. How was the ideal, whether it was in the mind innately or had been won by sore travail, to be fostered and nourished and kept alive? By all those observances and ordinances that the wisdom of ages had consecrated, and that in these hurried and luxurious days we were apt to neglect. By the assumption of an attitude of reverence and sympathy, which would incline our ear to the whisperings of the infinite, and afford us glimpses of the inner impulses by which other men shaped their lives. By the practice of the manly discipline of self-renunciation for which their profession afforded the finest scope; for in ministering to the wants of others, even at the sacrfice of their own, they could mount to blessedness. He could express no better wish for them than that while immersed in the realities of life they might be rewarded in their quest of the ideal, for it was a talisman that, once seized and pressed to the breast, would enable them to say to pessimism "Avaunt!" and to beneficence "Open Sesame!" Negation was a barren wilderness, belief a teeming garden. Lord Byron said he would rather believe all the fables of the Talmud or the Koran than deny the being of the Universal Mind, and Newton concluded his Principia with these words: "The whole diversity of natural things can have arisen from nothing but the ideas and will of one necessarily existing being who is always and everywhere, God, supreme, infinite, omnipotent, universal, absolutely perfect."

CHANGES IN THE MEDICAL PROFESSION DURING THE PRESENT CENTURY.

Abstract of Presidential Address delivered at the Inaugural Meeting of the 127th Session of the Medical Society of London on Monday, October 9th, 1899.

By FREDERICK T. ROBERTS, M.D., F.R.C.P., LOND.,

Professor of Medicine in University College, London. Physician to and Professor of Clinical Medicine in University College Hospital, &c.

DR. ROBERTS remarked at the outset that it would be almost impossible for anyone who had to give an address at the present time on an occasion such as this to resist taking as his text, from some aspect or other, the century now so rapidly drawing to a close. As President of the Medical Society of London, it would be inhuman to expect him, at the inaugural meeting of the last session in the century, not to take advantage of such an opportunity for selecting a topic at hand, and he therefore proposed to indicate, on very general lines, the more striking changes which had affected the medical profession during the present century and the main results, in the direction of progress, which had been achieved.

After a personal reference to the fact that he had been associated with the profession for nearly the latter half of the century, from the time when he first started as an apprentice, the lecturer made some observations on the apprenticeship system, the doing away with which was a most important change. He could not allow the century to close over its grave without a parting word of kindly appreciation. He had never regretted that it had fallen to his lot to pass through this experience, and acknowledged with gratitude that the practical lessons impressed upon his mind at that time not only helped him as a student but had served him in good stead on many and many an occasion.

Passing to the discussion of his special subjects, Dr. Roberts assumed that he was echoing the sentiments of his hearers when he affirmed that the medical profession had made vast strides in the direction of true progress during the past century, especially its latter half, in spite of what carping and unfriendly critics might say to the contrary. He then proceeded to indicate, briefly, the means or agencies by which this had been brought about. He dealt, in the first place, with the advance in general education

and culture, and the establishment of a comprehensive and rational system of compulsory professional education and training, and its progressive development on scientific and practical lines, including clinical teaching, in accordance with the requirements of the age. He laid special stress on the adoption of the scientific spirit and of scientific methods in the study and teaching of medical subjects, as well as the introduction into the curriculum of allied subjects more strictly scientific, and the promotion of their methodical and deeper study. He also drew attention to the great advantages derived from the separation or unravelling of subjects which, though essentially distinct, were formerly, if dealt with at all, included under one term, and discussed in a single course of lectures; and the addition of new subjects, the outcome of increasing knowledge. Referring in this connection to "specialism," Dr. Roberts expressed his opinion "that to this comparatively modern development, the progress of medicine owes more than can be imagined or expressed in words, and that when carried out legitimately and rationally, it has proved, and always will prove, of infinite advantage to the profession and to humanity. It is its abuse which works such serious mischief, and against which we must ever protest."

The lecturer next spoke about the influence of examinations upon medical progress, and claimed that though still unsatisfactory, they had certain advantages, and had contributed materially to the general advance. He referred at some length to the institutions which have been concerned with and responsible for the important departments of medical education and examinations. In this connection he drew attention to a significant change affecting the profession during this century, namely, the admission of "lady doctors" into its ranks, who had now a "school" of their own, where their students were admirably trained. He also complimented the provincial medical schools on the excellent work they have done and are doing; and expressed his personal satisfaction that more liberal ideas had at length prevailed at the older English universities, and that they now open their doors to all comers, while joining heartily in the promotion of medical education and science. He then continued, "Of all the agencies which have contributed to the advance of medicine none have been more conspicuous or potent than the general recognition of the essential value and far-reaching importance of original investigation and research, in a variety of directions, especially by experimental methods, and the ever-widening application of this principle as new fields of inquiry have opened up." In discussing this point he insisted upon the great debt due to vivisection in relation to practical advances in the healing art. Finally, under this head he mentioned as factors contributing to the progress of medicine during this century the remarkable increase in the number and variety of hospitals and allied institutions, and their adaptation for clinical instruction and research; the entraordinary development of medical literature of all kinds; and the opportunities for bringing before the profession the results of personal observation, experience, and investigation, and for the discussion of topics of interest or importance by the medical and kindred societies, as well as by the larger associations, and in recent times by congresses of all kinds.

Dr. Roberts then proceeded to discuss the practical results upon the medical profession arising from the changes just outlined, and the grounds upon which he rested his claim that medicine had made such material progress during the 19th century.

1. He, in the first place, emphasised the fact that the entire profession occupies an incomparably better and higher position to-day than it has ever done before, and that the general standard of knowledge and skill has steadily risen even within recent years, until it is now remarkably high, while the great majority take a keen and intelligent interest in the march of events, exhibiting an earnest desire to keep abreast of the times and to take advantage of every new discovery which can be utilised for the benefit of their patients, whether in diagnosis or treatment.

2. He next dealt with the extraordinary advance which had been made in dispelling ignorance and establishing knowledge on a positive foundation in relation to morbid processes and conditions, as well as to individual diseases and symptoms. Amongst other points it was mentioned that complaints which were formerly included under a particular name have been shown to be distinct, and are now duly discriminated and classified; while affections which must have stared the profession in the face from time immemorial have only been definitely made out within a recent period.

3. He then spoke about the causation of disease, and insisted that one of the greatest benefits which the nineteenth century has conferred upon humanity, in relation to medicine, is the flood of light which it has thrown upon the vast field of ætiology, and the striking practical results which have been worked out in connection with this branch, not only in relation to ordinary preventive treatment, but as laying the foundation for that most important department —hygiene, sanitary science, and public health. In discussing this subject special reference was made to micro-organisms.

4. Attention was next drawn to another striking and most helpful advance, for which this century will ever be memorable, namely, the remarkable addition to, and development of, the methods of clinical investigation applicable for a variety of purposes, many of which are now regarded as so essential for arriving at a positive and correct diagnosis. Dr. Roberts remarked that the progressive development of clinical methods is a highly interesting study, culminating in that most startling revelation or outcome of modern science—the Röntgen rays—which promises to supplant all other methods, and to enable us actually to see what is going on within every part of the human body, without taking any further trouble.

Lastly, the lecturer discussed at some length the advances in treatment, referring in the first instance to his own recollections as an apprentice and subsequently, and pointing out the lines upon which progress had been established. Standing out conspicuously and pre-eminently above all others, two achievements of this century must ever be regarded with feelings of deep gratitude, wonder and admiration, namely (1) the introduction and development of anæsthetics, general and local; (2) the working out, on scientific lines, as well as on a rational and intelligent practical basis, of the great principles of antiseptic and aseptic treatment, for which we shall ever be indebted to the patient investigations and splendid work of Lister. The next line of progress in treatment dealt with was the addition to our available remedies of many genuinely useful and efficient new drugs, as well as of excellent and valuable pharmaceutical preparations and combinations. The profession cannot boast of having discovered many "cures," but not only have we at our command a far larger and increasing number of really useful medicinal agents than formerly, but we understand better how to employ both the old and the new, and for what purposes. Great improvements have also taken place in the modes of administration of therapeutic agents, the preparations and appliances intended for local purposes, and the instruments or

apparatus invented for making applications to, or otherwise treating special parts. Particular attention was drawn to the value of the hypodermic syringe in this connection.

The next important advance referred to was the recognition and adoption of the great principle of hygienic treatment, diet and nursing being also specially noted. Particular attention was then drawn to a conspicuous development of modern therapeutics, namely, the introduction or more systematic working out of "special methods," or "combinations of methods," intended either for producing some particular effect, which might be beneficial in various conditions, or for the treatment of some individual disease or class of diseases. Finally Dr. Roberts, as a physician, paid a tribute of respect and admiration to modern surgery, which has achieved such marvellous and brilliant results in a variety of directions, and has made the nineteenth century memorable for the splendid position to which it has been raised as an art.

Dr. Roberts concluded his address as follows:—"I have thus endeavoured, however imperfectly, to give some comprehensive sketch of what strikes me as the most prominent and important changes which have guided the course of the medical profession during the century which is now rapidly drawing to its close, and the lines upon which progress has taken place. I by no means wish to make ourselves out better than we are, and we must all recognise the fact, but too evident, that there are many dangers and difficulties and drawbacks in connection with our vocation, both in its internal workings and its external relationships, which cannot fail to rouse feelings of anxiety and concern as to the future in any thoughtful mind. But let us to-night be optimistic, and take a bright and hopeful view of things. The Archbishop of Canterbury recently expressed his belief 'that there could not easily be found, all the world over, a body of men who approached more nearly to the full discharge of their duty than the clergy of the Church of England.' That sentiment I unhesitatingly appropriate for the great bulk of the medical profession. And looking back upon the nineteenth century, I venture to affirm, with a feeling of assurance and pride, that their efforts during this period have contributed, in a degree which can never be adequately realized or estimated, to the saving and prolongation of life, to the cure and prevention of disease, to the eradication or great amelioration of many grave and formidable maladies, to the practical relief of human suffering, and to the promotion of the health and general well-being of the community at large.

THE PROGRESS OF RHINOLOGY. (a)

By JAMES B. BALL, M.D.,

Physician to, and Physician in charge of the Throat and Ear Department at the West London Hospital.

I PROPOSE to devote the time which the custom of the Society places at the disposal of its President at this, the first meeting of the Session, to a brief retrospect of the principal advances which have been made in rhinology, or perhaps I should say, in modern rhinology.

If we glance for a moment at the state of knowledge of diseases of the nose, which existed about the middle of the present century, we find that it was by no means inconsiderable, but diseases of the nose at this period were chiefly studied and dealt with as a branch of surgery. General medicine took little account of them. The influence of the integrity of the nasal passages on the condition of the lower air passages and the general health, though not absolutely unknown, was scarcely ever considered. Although the grosser lesions were fairly well known there prevailed a certain amount of confusion, and a want of exactness with reference to diseases of the nasal passages, resulting from the fact that these passages were not systematically inspected. Indeed a proper inspection of them was not possible with the methods then in use. Yet without such inspection further progress was difficult. There was, however, impending, a discovery which was to open up the way for a proper inspection of the nasal cavities, and was to unfold a more exact and complete knowledge of diseases of the upper air passages than had hitherto seemed possible.

The history of the discovery of the laryngoscope has often been told, and it would be beyond my purpose to repeat it here at any length. The credit thereof unquestionably belongs to Manuel Garcia, the well-known professor of singing, who made the discovery in 1854, but the discovery of the art of inspecting the naso-pharynx and posterior nares, was made by Czermak. Already in his first communication on the laryngoscope he indicated its practicability and subsequently, in 1859, he was able to publish a full account of his method. From this date modern rhinology may be said to have begun, but it was not until 1868 that Thudichum (a member and former president of this Society) published some papers in the *Lancet* entitled "On some new methods of treating diseases of the cavities of the nose," in which he drew attention to the prevailing neglect of inspection of the nasal cavities through the nostrils. This he attributed largely to the want of a proper speculum for dilating the nares. He described the speculum which he had devised, and he advocated the use of the oxyhydrogen light for illuminating purposes, so that the author was undoubtedly one of the pioneers of rhinology in this country.

Still, the construction of a suitable speculum, or dilator, for the anterior nares by no means overcame the difficulties attending inspection of the nose from the front. The turgid mucous membrane only too often prevented a view of anything beyond the vestibule and the anterior end of the inferior turbinal. Zaufal, in 1875, introduced funnel-shaped tubes for passing into the cavities and obtaining a glimpse of deeper parts. In certain cases they afforded some help, but in 1884 a discovery was made which rendered Zaufal's funnels obsolete, and, while affording unexpected facilities for rhinoscopic examination, was destined to give an impetus to rhinology only second to that which was furnished by the introduction of the laryngoscope. This was the discovery of the effects of cocaine, first described by Freud, and utilised by Koller for the eye, and immediately afterwards by Jellinek for the nose and throat. Cocaine, which in laryngology, has afforded such valuable assistance to operative procedures, has proved of no less service to rhinology as an aid to diagnosis. By its constricting effects on the blood vessels of the mucous membrane it opens up the passages to view, rendering the deeper parts accessible to thorough exploration with the eye and probe. Its value as an anæsthetic in the performance of numerous intranasal operations is not to be under-rated, but still, this must rank after its value as an aid to examination of the nasal cavities. Since the introduction of cocaine the diagnosis and treatment of nasal diseases have made rapid advances, and rhinology has acquired a precision and importance not previously attainable.

With the introduction of improved methods of examination, and the increasing attention given to careful exploration of the nasal cavities, anteriorly

(a) Abstract of Presidential Address delivered before the West London Medico-Chirurgical Society on October 6, 1899.

and posteriorly, more exact knowledge of pathological conditions gradually replaced the vague ideas which had hitherto prevailed. Morbid conditions were carefully studied with the aid of the eye and the probe. Symptoms were as far as possible traced to their true pathological causes and, as each condition was identified, an appropriate and rational treatment was sought for. Many operations could be undertaken, under the guidance of the eye, and with cocaine as an anæsthetic. New and more delicate instruments were introduced, better suited to the modern method of operating under the guidance of the eye. Snares of various kinds superseded the forceps, and the electric cautery, which Voltolini had long advocated, came into general use for many operative procedures.

The first great step in the progress of modern rhinology was the discovery of adenoid vegetations, a discovery which conferred the greatest benefit on otology and on general medicine. This important affection was first described by Meyer, of Copenhagen, in 1868. It is true that isolated instances of hypertrophy of the pharyngeal tonsil, or adenoid vegetations had been observed with the rhinoscopic mirror by Czermak, and subsequently by Loewenberg and Voltolini, but nevertheless to Meyer alone must be attributed the credit of discovering the disease. He first drew a picture of its symptoms and effects, pointed out its frequency and importance, and demonstrated the excellent results of operative treatment. The great frequency of this disease, its injurious effects on the growth and physical and mental development of children, its bearing on the etiology of ear troubles, and the satisfactory results of operation, all mark the recognition of this affection as one of the greatest steps in rhinology that has ever been made.

Although Meyer published his first account of adenoid vegetations in 1868, it took ten or twelve years before the importance of his discovery began to receive anything approaching widespread recognition. One of the direct results of this recognition was the increasing importance which became attached to free nasal respiration. All forms of impeded nasal respiration were more carefully studied, and operative methods for their relief were improved and extended. From the reiterated teachings of rhinologists, the profession generally came to appreciate the fact that, side by side with its olfactory function, the nose fulfilled still more important functions; that, in its passages, cold air was warmed, dry air moistened, dusty particles arrested, and germs of disease arrested and possibly destroyed, and, further, that the fulfilment of these functions could not be thrown on other parts without detriment. Mouth-breathing came at length to be regarded in its proper light as a diseased condition resulting from some impediment to nasal respiration, and not as a mere habit. Its ill-effects at all ages, but particularly in childhood, and the importance of timely treatment, gradually gained a more general acceptance.

Meanwhile rhinologists were becoming cognisant of the occurrence of certain disturbances in the nasal passages, as well as in distant parts, which seemed to arise in a reflex manner from nasal irritation. The recognition of a relationship between certain disturbances, chiefly of a nervous character, and nasal affections, was not altogether new, as occasional allusions to such a relationship are to be found in the older writers. Among modern writers, Voltolini was the first to point out, in 1871, the connection between nasal polypi and asthma, and B. Fraenkel shortly afterwards established a connection between other nasal affections and asthma. The subject, however, received no great attention until the publication of Hack's observations between 1881 and 1884. It was Hack's enthusiasm, and perhaps we may now say, his exaggerated views, which awoke the remarkable and widespread interest in the so-called reflex nasal neuroses, which manifested itself about this period. The result was that by 1890 the subject had called forth an extensive literature of its own. Besides asthma, hay fever, and certain cases of migraine and epilepsy, there was scarcely any disease the etiology of which was obscure, or the treatment unsatisfactory, that some enthusiastic rhinologist did not claim to have cured by the application of the galvano-cautery to the inferior turbinals, or by some other intra-nasal operation. Enthusiasm in a new field of treatment must be set down as an excuse for the exaggerated views and the loose reasoning which characterised many of the publications of this period. A reaction, however, soon set in, and at the present day, while rejecting much that was put forward a few years ago, we retain many solidly established facts, especially relating to the etiology of paroxysmal sneezing and hay fever, and of certain cases of cough, glottic spasm, and asthma.

Suppurative affections of the accessory sinuses of the nose, which at the present day form such an integral part of rhinological practice, received for a long time little attention at the hands of rhinologists. The earlier rhinological treatises almost completely ignored them, and the treatment of suppuration of the sinuses continued in the hands of surgeons. Of course, it was only the maxillary and frontal sinuses that there was then any question of, and the great frequency of suppurative affections of the sinuses running their course without any gross external signs was completely unknown. It was Ziem who first led the way in this department. In 1880, and subsequent years, he repeatedly demonstrated the great frequency of suppuraton of the antrum, manifesting itself by a purulent discharge from the nose, and unattended by any of the classical signs which were still enumerated in most surgical works as characteristic of the disease. Ziem's observations were quickly confirmed by others, and were shown to apply equally to the other sinuses. Thus a new field of pathology, hitherto ignored, was opened up. The ethmoidal cells and sphenoidal sinus were for the first time brought within the range of diagnosis and treatment, and the frequency with which suppuration simultaneously affected several sinuses was demonstrated. In the year 1889 Heryng introduced the method of electric transillumination, a method which has proved of considerable service in the diagnosis of diseases of the accessory sinuses.

Many cases of severe and intractable headache, and neuralgia have been traced to a chronic, and otherwise very latent, suppuration of one or more of the accessory sinuses, and relief has been afforded by operative measures. The pathology of nasal polypi has received considerable elucidation from the discovery of the frequency with which these growths, especially in the most intractable cases, are symptomatic of sinus suppuration. Meanwhile, the diagnosis of suppuration of the different sinuses has attained greater precision, and great advances have been made in treatment.

It must be admitted that for some time these new branches of our art were by no means taken up warmly by physicians and surgeons. For a considerable time laryngology and rhinology were pretty generally ignored. It is safe to say that fifteen years and more after the introduction of the laryngoscope, there was not a single person connected with many of the large London teaching hospitals who could use the laryngeal or rhinoscopic mirror. It was left to the energy of private individuals to start special hospitals, and to diffuse a knowledge of these arts. But of course this state of things could not last. Gradually, but surely, the specialty asserted itself; and

departments for diseases of the throat were established first at one hospital and then at another. But meanwhile rhinology was by no means keeping pace with laryngology. Ignored by the rest of the profession, it received, too often, nothing but neglect from those who ought to have acted as its special guardians in the throat and ear departments. Nevertheless rhinology, as we have seen, has its devotees, and it was steadily compelling the attention of its sister branches. To-day its importance is generally recognised. It has taken its place side by side with laryngology and otology, indispensable to each of them, and demanding and receiving from each an equal share of attention. From them it can never be dissociated. At the same time it presents problems of its own in the fields of pathology, diagnosis, and treatment, which will only be mastered by those who devote to it the same time and attention as are given to the sister branches.

THE RELATIVE VALUE OF ANTISEPSIS AND IMPROVED TECHNIQUE, FOR THE ACTUAL RESULTS OF OPERATIVE GYNÆCOLOGY. (a)

By L. GUSTAVE RICHELOT,
Paris.

[FROM OUR OWN CORRESPONDENT.]

IT will be necessary before hazarding an opinion on the relative value of these two important points, to first examine operative results, and we have therefore to discuss 1st, The evolution of antisepsis, the part it has to play and its limitations. 2nd. The important modifications undergone by the technique in use of late years, and to point out how necessary it is to be a thorough surgeon, in order to practise surgery with success.

OPERATIVE RESULTS.

The Development of Antisepsis. — With Lister's method began the revolution, which created the possibility for future perfection in technique, but it was not flawless, and is not so yet. In the beginning, all danger was supposed to come from the air and from the invasion of wounds by atmospheric germs. Carbolic acid then reigned supreme, and this first period has been termed "empirical,"—not entirely without reason. Afterwards came a time of more exact researches into the various causes of infection and the preventive measures to be adopted. Morphological investigation and experiments *in vitro*, became the law. This was the era of scientific credulity, when nothing more was aimed at, beyond making use of the best laboratory-antiseptic for sickroom purposes.

It was not long, however, before the discovery was made, that the very best antiseptic *in vitro*, does not retain its value for clinical purposes, and that laboratory prognoses were not always to be relied upon. It was found that the use of antiseptics was not only inefficient but at times dangerous. Hence, it gradually became more or less discredited, whilst sterilisation by heat has been duly gaining favour. This brings us to the present time.

The utilisation of heat for the destruction of germs, and for sterilising instruments and dressings, originated with Pasteur, and has well nigh attained perfection; its assistance in the struggle against infection is not to be denied.

Should it be considered as a new method? It is asserted to be so, by a class of surgeons who own that antisepsis has been exchanged for asepsis. It strikes me that here must have been confusion of ideas. Asepsis is the aim, antisepsis the way. Heat has been substituted as much as possible, for powders and solutions, but heat, in itself, is only the most powerful antiseptic. I will therefore continue speaking of the "antiseptic" method. Moreover, heat is not capable of being adapted to all purposes, and we cannot do without other antiseptics as well. It cannot be asserted that the utilisation of heat has simplified matters. On the contrary; sterilisation can only be obtained by a very complicated and expensive apparatus, demanding the most careful manipulation. It is a great mistake to suppose, as some do, that so-called asepsis, is nothing more nor less, than ordinary cleanliness; we can safely aver that the continual effort to attain asepsis by every means, has brought forth the most admirable results.

The boundary line of antisepsis must now be traced. We are enabled, to a certain extent, to prevent ourselves from carrying infection to our patients, but as personal asepsis does not destroy the existence of bacteria, we are fighting with unequal weapons against pre-existent infection. For instance, if in the course of abdominal salpingotomy, the purulent sac should burst, "contaminating the peritoneum by its contents," if the matter be particularly infectious, the patient will die, whatever may be done to avoid fatal results. It can, however, also happen that when in a similar case, the focus be carefully cleansed and drained with gauze, the patient recovers, after a few bad days. How are we to explain this? It may be that the pus was less virulent; or that the organism defended itself, no share in the recovery being due to ourselves.

This notion concerning the powers of self-defence in the organism has rectified the absolutism of the earlier ideas on the subject of micro organisms (the specific gravity and degrees of virulency in microbes). Bacteriologists have acknowledged its importance, and shown its mechanism, by demonstrating phagocytosis. The living organism is able to defend itself, it beats off attack, when not in a debilitated condition, and armed with all its resisting-power. If this is not the case, hope is lost. We should not expect too much from "Natura medicatrix"; and when in an enfeebled condition should give it the support that is wanted. Surgical art is now called upon, and the importance of technique stands revealed. Antisepsis is the same for everyone, and demands only passive obedience to certain rules. On the contrary, techniques vary, and are subject to personal aptitude.

The value of antisepsis is, within narrow limits, absolute; the value of the techniques is relative and illimitable, it depends upon the operating hand and the directing head.

Evolution of Technique.— The great technical improvements have been rendered possible by the use of anæsthetics, exact hæmostasis and antisepsis.

Instruments. — Among the numerous inventions under this heading, that our time has produced, the greater quantity can safely be consigned to oblivion. We acknowledge the value of artery clamps and are much indebted to the Trendelenburg position, but as for the rest, we do not place too much reliance on instrumental innovations. The best results are obtained by the surgeon who knows how to use his hands and his common sense.

Surgical ability in the widest sense of the term is comprised in the three chief qualifications: dexterity, ingenuity, and judgment. Dexterity varies in its nature—some possess the gift by birth, others never acquire it, and most manage to do so, and to develop it by practice. Anyone can observe this by himself. An able surgeon operates quickly, so as to minimise the dangers of a long operation, *i.e.*, greater chances of infection, hæmorrhage, shock, &c., although quickness of execution, should never be allowed to encroach on careful operating. The ingenuity of

(a) Paper read before the International Congress of Gynæcology at Amsterdam, August, 1899

gynæcologists has opened several entrances to the pelvic organs, and taught us various methods of procedure although it must always be remembered that for methods, as for instruments, excess does not mean riches.

The history of operative treatment of pelvic diseases, fibroids, and uterine cancer, &c., shows how important is the choice of the *Operative Way*. To make sure of selecting well, we must have broad views on the subject. "Not one of us has the right to be imperfectly educated." Methods continue to become more and more simplified, and in that way lies progress. The successive extraperitoneal and intraperitoneal treatment of the stump, and total extirpations in the abdominal operations for fibroid, furnish the example. Another is found in the application of "pinces à demeure" in vaginal hysterectomy. Whatever way may be followed, which ever may be the method chosen, the *details of execution* will always decide the point. The true surgeon shows himself, who seems to be operating easily, and manages to produce the impression that anyone else could do the same.

Therapeutic Results.

Obviously the best methods yield the most favourable results, but it is not to demonstrate this I am now addressing you, but to speak of the relative value of antisepsis and technique—assigning to each its share in the final results. I will not select my examples among dangerous operations and merely remark that, whilst in these many operators ascribe their good results to antisepsis alone, it is the contrary for minor operations where the importance of *method* is greatly exaggerated. The question concerning abdominal suture and colporrhaphy points to the conclusion that it matters less what is done, than how.

To conclude, I wish to remark that the union of antisepsis with improved technique paves the way for conservative gynæcology, and that in this direction lies the progressive improvement we hope to attain.

Clinical Records.

ROTHERHAM HOSPITAL.

A Note on a Case of Strangulated Hernia in a Child—Death.

Under the care of Mr. Lyth.

[Reported by J. Sackville Martin, M.B., C.M.Ed, M.R.C.S.Eng., House Surgeon.]

The occurrence of strangulated hernia in children under 10 years of age is sufficiently uncommon to make a brief notice of such a case of interest when it occurs. In the following case the hernia was of unusual size, considering the age of the patient. The tightness of the constriction was also very marked, and was in all probability the cause of death.

A boy, æt. 5, was admitted to the Rotherham Hospital on August 26th, at 3.30 p.m., with a strangulated hernia in the right inguinal region. There was a history of its descent on several previous occasions, but at 10 a.m. on the morning of admission it had become strangulated and could not be reduced. Its size was considerable, being about four inches in length, from the neck to the lowest part. The child had been sick several times in the course of the morning. After a warm bath the hernia returned spontaneously into the abdominal cavity.

The child was kept at rest until the 29th. During this time he was quite well. At 1 p.m. on that date the hernia returned and again became strangulated. A warm bath, and very gentle taxis, under an anæsthetic, having failed, Mr. Lyth performed herniotomy. The sac was opened, and about eighteen inches of bowel were found in it. The bowel was congested, but lustrous, and was returned into the abdomen. There was some omentum, which was ligatured and cut off. The whole operation did not last above ten minutes, and there was no undue handling of the intestine.

During the rest of the day the patient seemed comfortable, and the bowels moved freely on the following morning. Serious symptoms then began to show themselves. The temperature rose steadily. It was 102 degs. at 3 p.m., and rose to 105·6 degs. at 6.30 p.m. At this time the patient manifested extreme pallor and restlessness. The pulse was feeble, rapid, and irregular, the lips blanched, and the pupils widely dilated. It was thought that the condition was due to shock produced by a hæmorrhage from the omentum, from which one of the ligatures was supposed to have slipped. The patient's condition precluded any idea of further operative treatment, and in spite of the administration of opiates and the infusion of saline solution into the veins of the arm, he died at 12.30 a.m.

Post-mortem examination showed that the death was due to no flaw in the operation. The congested portion of the bowel was about one foot above the ileo-cæcal valve. It was in a perfectly fit condition to justify its return to the abdomen. In the layers of the mesentery at this part, extensive extravasations of blood were found. These were due to the nipping of the mesentery at the constriction.

Death therefore was due to shock referable to the severe injury sustained by the mesentery. The soft tissues of young children do not often give rise to so severe a constriction. In looking back upon the case, it is difficult to see in what manner this particular danger could have been guarded against.

I am indebted to the kindness of Mr. Lyth, under whose care the patient was, for permission to publish these notes.

Transactions of Societies.

OBSTETRICAL SOCIETY.

Meeting held Wednesday, October 4th, 1899.

Mr. Alban Doran, F.R.C.S., President, in the Chair.

ROTATION AND IMPACTION OF A MYOMATOUS UTERUS.

Mr. J. Bland Sutton related the case of a woman, æt. 35, who was seized with pain in the lower abdomen. On examination a tumour was detected in connection with the uterus, apparently a myoma, which rose above the pelvic brim, and could be felt *per vaginam*, filling the hollow of the sacrum, and occupying the left half of the pelvic cavity. Pressure on the tumour provoked great pain. A smaller tumour was felt on the right side of the pelvic also connected with the uterus. The whole mass was evidently impacted, but the cervix was free. No vesical or rectal symptoms. He operated and found the pelvis filled by a myomatous uterus, the left ovary and tube lying under the sacral promontory, and the right appendages just under the symphysis. There was no utero-vesical fossa, the peritoneum being drawn tightly over the tumour as a broad thick band. So firmly impacted was the mass that it could be withdrawn only with great difficulty. As soon as this was done the parts righted themselves so that evidently the uterus had rotated through half a circle, from right to left. As the appendages on both sides were closely adherent to the uterus he removed them and the hysterectomy was then completed without further difficulty. On section of the uterus myomata were seen to occupy the anterior and posterior walls. He suggested that as the tumours had increased in size the slow growth led to passive rotation of the large anterior tumour into the oblique diameter of the pelvis ultimately leading to impaction, rotation and pain. He remarked that it was unusual to find rotation and impaction co-existing,

TUMOUR OF THE MESOMETRIUM.

Mr. Bland Sutton next showed a tumour which, when fresh, weighed 22 pounds removed from a woman,

æt. 43, who was admitted to the Middlesex Hospital with an indefinite and untrustworthy history. The belly was large and almost quadrilateral in shape, absolutely solid, and on auscultation a loud systolic hum was heard. *Per vaginam* the cervix was drawn up out of reach. On opening the abdomen a huge mass came into view, covered with a plexus of very large veins, projecting from the pelvis. He shelled it out of the pelvis, clamped and then divided the uterine arteries. He found the uterus so distorted as to be scarcely recognisable, so he removed it along with the right ovary and tube, having taken care to leave the pelvic portion of the capsule intact, so that after tying the vessels he was able to suture together the right and left wings thereof. The central portion in relation with the stump of the cervix and bladder was sutured to the lower angle of the incision and lightly stuffed with sterilised gauze. The operation was a severe one, but the patient bore it well. An hour later bleeding seemed to be going on into the peritoneum, so he reopened the wound, but this proved to be unnecessary. She ultimately left with the wound soundly healed in four weeks. The tumour measured thirty centimetres in diameter, and the cervix was stretched over its right side. The whole mass was hard, and was made up of spindle cells with groups of oatshaped cells presenting patches of softening. The appearances, on the whole, suggested a slowly-growing spindle-celled sarcoma. He discussed the nature of the group of tumours classed as mesometric myomata, remarking that many of them arose from the cervix and spread into the mesometrium; others grew from the uterus and pushed their way between the layers of the mesometrium. There is, however, a distinct variety, to which this tumour belongs, which may be described as a roughly-globular, easily shelled out, yellowish-white-on-section, and distinct from the uterus, histologically, approaching rather a spindle-celled sarcoma than a myoma or fibro-myoma. He remarked on the resemblance of these tumours in size and shape to a football, pointing out that they occurred in other retro-peritoneal situations, of which he mentioned an example in a woman, æt. 70.

Myomatous Uterus, weighing twenty-six pounds, removed from patient, æt. seventy-four.

Mr. Bland Sutton also showed a huge tumour removed from a woman, æt 74, admitted to the Middlesex Hospital with some large and hard tumours, which, though painless, were so cumbersome that she had become bedridden. The existence of the tumours was first recognised in 1871. Nothing of note could be made out vaginally, and on September 6th he made an exploratory incision. The tumours were found to be partially calcified uterine myomata, adherent only to the omentum. Their removal occupied 40 minutes. Very little blood was lost, and the patient bore the operation well. The subsequent progress of the case was uneventful, and she left the hospital convalescent on the 29th. The tumour consisted of a number of partially pedunculated and calcified myomata. He thought that this patient was probably the oldest who had ever gone through so severe an operation as hysterectomy.

The President supposed the author would not deny that a myoma might form originally in the broad ligament, and he suggested that the existence of well-defined muscular tissue in that situation might advantageously engage the attention of pathologists. He mentioned that the patient, æt. 22, from whom he had last year removed a tumour weighing 44 lbs., was still in excellent health.

Mr. Sutton, in reply, agreed that true myomata were met with in the broad ligament, and also that true muscle fibres were met with in that situation. He had satisfied himself as to this in a case of large parovarian cyst.

The Pathology and Symptoms of Hydatidiform Degeneration of the Chorion.

Dr. Herbert Williamson first described the development of the chorionic villi, and the changes which occur in them when undergoing myxomatous degeneration, the changes as observed by himself agreeing almost entirely with those previously described by other observers. The "myxoma fibrosum" of Virchow was described, and the author gave his reasons for regarding this condition as one closely allied with hydatidiform mole. He discussed the question of the priority of the degeneration of the chorion or the death of the embryo and arrived at the conclusion that degeneration of the chorion usually precedes the death of the embryo. He then discussed relation of hydatid moles and deciduoma malignum; he gave reasons for doubting the doctrine of Spiegelberg with regard to the fœtal origin of the hydatidiform disease, and quoted cases of repeated hydatidiform molar pregnancies occurring in the same woman. He then dealt with this abnormality from various points of view (1) the frequency of the occurrence of the condition, and (2) the effects of (*a*) age, (*b*) multiparity, (*c*) rapid child-bearing upon its production; concluding that (1) Its approximate frequency may be once in 2,400 pregnancies. (2) That hydatidiform pregnancy may occur at any time during the child-bearing period, the age of the woman having very little influence. (3) That the condition is more frequent in those who have borne few children than in those who have borne many. (4) That it is not the rule for previous pregnancies to have followed upon one another with great rapidity. The results of an inquiry which he had made into the presence or absence of the usual signs and symptoms of normal pregnancy under the following heads:—(1) Amenorrhœa; (2) Vomiting; (3) Activity of breasts; (4) Blue colouration of vaginal mucous membrane; (5) Softening of cervix; (6) Uterine tumour; (7) Uterine tumour and fœtal heart-sounds, led him to the conclusion that all these symptoms and signs are usually present excepting the uterine souffle and fœtal heart-sounds, but sometimes even these have been heard; whilst, on the other hand, the only sign which is constantly present is enlargement of the uterus. The distinguishing features of the condition were then described under the following heads:—(1) The size and other physical characters of the uterus. Two classes of cases are shown to exist: (1) those in which the uterus is larger than would be expected from the probable duration of the pregnancy; (2) those in which the uterus is smaller. Another feature sometimes present, and of importance, is uterine tenderness. (2) Vaginal discharges, with or without the cysts. (3) Hæmorrhage. The author then discussed the diagnosis of the conditions likely to be mistaken for hydatidiform mole being—(1) Concealed accidental hæmorrhage and placenta prævia; (2) the discharge of a pelvic hydatid through the vagina; (3) hydramnion, especially if combined with hydrorrhœa gravidarum. Among complications met with he mentioned—(1) Albuminuria, a frequent complication. Two forms are to be distinguished: (*a*) One form in which the prognosis is good, in which blood and epithelial casts are not present in the urine. (*b*) One form in which the prognosis is bad, and in which these structures are found in the urine. (2) Hæmorrhage, seldom fatal in itself. (3) Sepsis; sapræmia, septicæmia, and pyæmia all being frequent complications. *Prognosis.*—The mortality of the whole 25 cases was 20 per cent. The mortality of the ten consecutive cases from St. Bartholomew's Hospital was 30 per cent.

Dr. G. Herman expressed surprise at the relatively high mortality given by the author, especially as nearly all the cases he had met with had recovered without its having been necessary to do more than give ergot and introduce a tent. He commented on the large proportion of deaths from sepsis, which he thought might have been prevented.

Dr. Griffith thought that the high septic mortality might possibly be explained by many of the cases dating back to pre-antiseptic days. He thought that myxoma fibrosa was much commoner than was generally believed, and was often overlooked or mistaken for an ordinary carneous mole, of which two instances had accidentally come under his observation. Moderate degrees of degeneration, cystic of fibrous, of the chorion, were, he thought, by no means rare in otherwise healthy fœtus. If, as suggested by the author, myxoma fibrosa was closely associated with cystic mole he thought it must be difficult

to explain how it was that in the former the chorion stumps were affected, while in cystic mole there were merely isolated patches of bullous degeneration of the chorionic tissue, with comparatively healthy chorionic stumps between. If it were regarded as a maternal disease, how did the author explain the existence of twins, one with a healthy placenta, while the other placenta presented cystic degeneration? He recalled the suggestion that this might be due to the fact of one fœtus having been implanted on a degenerating spot of the uterine mucosa. Personally he held to the view that it was a disease of the ovum. He asked whether anyone could boast of having diagnosed a hydatilaform mole apart from the expulsion of a vesicle. He had often diagnosed it, but it had always turned out to be something else.

Dr. John Phillips alluded to the difficulty of the differential diagnosis between this condition and concealed accidental hæmorrhage. He mentioned that he happened to have had a case of each kind on the same day, and in respect of the mole even on passing the finger into the cervix he obtained no indication of its nature. The vesicles were very soft to the touch and not unlike clotted blood. With regard to death from sepsis he himself had hardly seen even a rise of temperature.

Dr. Hubert Roberts suggested that it might be that it was in such cases with this tendency to degeneration that one met with the condition described as deciduoma malignum.

Dr. Maclean related a case of a woman, æt. 35, who had previously borne two children, who came under observation after four months' amenorrhœa with a tumour reaching above the umbilicus. There had been slight loss of blood every two or three days, and while under observation there was a sudden attack of profuse hæmorrhage, and then for the first time some vesicles escaped. The uterus was rapidly cleared of its contents, but in spite of saline injections she succumbed. He mentioned this as an instance of death from hæmorrhage in a woman otherwise strong and healthy.

Dr. Blacker mentioned the case of a woman who was admitted with a tumour of the anterior wall of the vagina resembling a hæmatoma which gave her much pain. It was incised and was reported to be a fibro-angioma of uncertain nature. The woman was apparently pregnant, and a few days later passed a hydatidiform mole. He did not suppose that there was any relation between the two things. He referred to the curious case recently published by a surgeon of a girl who had suffered from membranous dysmenorrhœa, who subsequently passed a hydatidiform mole, although it was regarded as absolutely certain that there had been no possibility of pregnancy.

Dr. Spencer pointed out that the statistics collected by he author gave no clue to the relative frequency of such cases. He observed that if one could obtain *ballottement* that sign would argue greatly in favour of its being a case of accidental concealed hæmorrhage or placenta prævia. He commented on the rarity of vesicles escaping in the discharge. He only remembered one instance of death from sepsis, and in that case infection had taken place prior to admission.

Dr. Ludwig Frankel, of Breslau, speaking in German on the subject of deciduoma malingnum, said that Veit was alone in Germany in supporting the English view that this condition was due to sarcoma, existing independently of, and probably before, pregnancy. The general view in Germany was that it was a fœtal neoplasm arising from the chorionic villi and of the nature of an epithelioma, and it appeared structurally analogous to the cases of hydatidiform mole, which by analogy were termed epithelioma benignum.

Dr. Williamson replied, and mentioned a case which had since come under his observation, which was diagnosed as concealed accidental hæmorrhage even after the cervix had been dilated. He thought the change was rather of the nature of a degeneration. He was unable to accept the suggestion that a hydatidiform mole could be present without impregnation.

France.

[from our own correspondent.]

Paris, October 8th, 1899.

The Duration of Apparent Death.

At the Académie de Médecine, M. Laborde related fourteen new cases of resuscitation of individuals in a state of apparent death, thanks to rhythmical traction on the tongue. Of these cases, the half was relative to drowned persons who were brought back to life after a time varying from twenty to sixty minutes of traction. Up to the present, it was impossible to determine exactly the time during which the functional properties could persist in animals apparently dead. However, among the fourteen cases referred to by the speaker, there was one, that of a drowned man, who was called back to life after *three* hours of rhythmical traction of the tongue. The vital properties would seem then to persist in a latent state during a lapse of time which might be estimated at three hours as the extreme limit.

Another fact which deserved recognition was that with old methods of recalling to life the respiratory movements were never established where the asphyxia had exceeded *five or six minutes*. By means of the method of M. Laborde, on the contrary, subjects who had sojourned under water thirty or forty minutes had been very frequently reanimated.

M. Colin asked if the examination of the blood and of the heart had been practised on animals experimentally placed in a state of apparent death.

M Laborde answered that it was found that the blood of such animals was very rich in carbonic acid, and contained only traces of oxygen, but remarked that it was never coagulated, and that it always maintained a certain temperature.

As to the heart, it was apparently stopped, and presented only slight tremulations. As soon as the respiratory movements became re-established, it began to beat strongly. It was probable that the phenomena occurred in drowned and asphyxiated persons.

Varicose Ulcer of the Leg.

For the treatment of indolent varicose ulcer of the leg, Dr. Brunner highly recommends the application of a two-and-a-half per cent. of carbonate of soda. Under its influence the ulcer heals rapidly, but the same agent is not superior to other means of treatment in recent ulcers, or those covered with exuberant fungosities. His *modus operandi* is: After having washed the ulcer with a warm solution of sublimate, he applies a piece of antiseptic gauze, thinly coated with vaseline, and over this hydrophile cotton soaked with the solution of carbonate of soda, and finally a bandage. The dressing is renewed each day. Twenty-four hours after the first application the ulcer assumes a more healthy aspect, and at the end of a few days it granulates abundantly; the callous edges become softer, and from that time the ulcer cicatrises rapidly. The definite cure is obtained in from ten to thirty days.

Certain persons cannot support the vaseline, which provokes eczematous eruptions; in such cases he replaces the vaseline by lanoline, or he applies simply and directly on the ulcer compresses wet with the solution of soda.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, October 6th 1899.

AT the seventy-first meeting of the Society of German Scientists and Physicians, after an address by Nansen, Professor v. Bergmann addressed the meeting on

THE ACHIEVEMENTS OF RADIOGRAPHY IN THE TREATMENT OF SURGICAL DISEASES.

No seer's glance had penetrated boards and beams like this dark light, no somnambulist with his clear vision had discovered such secrets. Exaggerated hopes had been placed on the curative power of the rays, and all possible diseases had been submitted to their action. But people soon became conscious that no wonder cures would be wrought by it; it was not true that other ways of curing had been discovered, but that knowledge had been increased. It was not simply the waves of the dark light, but the waves from the electrical discharges, heat waves, and a number of waves possessing chemical powers. As a matter of fact, the whole action of the waves was limited to reddening and superficial inflammation of the skin, and this effect was produced much in the same way as by a mustard plaster. The time of expectation of mysterious powers was passed. Medicine awaited from it only a furtherance of the knowledge concerning localised changes in the body. What it had done in this direction was enough to prevent its exclusion from the service of medicine. To anatomy, without an accurate knowledge of which therapeutics were useless, it rendered useful service. For the diagnosis of diseases of the internal organs it was comparatively valueless. From the fleeting images afforded by the light on the screen, for instance, it was not possible to determine commencing tuberculosis. Percussion was a more certain guide as to cardiac area and pleuritic effusion than the light, and never had any decided conclusion been reached by it as to the position of gall-stones or vesical calculi.

The importance of the new discovery was greater for surgery. The rays had done the most service in the discovery of foreign bodies and in fractures of bones. The discovery of foreign bodies and the tracking of the path they had taken in the system, and the treatment resulting from this knowledge were the greatest achievements for which medicine was indebted to the rays; they not only facilitated the removal of foreign bodies, but they allowed of others being left in that would have been sought for by operation before their employment, as such foreign bodies could often be allowed to remain in without fear of doing injury. Thus projectiles often remained in the system without doing any harm. Their removal would be more dangerous, as shown in many cases of bullet and splinters healed up in the flesh, as their removal would often necessitate dangerous and deep operations. Thus the French surgeons in the *attentat* upon Labori recognised that they would do better to leave the ball alone. They made it possible for the distinguished advocate to plead again a few days after being wounded. There were cases in which bullets were in the lungs, in the thorax, near to the heart, and even reaching this; the persons implicated bore these foreign bodies without being conscious of their presence.

The representations of the bony system had been enriched by the Röntgen rays. By a large number of Röntgen pictures, the speaker showed normal and morbid developments of the bones, particularly of the long bones, and more especially those of the hand. From other pictures not only could the age of children be recognised, but also the diseases that influenced growth. Rachitic children could now, by means of the rays, be much more successfully treated, as the Röntgen image showed accurately the favourable point of time for operation, which before could only be made out with great trouble, and not with certainty. It could now be accurately determined from what basic diseases dwarfs were developed, and French physicians had already successfully employed thyroid preparations where by Röntgen examination they had recognised the morbid foundation for dwarf growth. The observations made by the radiograph on the so-called Lilliputian troupe were interesting. Through illumination had shown that their bones, apart from their smallness, were quite regularly formed, that they were furnished with well-developed epiphyses. In fact, the people were still growing. One of them, between his 26th and 36th year had grown 20 cm., and this at a time when, in the ordinary individual, growth had entirely ceased. If this went on, and the Röntgen image showed a prospect of it, in his old age he would have to leave the troupe through becoming too tall.

The rays were also useful for the discovery of anomalies, such as absent joints or superfluous parts. The occurrence of superfluous fingers was known to the Prophet Samuel, as he mentioned a man of God who had six fingers and six toes. At that time these deformities were reckoned a sign of uncommon strength. Not less interesting were the cases of hands with the middle finger consisting of four, or, as in the thumb, two joints. Nowadays Röntgen illumination was sufficient to determine the actual condition. This might under certain circumstances have a surprisingly disagreeable effect on the individual concerned, as the following very recent case showed. A workman had been injured by a machine. He complained of pains in the lower part of the leg near the ankle. A bone was really felt there that was not present in the normal skeleton. This bone was supposed to have been split off by the accident, and then healed in. As the man was supposed to be unfit for work, he received considerable compensation. Then came in the—in this case—bad rays. These showed the like abnormality on the other leg also. It was, therefore, proof that the peculiar condition could not have been caused by an injury. The incorrectness of the professional opinion was brought to light by the treacherous rays, and the man lost his compensation.

PROTARGOL AS A PROPHYLACTIC—CREDE'S INSTILLATION.

Hr. Fritz Engelmann has for some time been using protargol in the place of silver nitrate as a prophylactic in the case of new born infants. In the University Frauenklinik, at Bonn, he used it in 100 consecutive labours without making any selections. The solution was of a 20 per cent. strength. In almost 30 per cent. of the cases there was no secretion, in about 50 a slight one, only lasting a day. In 20 per cent. the secretion became more profuse, but it lasted four days in four cases only. The opinion of the writer is that the prophylactic

instillation of a 20 per cent. solution of protargol, which scarcely irritates at all, is to be preferred to the 2 per cent. solution of silver nitrate, which is a powerful irritant. In opposition to Pergens, he shows that the stains caused by the protargol can be removed.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, October 7th, 1899.

Operative Treatment for Cancer of the Stomach.

Prof. Maydl has published the results of twenty-five operations which he has performed for cancer of the stomach. Since the days of Prof. Billroth these operations have been subjected to severe criticism, condemnation and praise alternating. Prof. Maydl divides the twenty-five cases into three classes for the sake of comparison. The first comprises cases in which the patient died from the effects of the operation either directly or indirectly. These were four in number. The second group includes those dismissed from hospital as cured, but in which within a short period thereafter a recurrence of the disease took place, and death ensued. These were seven in number. The third group, which is the most important, comprising fourteen cases, included those cases in which the patients still live. This section he divides into two sub-sections, (a) living upwards of two years since operation; (b) those alive less than two years after the operation.

Of the first group four died, one from a sudden attack of gangrene in the right lower extremity, probably embolic from the tying of a vein, but this could not be confirmed, being a private patient and the friends declining to consent to a post-mortem examination. The other three died in *two, three,* and *five* days respectively after the operation from peritoneal symptoms, collapse with anæmia and exhaustion.

The second class left hospital in good health, and apparently cured, but ere long took ill with a recurrence somewhere else and died. One of the seven may be looked upon as doubtful. This patient lived fourteen months after the operation and died of pleurisy with effusion, every other organ being found healthy at the post-mortem. Even the appetite was unimpaired up to the very end, and no disease could be discovered in or near the stomach.

The other six cases lived 12 months, 8 months, 2 months, 20 months, 14 months, and 12 months respectively after the operation, or an average of 11·3 months.

Of the third class fourteen are still alive. These were operated on:—

August 27th, 1890.	January 30th, 1898.
June 7th, 1893.	October 29th, 1898.
January 27th, 1895.	October 31st, 1898.
March 1st, 1896	November 3rd, 1898.
March 20th, 1896.	December 21st, 1898.
February 20th, 1897.	January 4th, 1899.
March 27th, 1897.	March 25th, 1899.

If these be further sub-divided into two groups of over two years and under we get the patient who may be considered cured in the surgical sense of the term. Seven may be classed thus:—

8 years	... 8½ months	3 years	... 1½ months.
5 „	... 11 „	2 „	... 2½ „
4 „	... 3½ „	2 „	... 1½ „
3 „	... 2 „		

In considering the percentages of the different authors, the above figures give 16 per cent. as the proportion of those who die from the operation; in 28 per cent. the disease recurs; while 56 per cent. still live. It may still be remembered that C. Ewald, of Berlin, condemned this operation on account of the mortality, he having had 73·3 per cent., which was certainly not encouraging; but these results far exceeded those obtained by the pioneer of the operation, Billroth, who had a mortality of only 45 per cent. Billroth's pupil, Mikulicz, reduced this mortality to 32 per cent., while other operators, Kronlein, for example, had only 25 per cent., Carl and Fantino, 21·5 per cent., and now Maydl's mortality stands at 16 per cent.

Naturforscher Versammlung.

This year the German Science Association met on the Isar, at Munich, which was well attended by representatives from every Continental city, but more especially from the German-speaking race. As advertised, Frithjof Nansen, the North Pole explorer, gave the first plenary lecture, which was mainly geographical. He illustrated his remarks by a large diagram of the plumbing of the North Polar sea, which reached 4,000 metres (13,000 feet). The temperature of the water at the depth of 200 metres was exactly at zero Centigrade; at a depth of 800 metres it was ·1 deg. Centigrade. The solid matter (or salt) in the water at the surface was so small that it could be used for drinking purposes, but when a depth of 250 metres was reached the salt in the water was normal. The lowest reading of the atmospheric temperature was 53 degs. Centigrade, or 62 degs. Fahr The summer temperature averaged 0 degs. Centigrade.

There were thirty-seven sections, but that dealing with wireless telegraphy was by far the most popular.

Tubercle Bacillus Cultivation.

One of the distinguishing features of the tubercle bacillus is its slow growth, but according to St. Hesse this is purely on account of the nature of nutrient media employed. With Hayden's media in an incubator he can obtain from a contact inoculation a culture in five to six hours. In the sputum, which is rather more difficult, he can determine in from half a day to one day. The media, as prepared by Hayden, contains common salt 5 grammes, glycerine 30 grammes, agar agar 10 grammes, solution of soda (28·6 in 100) 5 cc, distilled water 1,000 grammes. In experiments on animals this is of great advantage.

Death of Prof. Puschmann.

Another of the professorial staff has passed away at the comparatively early age of 45, after chronic nephritis of long standing.

Born in Prussia, he was educated at Berlin, Marburg, Munich, and Vienna. After qualifying, he went to Tunis and Egypt, and settled in Cairo for two years as a general practitioner. In 1878 he returned to Leipzig, where he acted as Docent in Historical Medicine. He was soon after this appointed Assistant Professor of Historical Medicine in Vienna, and finally Professor, which post he has filled with dignity since 1888.

His twenty years' residency in Vienna has endeared him to the University as one of its most ardent supporters, and one who will be greatly missed.

South Africa.

[FROM OUR OWN CORRESPONDENT.]

CAPE TOWN, Sept. 20th, 1899.

THE WAR SCARE AND ITS EFFECTS.

MEDICAL matters are extremely quiescent, the perpetual war tension absorbing every one's attention. It is detrimental to all work to a degree which English people can hardly realise. One effect is the exodus of many of the best known local practitioners from Johannesburg. Mr. Kendal Franks has been here for some weeks. Having spoken at the great meeting which followed the Petition, he was manifestly suspect, and receiving information that a warrant for his arrest had been signed, he got away only with difficulty. Dr. Harding and several others are also here. Dr. Davies and some *confreres* in Natal. These gentlemen state that it was not only the immediate prospect of arrest that led them to leave, but the constant danger of assassination, to which, of course, the necessary nocturnal nature of a medical avocation exposed them particularly. Numbers of the Boers openly threaten to kill objectionable Uitlanders, and the police cannot be relied upon for protection. Dr. Matthews, a very prominent Uitlander, formerly a member of the Cape Parliament, is, however, holding his ground most pluckily, and lately gave evidence against a policeman who had grievously maltreated an American coloured man. At the moment of writing war is regarded as certain, and the Transvaal Government is making medical preparations in a way. It has, of course, no properly organised medical military service, but the St. John's Ambulance centres in Pretoria and Johannesburg are organising corps and being subsidised largely by the Government, so that, practically, the Red Cross will be a branch of the burgher forces. The Johannesburg centre has just applied to Cape Town for more material, and we have sent all we can spare. On the British side nothing has been done outside the R.A.M.C., but several medical men have offered to join that corps as civil surgeons if required, and the Cape Town St. John's centre has offered to supplement the military resources by fifty bearers and corresponding equipment. It has already cabled to England for more supplies.

The "Anthony" case, of which I gave you some particulars before, has been investigated by a committee of the local branch of the B.M.A., the result being a report which, practically, found him guilty of "covering" the man Tate, and commented severely on looseness shown in granting death certificates. The editor of the *South Africa Medical Journal* also came in for censure. He had given evidence in the case, and had recorded his opinion that it was quite permissible to fill in death certificates on the mere statements of friends of the deceased, without any clear knowledge or record of having attended the patient. This position, taken up by a representative man, was roundly condemned by the Committee. The report was adopted at a large meeting, with only two dissentients, one being the editor of the *South Africa Medical Journal*. Dr. Anthony has not resigned in consequence, nor is he in the least likely to do so. Whether any action will be taken to bring pressure upon him is not clear.

THE NEW PHARMACY BILL AND THE MIDWIVES.

Our Medical and Pharmacy Bill, which promised well, has been grievously emasculated by the Dutch members of the Houses, especially in the Legislative Council, where a whole tirade of charges against the profession as a whole was fired off. Your average Dutch legislator hates a doctor or a veterinary surgeon cordially. The clause forbidding chemists to practice was dropped in the Assembly. Practically all we have got is an additional member of the Medical Council, and a little strengthening of the poisons enactment, with an extension of the penal clause *re* puerperal fever to unlicensed midwives. Under the old Act a medical man or registered midwife could be haled before a court for failing to take proper precautions, an unlicensed woman went scot free. But even this clause had much ado in getting through. Only the intervention of the President of the Council, who, of course, very rarely speaks, forced it through the Dutch members. As an instance of the inconsequential way in which the Boer argues, one sapient legislator gave, *as an argument against the midwives' clause*, an instance of a Cape Town medical man having charged a patient £65, then accepted £20. What this had to do with the necessity of unlicensed midwives keeping themselves clean, goodness only can say. In justice, one must admit that the profession is worked on terribly commercial lines in this country, and the field is so overcrowded that things are becoming worse in this respect every day.

Lunacy Department.

SCOTCH LUNACY BLUE BOOK.

THE Scotch Commissioners make their Annual Report more interesting than that of the English Commissioners, because the Blue Book contains, not merely a collection of statistical tables, but an elaborate financial statement, comparative in its character and enabling one to see at a glance the relative economic position of different Scotch Asylums. In addition to this, the Scotch Commissioners' Report is interesting, because of the important questions which are introduced and discussed in it, and it certainly does more on that account to bring itself in touch with the asylums administered by its Commissioners, and to enable superintendents to follow indications, and so organise and develop these institutions. In the report just issued many important questions are introduced, and the first of these is, "Changes among attendants and servants." They recommend that the administrators of asylums in which changes among attendants occur frequently should inquire carefully into the causes, and should endeavour to remove them by offering increased inducements to good attendants to remain, and to a better class to take service. Their experience tends to show that, in the case of men, a high class of attendant, and security for permanent service, are best obtained by increasing the number of married attendants. There are, however, many questions which are not settled by offering houses to married men, and there are many assigned causes often unreliable, and reasons which are difficult to reach and understand. The Commissioners have laid a comforting unction to their souls in that the Register, which they keep, of attendants and servants dismissed for mis-conduct, is a safeguard against these being taken on again in other asylums; but it is doubtful if this system does much good, for

the simple reason that it is not sufficiently thorough. There are many who resign in order to anticipate dismissal, and those are perhaps even worse characters than those who receive notice. A more elaborate register is required, and the Commissioners might assist superintendents considerably by the introduction of such a register, and by insisting on fuller reports of attendants and servants who resign, as well as those who are dismissed. The reports of the Deputy Commissioners embodied in the general report are as usual interesting, and contain much useful information regarding the management of the chronic insane in private dwellings. Dr. Sutherland is very confident that real abuses scarcely occur without coming to light, owing to the fact that patients are visited seven times a year. We question, however, if this system of visitation is as frequent as it ought to be. Undoubtedly, boarding out patients in private dwellings is a good idea, and the principle is a good one in theory, and often in practice, but it has not been so popular with inspectors of poor and parish councils as it ought to have been, and the visits made to patients boarded out are not sufficiently frequent. It is interesting and satisfactory to know that Dr. Sutherland has had no complaint of cruelty, neglect, harsh, or unfeeling treatment or of overtaxing the strength of willing workers Dr. Charles Macpherson reports that the insane poor in private dwellings are being well provided for, and that the arrangements for their care are fully keeping pace with the general improvement in home comforts which is observable throughout Scotland among the poorer classes. Guardians are year by year more thoroughly realising what the requirements of the Board are—what standard of comfort must be reached—if they hope to retain the patients in their care. He observes, "The ideal in boarding-out is to place the patients as nearly as possible in the same position as they would probably have occupied if they were not insane—to board them with people who are willing to regard them as their social equals, and to share with them a common sitting-room and a common table."

The Commissioners have of late had their attention strongly directed to the advantages derived by a large section of the insane from their being placed under the constant care and supervision of nurses during the night. They are strongly of opinion that the single room idea in the construction of asylums must be modified in the future. They must occupy a subordinate place in asylums instead of being, as has at one time been the case, the leading feature. The better the arrangements for night nursing, the less necessity there is for the use of single rooms, and many patients are now kept under observation in dormitories, who previously would be placed in side rooms. The Commissioners have issued a return to Superintendents of Asylums in order to ascertain what their arrangements as regards night nursing are, and we hope to find, as we likely will, the result of this inquiry in their next report. Endeavours are being made to obtain a more accurate statement as regards the prevalence of phthisis in asylums. This is a step in the right direction. Some interesting information is given as regards the cost per patient in district asylums, of land, building, &c. The cost of our asylums is a matter of very serious concern to the ratepayer, and it is questionable whether there is not too much extravagance in the construction and furnishing of these buildings. The General Board of Lunacy should be in a position to put a veto on unnecessary expense, for it is a public scandal that the ratepayers are taxed so much, and without redress, at the mercy of asylum authorities. When we think of asylums costing £400 a bed or more, and think that that sum would build a commodious cottage for a working man and his family, it seems nothing short of scandalous. The tendency is more and more to elaboration, while a refining system of management and the competition of one asylum with another for pre-eminence is such that money requires to be spent to keep it up. The whole tendency of local government is always towards increased expense, and if we could see any adequate results there would be nothing to say, but the adequate results are sadly wanting. The statistics of maintenance expense are very interesting and raise many questions. In asylum finance one must be careful not to draw too arbitrary conclusions, and suppose that because the cost of food in one asylum is £2 a year more than another, that the one with the highest cost feeds its patients best. We have to consider the fact that one asylum may be further from a good market than another, or it may have a demand on it of a different kind. All the food does not go to the patients. More or less is wasted and goes to the pigs, there may be extravagance in the official consumption, or the local board may make undue demands on the asylum cupboard.

Much more might be said regarding this report, but we must leave its perusal in whole to its readers, as space forbids our taking further notice of it. It is, however, a more interesting, practical, and suitable report than many of our Blue Books.

The Operating Theatres.

ST. PETER'S HOSPITAL FOR STONE.

Litholapaxy followed by Supra-Pubic Lithotomy for Encysted Calculus.—Mr. Swinford Edwards operated on a man, æt. 65, who had suffered from symptoms of stone in the bladder for the last two or three years. On sounding the patient a stone was easily discovered. For purposes of demonstration cystoscopy was undertaken, when a large white mass was seen projecting from the bladder floor; so white and sharp were some of the crystals that it reminded one of a range of snow-capped Alps. This was seen and verified by many medical men present. Behind this white mass was a dark-looking substance, which appeared to be a deeper portion of the stone. A week subsequent to the cystoscopy the patient was placed on the table for operation and a good sized lithotrite was introduced. About 1 oz. of *detris* having been removed, which presented the appearance of ordinary washing soda, Mr. Edwards sounded the bladder to make sure all had been taken away. The sound came into contact with a large piece of stone, which felt fixed, nor could this be dislodged. A finger in the rectum showed at once that this was a stone occupying a site between the bladder and the rectum on the patient's right side, and it was a question as to whether this was a stone impacted in the vesical orifice of the ureter or not. Supra-pubic cystotomy having been performed in the usual method, the finger

was passed into the bladder, and there discovered the remains of the stone projecting into the viscus from a pouch with a small neck; it was with considerable difficulty that the operator enlarged this neck with his finger sufficiently to permit extraction of the stone, which was ultimately done with lithotomy forceps. The stone was of a dark colour, which contrasted in no small degree with the white intra-vesicular portion. Mr. Edwards pointed out that had he recognised that this had been a pouched stone he would have proceeded to do supra-pubic lithotomy at once instead of attempting to remove it by litholapaxy. There are some surgeons, he said, who advise even in cases of pouched stone that an endeavour should be made to grasp it with the blades of the lithotrite *in situ*, and by this means remove it into the general cavity of the bladder, and there crush it. Mr. Edwards disagreed with this procedure, believing that it was fraught with considerable risk to the patient; indeed, he quoted a fatal case in his own practice where the patient died of acute peritonitis after an operation of this kind, owing to damage done to the cystic wall in crushing. Mr. Edwards, therefore, strongly advocated lithotomy in all cases of true encysted calculi. It was probable that the stone in this case was encysted in the vesical end of the right ureter though this was not proved. He said that the diagnosis of encysted stone is not always an easy one for large stones, either lying in a post-prostatic pouch or in the *bas fond* of a contracted bladder permit of very little movement by means of the sound, but in stones of a more moderate size the sense which is imparted by the sound to the hand will often enable an experienced surgeon to form a correct opinion as to whether the stone is encysted or not. He pointed out that if during many examinations the calculus is always found in one definite spot it would cause one to suspect a fixed stone. In the case under notice had he examined *per rectum* carefully before operating he would doubtless have discovered that owing to its clearly defined outline part of the stone lay outside the true bladder wall.

It is interesting to record the fact that the patient has made an uninterruptedly good recovery; it is now a month after the operation, and the man is getting about the ward, and the pubic wound is healed; there is some atony of the bladder, for which catheterism is necessary.

Vital Statistics.

THE deaths registered last week in thirty-six great towns of England and Wales corresponded to an annual rate of 19·1 per 1,000 of their aggregate population, which is estimated at 12,786,832 persons in the middle of this year:—

Birkenhead 18, Birmingham 23, Blackburn 14, Bolton 22, Bradford 12, Brighton 17, Bristol 14, Burnley 17, Cardiff 16, Croydon 14, Derby 16, Dublin 33, Edinburgh 18, Glasgow 18, Gateshead 22, Halifax 14, Huddersfield 17, Hull 25, Leeds 20 Leicester 18, Liverpool 26, London 16, Manchester 25, Newcastle-on-Tyne 23, Norwich 13, Nottingham 21, Oldham 21, Plymouth 15, Portsmouth 17, Preston 27, Salford 26, Sheffield 24, Sunderland 24, Swansea 16, West Ham 16, Wolverhampton 20. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From whooping-cough 1·2 in Leicester, and 1·6 in Portsmouth; from fever, 1·4 in Sheffield, and 2·3 in Birkenhead; and from diarrhœa, 3·1 in Liverpool, 3·3 in Nottingham, 3·6 in Salford, 3·7 in Birmingham, and 5·3 in Preston.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 11, 1899.

RECALCITRANT BOARDS OF GUARDIANS.

THE position in which the Leicester Board of Guardians now find themselves is strongly suggestive of the unhappy state into which the obstinacy of the Boers has precipitated the South African Republic. So far as the Leicester Guardians are concerned their refusal to appoint a vaccination officer in accordance with the Vaccination Act of last year has been treated from the first with leniency, nevertheless firmly, by the Local Government Board. Moreover, much official diplomacy was exercised in order to bring about a peaceful solution to the difficulty. But the Guardians evidently interpreted this action of the Board as indicative of a disinclination to proceed to severe measures, and consequently the obstinacy of the refusal was maintained. However, last week an ultimatum was sent to the Guardians calling upon them, by means of a peremptory mandamus of the High Court, to appoint a vaccination officer. These recalcitrant officials—forty-five in number—have the matter under their consideration, and should they determine to ignore the order of the High Court, for this misdeed they will have to adjourn to gaol, where abundant opportunity will no doubt be afforded them of further pondering upon the folly of the course which they have adopted. But they will have something more to think about should they bring upon themselves this penalty. If they decide to go to gaol rather than yield they will have the grim satisfaction of knowing that, while in durance vile, the Local Government Board will undertake the duty of appointing a vaccination officer for the Borough of Leicester, and a correspondent in a local paper has pointed out that the last state of the anti-vaccination party in the town will thus have a good

chance of becoming worse than the first, inasmuch as the officer whom the central authority are likely to appoint would be certain to be one chosen from the ranks of "the enemy." Thus it is plain that some of the anti-vaccination party are by no means satisfied with the attitude assumed by their local guardians. The feeling is, in truth, beginning to prevail that a huge blunder is being committed, and that before worse happens the Guardians should withdraw their opposition. The blunder, if carried through, is described as one that would be irretrievable, and altogether the situation is being regarded by many with a good deal of concern. In reflecting upon all the points of the case it is impossible to deny that the Board of Guardians, by their foolish obstinacy, have played into the hands of the Local Government Board in the same way as the Boers, by the same means, have played into the hands of the Imperial Government. The Leicester Guardians, up to the present, have foolishly determined to defy the law—a very weak method for a public body to adopt under the circumstances of the case, and one which can scarcely be commended as setting a good example to the townspeople, by whom they have been placed in their position of responsibility. Furthermore, on tactical grounds the Guardians do not stand to do themselves any good, inasmuch as practically it is useless for them to fight an authority like the Local Government Board, who besides have the law on their side. We agree, then, with the anti-vaccination protestants in Leicester that the Board of Guardians are acting very unwisely in the interests of the local anti-vaccination party. It is quite conceivable that the individual members of the Board are not particularly desirous of posing as martyrs in the gaol of their town, and, perhaps, it may be that by now a good many of them are reluctant to undergo this extreme penalty for their obstinacy. However, a graceful opportunity has been afforded them by their party of withdrawing from the position which they have assumed, and if they are wise they will avail themselves of it. But it is no part of our duty to point out what the Guardians should do under the circumstances; nevertheless, in no case can they retrieve their position of being sensible persons. In making a miserable effort to defy the law they have simply afforded another proof of the childish folly so commonly displayed by members of the anti-vaccination party. Perhaps when the next election for this Board takes place, the townspeople of Leicester will see the necessity of returning persons at the head of the poll prepared to do their duty rather than to set a bad example of refusing to obey the law of the land.

A LAY "CURE" FOR LEAD POISONING.

The hunger for specific cures is one of the most characteristic mental features of the average citizen of the United Kingdom. It is this amiable failing that cozens him into supporting the vast industrial organisation which supplies him with medicines warranted to cure any or all of his bodily ills, from toothache to advanced Bright's disease or locomotor ataxy. Philosophers tell us that the typical Britisher feels bound to have an opinion upon every subject, as, for instance, whether a distant star is, or is not, inhabited by highly organised animal beings, equivalent to mankind on our own terrestrial globe. It is this sturdy self-assertiveness of individual belief, doubtless, that leads to a kind of national assumption of capability to judge correctly of medical matters, however complicated and technical. Indeed there is reason to doubt whether any great reform of preventive medicine could ever be carried out successfully without the full assent and approval of the general public. The crusade against consumption has been skilfully conducted so as to take the laymen into the confidence, as it were, of those medical men who have educated the community at large through the medium of the public press and of public meetings. Indeed, this whole movement savours of the precise business handling that the medical profession bewails the lack of in theory, but loses no opportunity of exercising in practice. However, the immediate object of the present article is not to discuss the vexed question of what particular code of ethics should regulate the conduct of the men of light and leading in medicine, but to discuss a new so-called "cure" that has lately been sprung upon an astonished world of newspaper readers. All our readers are, of course, familiar with the effects of lead, both in its acute and its chronic phases, upon the human system. In many respects the subject of plumbism is one of the most fascinating in the long list of maladies that are brought under the notice of the physician. The blue line on the gums, the profound anæmia, the colic, the constipation, the gout, the organic changes, the epilepsy, the palsies, and various nervous phenomena, together form a vivid and peculiar picture. In its chronic form plumbism is an intractable and well-nigh hopeless condition, although, of course, many of its symptoms, such as anæmia, constipation, and palsy are capable of great relief under appropriate medical treatment. Now it has been announced with a flourish of trumpets that many cases of lead poisoning have been absolutely cured by electric baths at Wolverhampton. That any system of electro-therapeutics devised is able to cure chronic lead poisoning we altogether doubt. That some forms of electricity are of great value in treating the paralysis of groups of muscles which is one of the many peculiarities that stamp this strongly individualised condition, is known to every tyro of medicine. It looks very much as if some enthusiast unversed in medical matters had noted the recovery of palsied muscles under the influence of electrical baths, and from that observation had jumped to the wide conclusion that the lead poisoning at the root of the palsy had also been cured. As to slight recent cases of lead poisoning there is little question that they might get right under a course of electric baths, just as they would under any other methodical living under rational and healthy conditions away from any

fresh exposure to the poison. Having arrived at the conclusion as to the specific potency of the baths, however, the Women's Trade Union League have sent as many patients to Wolverhampton for special treatment as their means would allow. That body is now appealing to the public for funds to enable them to extend their sphere of operations, and their appeal contains the following succinct statement: "The sum of £5 is the average amount required for sufficient treatment to restore power to a person suffering from paralysis." A less sum, it may be remarked, would be required if the patient were sent for a course of electric treatment to any well equipped public hospital. At the same time it may be freely admitted that the course recommended by the Women's League is calculated to cure the single symptom of palsy in all but the most advanced cases. What we object to is the assertion of the cure of lead poisoning by these special baths, a claim that is not only misleading but dangerous. The Women's League, if we may venture to give gratuitous advice, would do well to see that trade regulations are carried out wherever lead is used in factories. The compulsory use of leadless glaze may be regarded as a simple first step on the road towards efficient prevention. Meantime we regret that we cannot endorse the announcement of a new cure for lead poisoning, and, as a necessary corollary that we are unable to urge the claims of the subscription list for the purpose of using any special electric baths for the "cure" of that condition.

THE INTRODUCTORY ADDRESSES.

THE introductory addresses with which it is still the custom in some medical schools to inaugurate the winter session are always interesting reading to those who take an interest in their profession, although it is open to question whether the benefit to the listener is always proportionate to the pains which they must have cost to compose by those upon whom the oratorical mantle has fallen. Nominally intended for the guidance and edification of new students, these addresses usually deal with scientific or ethical problems as yet far beyond the ken of the ex-schoolboy. The inconsistency of employing antipyretic drugs to reduce a high temperature which is probably merely an indication of the intensity of the reaction of the organism to the disturbing agent is not a point in which he can as yet interest himself. Even the importance of pathology as a guide to etiology may leave him cold, while dissertations concerning overcrowding of the profession and the increasing difficulty of gaining a livelihood therein can only have the effect of discouraging his youthful ardour to acquire the right to practise. The address delivered by Sir James Crichton Browne, at Owens College, on "The Quest of the Ideal," which we publish elsewhere, represents a type of inaugural address which conforms to one's conception of what such an address ought to be the moment it ceases to be a homily to students on the importance of assiduity and the moral obligation of sobriety and chastity. His insistance on the importance of not falling victims to the prevailing dogma of materialism and his eloquent pleading for the cultivation of the ideal come very opportunely as a reminder to those who are about to commence their studies that there is something above and beyond the mere acquisition of technical knowledge, however useful that may be in its way. Medicine has been defined as "the experimental analysis of life in health and disease," but the analysis is only tentative and does not assist us materially to unravel the fundamental mystery of life. Anatomy enables us to form some idea of the intricate mechanism whereby the principle of life finds utterance and physiology unfolds to our astonished eyes a blurred glimpse of its workings, but there is nothing "telling us where life has been, whence it issues." The realm of science is so vast and human knowledge is so limited that to restrict one's intellect to the finite is a process akin to that of refusing to look at Nature except through the objective of a microscope. A high ideal is a necessary basis on which to rest a high character, and a man who frankly and unreservedly gives himself up to gross materialism thereby deprives himself of the compass which should guide him amid the temptations and trials of this existence, and enable him to live a blameless life spent in the service of humanity. Sir James Crichton Browne's address is a lay sermon adapted to present-day requirements. The prelate who is to preach at the annual gathering of medical men at St. Paul's could choose no worthier subject than this quest of the ideal. Nothing more promptly dwarfs the intellect and undermines the character than concentrating one's mind and energy too exclusively on the material details of our daily existence. If we wish to acquire and retain the esteem of our fellowmen, if we wish to lay the foundation for a quiet conscience and to prepare for a happier hereafter, let us follow the orator's injunction and cultivate the ideal.

Notes on Current Topics.

The Question of Dress.

"HONOUR peereth in the meanest habit," and yet the Royal College of Physicians, of London, is seeking to glorify itself by dress. We can understand the Lord Mayor and others in office, and those, too, of the Royal Colleges who wear gowns, &c., when on duty, appearing in public in their robes, but to ask the graduates of various Universities, which have nothing to do with the Medical and Surgical Corporations, to don gowns which they generally have to borrow is rather absurd, and not likely to increase the respect in which the profession should be held by the public. After all, what is the object of gowns being worn by men at Universities or by the barrister when in court? It is certainly not to add to personal and individual character. What is the purpose of the footman's livery or the soldier's uniform, except that it is to show there is something more important and very different from the person which is on duty, "And thither walk on foot" is

part of the programme drawn up for one ceremony at which the robes are to appear. Whether the great anatomist in whose honour the oration was given would have wished his colleagues and friends to attend in robes is doubtful. We think he would have agreed with the great dramatists of his own time, "'tis the mind that makes the body rich." Whether the scarlet gown or the black silk of the M.D. of our old Universities should be worn is left, we presume, to choice; and if the square cap is a part of the dress, the borrowing will not be an easy matter. When the ceremony is over, and a little time passes after the oration, we think that many will agree with Petruchio, "It is now some seven o'clock, and well may we come there by dinner time."

Women Students and the Medical Jericho.

The Governors of Owens College have decided to admit women students to their classes, an example which will, sooner or later, we imagine, be followed by many other medical teaching institutions. In Edinburgh, if we understand aright, the School of Medicine for Women has closed its doors because female students were admitted to mixed classes, thus rendering separate classes supererogatory. Something may be said in favour of separating the sexes during the first two years of medical training, inasmuch as this can be done without any difficulty, but when it comes to clinical work the system becomes absurd, and it is only in England that such an incongruous idea has been received and acted upon. The curious hypersensitiveness which takes alarm at the presence of women students in the operating theatre, but sees nothing objectionable in the presence of nurses, is so ludicrously inconsistent that it must perforce die out with the race of men who introduced it. The walls of the medical Jericho are falling to pieces, and we are getting within measurable distance of the time when the principle that science has no sex will be generally acted upon.

Medical Certificates in Law Courts.

His Honour Judge Emden, of the Lambeth County Court, made the curious announcement the other day, that he would never again pay any attention to medical certificates handed to him which did not specifically state the complaint from which the patient suffered. This remark was *a propos* of a medical certificate in which the practitioner stated, "I consider the plaintiff unfit to attend the Court." His Honour held that the question of whether a person was or was not in a fit state to attend was one for the Court itself to decide. We must demur from this ruling. Why should the nature of a person's illness be made the common knowledge of the multitude? Would the judge be willing to apply this decision to his own case? Let us suppose that Judge Emden falls ill and has to send notice to his Court of his inability to attend. Would it appear right to him that on the receipt of the notice the clerk of the Court should rise and inform those present that (say) "Judge Emden is suffering from a bad attack of piles, and is consequently unable to preside to-day?" What is sauce for the goose is sauce for the gander. A hapless litigant should not be called upon to have a public announcement made concerning the nature of his illness, merely because the judge may, rightly or wrongly, have some doubts as to the *bona fides* of the medical certificate. Surely a better way would be to accept the certificate conditionally upon further evidence being produced that the opinion therein expressed were capable of confirmation. Judge Emden could easily say, "I accept the certificate, but I shall require it to be endorsed by another medical man." He states past experience has taught him to regard some medical certificates with grave misgiving. If this be the case, the remedy which we suggest would be the right one in order to arrive at the truth.

A Proposed Crematorium for Leeds.

The Leeds Cemeteries Committee have been discussing anew the proposal of erecting a crematorium for the town, and with that object in view they are about to pay a visit of inquiry to Manchester and Liverpool and several other places for the purpose of ascertaining how the system is practically carried on. There is no doubt that a crematorium is a most useful adjunct to a large town, and we believe that the promotors of the one at Manchester have been abundantly satisfied with the financial success of their enterprise. Moreover, there can be no question that the sentiment against cremation is gradually, but surely, dying out. The lead, of course, in this direction is being taken by the well-to-do classes, but there is no reason why, in the future, the poorer classes should not follow suit. At present, however, the cost of cremation is somewhat prohibitive, and the ceremonial of an imposing funeral has such a hold upon popular sentiment that some generations, perhaps, will be required to depose it from that position. Nevertheless, from a sanitary and hygienic point of view, there is so much in cremation to recommend it that we believe that the good sense of the people will gradually lead them to adopt this method of the disposal of the dead.

Notes on the Plague in Spain.

The Government *Gazette* of last Tuesday contains a Royal Order instructing the provincial sanitary inspectors to daily examine into the efficiency with which the sanitary laws are carried out, so that the "death-bearing" plague may be shut out of the country. Don Decis Carlan (*El Siglo Medico*) states that, in all, ninety cases of plague have occurred in Oporto, and that the plague is like a drop of oil extending along its outer boundary to all the villages in the neighbourhood. It is feared by the populace that if God has not mercy on them by sending cold weather to stay its progress the whole country will be overrun by the epidemic. The Portuguese authorities, he writes, are responsible before God and man. They have neither the wisdom nor the thought fulenergy to contend with apestilence which is

causing now such calamities as humanity deeply lamented in byegone ages. A correspondent of *El Liberal* writes: "In the evening we were in Oporto, in the shoreward of the Douro, which includes *Honte Jaurina*, the street in which the first case of the pest was found, dead rats and even dead rabbits—in the very focal point of the plague—the death threatener of Europe. Should not the quarter be burnt down and rebuilt.

The Dual Medical Officership at St. Olave's.

THE wealthy South London parish of St. Olave's, Southwark, continues to pay a salary to two Medical Officers of Health. As readers remember, the Board suspended Dr. Bond from office for failing to report to them the removal of bodies from a church, and appointed Dr. Dixon, the Medical Officer for Bermondsey, to discharge the duties of the post. The Local Government Board refused to sanction either the suspension or the appointment, and ordered Dr. Bond's reinstatement. Although some weeks have elapsed since the receipt of the departmental communication, things are still in *statu quo*. There can be no doubt that the Local Government Board will shortly intervene to stop this scandal of a two-headed sanitary officership. By the way, we note that the newcomer, Dr. Dixon, has presented a fortnightly report to the Board, which presents a rose-coloured picture of the health of St. Olave's. The death-rate was returned at 14 per 1,000 as against 18·8 for London. When we take into consideration the mortality returns for neighbouring districts in South London, it is impossible to avoid a suspicion that there is some fallacy in the correction of the figures upon which the St. Olave's rate is based. As instance of the fallacies we have in mind are the deaths of parishioners outside the parish, and those of non-parishioners dying in the parish. The presence of a large hospital like Guy's in St. Olave's introduces a large possible element of error. It is to be regretted that the death returns of the various districts are not based compulsorily on a rational common plan.

Drug Adulteration.

AT a prosecution at Market Harborough last week it transpired that a seidlitz powder purchased for analysis contained only nine grains of potassium tart., when it ought to have contained 120 grains, but it made up for the deficiency by containing 127 grains of sodium bicarb. when it ought to contain no more than forty. The usual plea was put in—*i.e.*, that the vendor obtained the powders from a "well-known firm" of middlemen who themselves got them from a London firm "of high standing" in exactly the same condition in which they were sold. This plea reminds us of the epigrammatic charge delivered by a celebrated Judge who was trying a culprit for stealing a horse. Having heard a mass of evidence as to the excellent character and admirable qualities of the prisoner, his lordship said, "Gentlemen of the jury, after the irreproachable testimony which you have just heard, no one can entertain a doubt that the prisoner is a most respectable man, but neither can there be a doubt that he stole the horse, and you will, of course, find him guilty." The "high-class" and "well known" firms were, of course, supremely respectable but equally guilty.

Isolation Hospital for Dublin.

THERE is a good deal of controversy, especially in medical circles, as to the proposals of the Public Health Committee of the Corporation to build a Municipal Hospital for the accommodation of infectious cases, but the dispute resolves itself very much into one as to whether it is best for the Corporation to cater for itself or to spend the same money as a subsidy to Cork Street and other fever hospitals which have, heretofore, been attempting to do the work. Obviously, the existing accommodation for infective disease in Dublin is insufficient to meet an epidemic emergency, and it would be well if the Corporation could escape the risk of a big hospital speculation by helping the existing hospitals to make it sufficient, as to which, it may at once be stated that schemes involving an outlay of £250,000, such as were realised in Glasgow and elsewhere, are totally out of the question in impecunious Dublin. Apart from this, there is the very great objection to remitting to any combination of private bodies the control of a system which ought to reside in the municipality, and the efficiency of which would depend, in great measure, upon central administration. The medical side of the controversy may, we think, be put aside by the Corporation in dealing with the matter, because their sole duty is to ensure that each infected patient shall be safely isolated, and, in theory at all events, this cannot be done in small wards attached to general hospitals, no matter how well these may be managed. Fever, in our opinion, is a speciality which the student ought to learn in a special hospital, just as he now learns midwifery and gynæcology and ophthalmology, and it is not to any one's eventual advantage that he should be supposed to learn it over a few beds in the annexe of a general hospital. It would be easy to make room in the curriculum for such special study, by wiping out such rubbish as lectures on insanity, which are now compulsory. On the whole, we trust that the Dublin Corporation will not be deterred from forcing this question of the infective disease hospital to the front, and, by some means, providing sufficient accommodation for the fevered poor when needed.

The Royal Orthopædic Hospital.

IT will be remembered that in the course of last summer the policy of the then management of the above well-known old-established medical charity was called seriously into question. Without entering into details it may be briefly stated that the insanitary state of the building was proved beyond the shadow of a doubt, while the unwisdom of the proposed sale of the Oxford Street site was effectually demonstrated. The resignation of the President and Council was followed by prompt and decisive action on the part of the new management. The committee

have been fortunate in securing the services of Mr. Harry Marks, M.P., as their new president, and his access to office has been the signal for the display of some much-needed energy. The whole hospital has been closed for some months, and extensive sanitary and architectural improvements have been carried out under the direction of Professor Corfield, at a cost of £2,000. A special Court of Governors will be held shortly for the purpose of remodelling the rules of the institution, and it is announced that while the Committee desire to bring the rules more into line with modern hospital requirements, it is not proposed in any way to interfere with the general position either of Governors or of Committee. It is sincerely to be hoped that this charity, which has done so much good in the past, will enter upon a fresh career of usefulness to suffering humanity under the auspices of Mr. Marks and his fellow-workers.

Quarantine for Tuberculous Persons.

It is quite possible to believe that in the process of time tuberculous persons will be dealt with as infected individuals, and restraint placed upon their intercourse with the healthy members of the community. A movement in this direction is actually taking place in America. For example, in California the State Board of Health have passed a resolution to the effect that measures should be adopted prohibiting the entrance of tuberculous persons into the State. The climate of California is regarded as especially valuable for the cure of phthisical people, so much so that it is stated no fewer than 20,000 of these enter the State in a year, of whom, perhaps, about 1 in 50 recover. At the same time, it is pointed out that such a huge accession of tuberculous cases into the State can only result in disseminating the disease among many of those who otherwise would remain uninfected. A medical man in the State has also asserted that tuberculous patients should be prevented from attending churches, theatres, public or social gatherings, and that they should not be allowed to occupy public conveyances, such as railway carriages and omnibuses. All this goes to show that the more the public comes to learn regarding the infectivity of tuberculosis the worse will the position become of those who suffer from the disease. In the days of old the lot of the lepers must have been an extremely unhappy one, and the trend of opinion seems in the present day to be in the direction of limiting the intercourse of tuberculous persons to those who are similarly infected. But, however this may be, it is nevertheless certain that in the past a great deal of tuberculous disease has been disseminated by the unrestricted co-mingling of healthy with diseased persons, and there is no doubt that much good will result from letting the public plainly understand the desirability of putting a stop to this promiscuous intercourse. Prevention, after all, is undoubtedly the great thing in the case of a disease like tuberculosis; for the less persons there are who suffer from it, the less there must be by whom it can be disseminated; each case may become the focus of transmitting the disease to a healthy person, and if means can be taken to prevent such transmission, it is obvious that a great point has been gained.

The Recent Health Congress at Blackpool.

The programme of the Health Congress that met recently at Blackpool was much like that of most of these meetings. The question of the prevention of tuberculosis was prominently raised, but nothing very novel was advanced as a contribution to the practical politics of the subject. This fact is somewhat to be regretted when we consider the mixed nature of the assembly brought together by the energies of the Royal Institute of Public Health. What an opportunity was afforded in these discussions for educating the minds of dilettante noblemen, mayors, vestrymen, sanitary inspectors, *et id genus omne*, who swarm around the congress chambers as bees congregate near honey pots! Not that we would infer there can be a momentary doubt as to the value of the diffusion of sanitary knowledge among the people. At the same time it may be questioned whether the papers and the speakers were not at times a little above the heads of their lay audiences. In some instances local authorities have sent, as their representatives, subordinate inspectors and vestrymen, who, in their private capacity, are small tradesmen, to cull the scientific fruits spread before visitors at these gatherings. The composition of brandy was discussed, factory and workshops legislation, the sanitation of the Mosaic law, the medical inspection of schools, the codification of sanitary laws, and many other more or less recondite topics, so that a wide and varied field of interest was opened up to the zealous sanitarian. One speaker advocated the necessity of fixing a standard of carbonic acid impurity in factories, a point upon which future efficient control of such places appears to us to hinge. Among familiar names may be noted Sir Charles Cameron, Dr. Ransome, Dr. Thresh, Dr. Cameron (Leeds), Dr. Kenwood, Dr. Hope (Liverpool), and many others.

The Art of Writing Medical English.

The average medical man has little power of literary expression. Hence, when he rushes into print, as often as not he bewilders his readers instead of enlightening them with his particular views and observations. Who is not familiar with the tangle of reiteration, bombast, obscurity, and confusion of utterance that marks the written effusions of the ordinary medical man? Some there are who continue through a long lifetime, with a perversity worthy of a better cause, to pour forth long-winded communications upon all kinds of topics. Bores of this type are often mild monomaniacs, and their names are known and carefully avoided by readers of the medical journals. At times, no doubt, they are able by their persistency to help forward desirable change in the special section of the community to which they belong. In much the same way the political man of one idea now and then

achieves some reform of value to the community: it may be after years of patient waiting. On the other hand the world of medicine can always boast of a few particular stars who have literary faculties of the first rank. Some of the most notable productions have perhaps been those addressed to lay readers. There are several scientific works of the present day that may be termed classics as regards their purity and felicity of style and diction. Fortunately, if a man have his facts and his reasoning carefully prepared, good style is not an absolute essential to successful publication. With the main mass of the profession inability to write well simply means that the art has never been cultivated.

A Remarkable Case of Nasal Obstruction.

OCCASIONALLY sensational incidents occur in medical and surgical practice, and it may be said of the following case, the notes of which are published in the current number of the *Scottish Medical and Surgical Journal*, that so far it may be regarded as unique. A Japanese workman in Singapore was brought to Dr. Keng with the history that three months before he bathed in a pond, and while doing so he suddenly felt something slipping into one of his nostrils. He made an effort to remove it, but failed to dislodge it. On looking into the left nostril, which was a little swollen, Dr. Keng could plainly see a black mass projecting from the superior meatus. A cup of water was accordingly held to the nostril, and in a short time the tail of a leech was seen projecting from the nostril and wriggling about in the water. The next question was, how to extract the leech. The tail was seized with a pair of old fashioned artery forceps, and the nostril was douched out with a solution of permanganate of potash. But the effect of this was only to cause the creature to contract more firmly, so another method had to be tried. The patient was, therefore, given some chloroform to inhale, a procedure which proved effectual, for in a few moments the leech, with the forceps attached, dropped on to the floor. The man had, in the course of the three months, during which the leech had located itself in his nose, lost a large quantity of blood. His weakness was, indeed, such that he was barely able to stagger into the author's surgery, and there is no doubt that had the leech not been extracted a fatal result might have ensued.

Motor Cars for Medical Men.

IT would seem that practitioners in country districts are investing largely in motor cars, and judging from the number of letters published in a recent number of the *Autocar*, in which high approval and satisfaction are expressed by those who have adopted them, this mode of locomotion is evidently becoming more and more popular in the profession. Several advantages are claimed for the motor cars as compared with horse traction. Generally it is said that a car will go faster and further than any horse, will negotiate any reasonable gradient, and is always ready for use, while the doctor can dispense with the services of a man to drive it, and the machine can be left unguarded if necessary. These are certainly useful points upon the question of expense. However further time is still wanted in order to draw a comparison, but, so far, after the initial outlay of about £165, a motor car, it would seem, can be kept in order and regularly used at a much cheaper rate than horses can be employed. The complaint that cars are objectionable from the smell and noise which they cause does not seem to have much foundation in fact. Altogether, then, a good deal of enthusiasm is at present being shown by those practitioners who have adopted "moting" as a mode of locomotion.

Public Analysis at Second Hand.

IN a leading article on the above subject which appeared in our issue of September 27th, we commented on the undesirability of plurality in public health appointments. Among public analysts we mentioned by name two who each held appointments to four vestries, and two more who acted in that capacity to three such authorities. In mentioning these gentlemen our object was merely to show that plurality existed by a simple statement of facts. It is hardly necessary to add that nothing was further from our intention than to insinuate that the analysts referred to were not perfectly efficient and conscientious in the discharge of their duties. Our criticisms were addressed to the system, and not to the officials who carry it into effect. It is conceivable that an analytical chemist pure and simple might hold more than one post as vestry analyst with advantage to everyone concerned. At the same time we see no reason to modify our general conclusion that plurality has been the bane of sanitary administration in the metropolis. A minute and exacting analysis, whether chemical or bacteriological, demands the personal element, especially when grave medico-legal issues are involved.

The Royal College of Physicians, Ireland.

THE annual general meeting of the College will take place on St. Luke's Day, October 18th, on which occasion the election of President and officers will take place. Dr. J. W. Moore will, no doubt, continue in occupation of the Presidential chair, and Dr. Atthill and Dr. Craig will retain their positions respectively as representative of the College in the General Medical Council and as Registrar. The examiners under the conjoint scheme with the College of Surgeons will also be chosen, but in these there will be changes. In the evening the college will hold its annual dinner, and will entertain a number of distinguished guests.

A New-Fangled Poison.

THE first recorded case of poisoning by hydrofluoric acid was the subject of an investigation recently at New Cross. Our readers are aware that the specialty of this acid is its erosive power on glass, and the victim of this poisoning was a glass enameller, who seems to have taken the poison out of bravado. He died in a few hours, notwithstanding all that could be done for him.

The Hospital Matron Again!

The situation of the medical staff at institutions where the matrons are placed on terms of equality with them, to the detriment of harmony and discipline, is one that no body of self-respecting men ought to tolerate. The matron is the head of the nursing staff, and as such is the subordinate of the Medical Officer. If an ill-advised code of regulations places it in her power to balk her hierarchical superiors with impunity, we may be sure that sooner or later, be it whim, pique, or mere bad temper, she will fall foul of that officer, leading to disorganisation of the service, and public discussions of the most deplorable futility. Judging from the report of a meeting of the governors of the Lowestoft Hospital, which is published in the *Eastern Daily Press*, a situation of this sort appears to have been brought about by the intolerable behaviour of the matron in regard to Dr. Walker, an old-standing member of the medical staff. The report in question is devoted to an unusually protracted wrangle, the upshot whereof was a resolution in favour of a committee of inquiry, Dr. Walker in the meantime holding over his resignation. So far so good, but we venture to maintain that unless allegations of positive misconduct are made against the medical officer, the plain duty of the committee is to call upon the matron to resign. We are aware that it takes two to make a quarrel, but whenever it becomes evident that there is a want of harmony, the subordinate must give way. The question is not one which can be discussed on its merits. The matron "cuts up rough" at some criticisms offered by the medical officer, and thereafter loses no opportunity of scoring off him in the wards and *vid* the nurses, who, poor things, thus find themselves between the devil and the deep sea. We trust the Governors will deal with the matter in accordance with the dictates of robust common sense and teach those who are in charge of nurses that their first and indispensable duty is to keep in harmony with their hierarchical superiors.

The Army Medical Department.

In our columns to-day the Director-General advertises his readiness to engage a limited number of civilian medical practitioners for temporary service in the Transvaal. The engagement is for six months' certain, and as much longer as may be found necessary, and the pay is to be £270, or at that rate per annum. It is probable that many candidates will offer themselves.

Fleas and the Transmission of Plague Infection.

The rat, according to Hankin, is the animal by which plague infection is conveyed. But the question which has for some time exercised the minds of the plague authorities is: How is the disease transmitted from the rat to man? A good deal of evidence has lately been collected showing that the agent of infection is the flea. Fleas are said to infest rats which are dying of plague, and bacilli, corresponding to the plague bacillus, have been discovered in the intestinal contents of fleas obtained from such rats. Again, fleas from plague-afflicted rats have been made the means of communicating the disease to healthy rats; all the experiments, then, undertaken to test this flea hypothesis, have tended to show, almost without doubt, that the flea plays a most important *role* in the dissemination of plague.

The Irish Preliminary Examination.

The examinations of students who are desirous of commencing medicine in the coming session was held last week in Dublin. We understand that 64 candidates offered themselves and that 32, or exactly one-half, were rejected. Although this large "mortality" is by no means displeasing to us, because we desire that no boy shall enter upon the study of medicine without at least the rudiments of a gentleman's education, we call attention to the large percentage of rejections because it affords a complete answer to the Committee of the General Medical Council, which has devoted itself to throwing dirt on the Irish examination on the ground that it is too easy. We doubt that any university in the kingdom could show as strict a severity of the examinations required for commencing medicine as the Irish colleges do.

A New Use for the Dispensary.

With reference to our annotation of last week in which we protested against making the dispensary rooms the centre for distributing charity relief to miscellaneous paupers, the Council of the Dublin Sanitary Association has adopted the following resolution:—"That the Council having read an article which appeared in the Medical Press and Circular, of October 4th, 1899, headed 'A New Use for the Dispensary,' hasten to express their opinion that the proposal to distribute Poor-law relief from the several city dispensaries is fraught with grave danger to the public health, and should not for a moment be entertained by any sanitary authority."

Vaccination in Liverpool.

It is worthy of note that the general increase in the number of vaccinations does not hold good in Liverpool where the returns for the first half of the year show a diminution equal to 22 per cent. on the figures for last year. This is the more remarkable in view of the fact that the "concientious objector" was conspicuous by his rarity in that city. As the *Liverpool Mercury* observes, in a paragraph on the subject, it thus becomes apparent that even in the comparative absence of the conscientious objector a community may suffer from the adoption of a policy of mere domiciliary visitation. The matter is serious enough to merit the early attention of the Local Government Board and of the Guardians.

Lord Rookwood last week handed over the Cottage Hospital at Hatfield, Essex, as a gift to the parish in memory of the late Lady Rookwood. Four hundred pounds have been raised by subscription among her ladyship's personal friends, to be set aside as an Endowment Fund.

Return of the Liverpool Tropical Expedition.

SURGEON-MAJOR ROSS and the other members of the Liverpool Medical Expedition on Tropical Diseases in West Africa, returned to this country on Monday. Although the Expedition had been at work only six weeks the results have proved most encouraging. The authorities at Sierra Leone have, on the advice of the Expedition, decided to use every means to exterminate the mosquito spreading malarial fevers. Major Ross is of opinion that other conditions are favourable to health in West Africa, there being a good water supply, and that if Europeans are careful both in their mode of living and house construction the inhabitants would have every chance of health. Despite the tropical climate, only one member of the Expedition, Mr. Austin, had suffered from malaria. He had slept for one night without mosquito curtains, and was thus infected, but was now convalescent. Dr. Ould, of the party, had proceeded around the West Coast in order to instruct medical officers as to the best method of treating the scourge. The opinion of the party was that the future of the West Coast was assured as soon as the Colonial authorities took steps to extirpate the virulent mosquito in the neighbourhood of the principal towns. Of course, years must elapse before the inland stations could be cleared.

St. George's Medical School.

CURIOSITY has been somewhat aroused by the announcement that St George's is to have the patronage of his Grace the Archbishop of Canterbury on the prize-giving day. It is pleasant to see the Church lending its hand to the profession, and there has always been a kindly feeling between them since the days of St. Luke; although now and then the "physician" has been not altogether agreeable to the "Church." The Archbishop probably knows something of the history of the hospital of St. George. It does not owe its origin to the munificence of a liberal patron like Guy, or to such religious bodies as those to which St. Bartholomew's and St. Thomas's can be traced. St. George's owes its character to its connection with great surgeons and largely to the profession. The School of the Hunters was a great school, and rivalling it the School of Lane. They were independent of the Hospital in one way, but were rivals in another. When the Lane School founded St. Mary's and the Kinnerton Street School moved up into the present hospital, a different state of things arose, and it must certainly be of interest to the present staff of St. George's to see that they stand worthy of the reputation of their forefathers. It is well nigh impossible in these days for anything to live on the reputation of the past.

DR. TELFORD SMITH having been compelled to resign the office of Medical Superintendent of the Royal Albert Asylum, Lancaster, which he has held for the last six years, on account of ill health, and out of thirty-five applications, Mr. Archibald Douglas, L.R.C.P., Deputy Medical Officer, H.M. Prison, Portland, formerly Assistant Medical Officer, Royal Albert Asylum, has been appointed in his stead.

DR. LESLIE PHILLIPS, who has occupied the position of honorary surgeon to the Birmingham and Midland Hospital for Skin Diseases, has been presented with an address on his relinquishing the post.

Scotland.

[FROM OUR SPECIAL CORRESPONDENT.]

PROFESSOR SIR THOMAS GRAINGER STEWART.—We believe that Sir Thomas Grainger Stewart, although his health, it is gratifying to learn, has very much improved since summer, does not feel equal to the duties of his double professorship, those of the Chair of Practice of Medicine, and of Clinical Medicine in the Infirmary. No announcement of what arrangements have been made as to the carrying on of his work in the Edinburgh University and Royal Infirmary, but we suppose he will be granted leave of absence for a considerable period, and an outsider appointed as interim professor.

TYPHOID FEVER OUTBREAKS.—Several local outbreaks of typhoid fever have this autumn occurred in various districts round Edinburgh. Although the cases in some of these epidemics were fairly numerous the attacks have been up to the present of a mild character. As is usual, each outbreak has been attributed by some to infection through water, through milk by others, and both theories supported by much, but vague, evidence.

THE EDINBURGH ROYAL INFIRMARY CONTEST.—The contest for the vacant medical superintendentship of the Edinburgh Royal Infirmary promises to be very keen. It is too soon as yet to say who will constitute the candidates' list, but all sorts and conditions of men would appear to regard £500 a year and a house as a desirable prize, judging by what is rumoured as to those already in the field.

GLASGOW SOUTHERN MEDICAL SOCIETY.—The opening meeting of the Glasgow Southern Medical Society for the session 1899-1900 was held on Thursday last, when the following office-bearers were elected for the ensuing year:—Hon. President—William M'Ewan, M.D., LL.D., F.R.S. President—Hugh Kelly, M.D. Vice-presidents—Thomas W. Jenkins, M.D.; William Watson, M.D. Secretary—John Frazer Orr, M.D. Treasurer—William M'Millan, M.B., C.M. Editorial secretary—Andrew Wauchope, M.B., C.M. Seal-keeper—John Stewart, M.D. Extra members of council—Robert Pollock, M.B., C.M.; Alex. C. M'Arthur, M.B., C.M.; Duncan M'Gilvray, M.B., C.M. Court medical—John Dougall, M.D.; Robert W. Forrest, M.D.; Arch. Brown, M.D.; Edward M'Millan, L.R.C.S.-Edin. Representative to Victoria Infirmary—Chas. E. Robertson, M.D.

MEDICAL SOCIETY OF LONDON.

THE Opening Meeting of the Session took place on Monday evening last, when the President, Dr. F. Roberts, delivered the usual inaugural address, an abstract whereof we publish elsewhere. This was followed by a discussion on "Serum Therapeutics and Anti-toxin Treatment," initiated by Dr. Heron, who referred to the various experiences which he had published from time to time on the tuberculin treatment of tuberculosis and lupus by tuberculin, old and new. On the whole his results were decidedly encouraging, and neither in hospital nor in private practice had he ever seen any untoward results follow the use of the old or the new tuberculin. They had made upwards of 2,000 injections at the hospital without even a superficial abscess.

Dr. Washbourn followed with a disquisition on diphtheria antitoxin, anti-streptococcic serum and anti-pneumococcic serum. The former, he opined, had won its spurs. He pointed out that there were two classes of remedies, the antitoxin class which acted by anulling the toxins and the sera which prevented the growth of the living bacteria. In respect of the *modus operandi* of anti-toxin he endorsed Ehrlich's view that toxins and poisons generally produced their ill-effects by entering into a combination with certain molecules in the cells,

the antitoxin, by combining with the toxins, preventing the tissues entering into the combination, and so averting the harmful results. Certain tissues, however, had a stronger affinity for the toxins than had the anti-toxin, and so might form the combination in spite of the latter, and this explained why anti-toxin did not save life in all cases. He pointed out that patients who died in spite of the treatment all succumbed to symptoms indicative of paralysis of the vagus nerve. Admitting this explanation, he held out the hope that it might be found possible to prepare antitoxins from other animals than those at present employed, which would display an affinity for the toxins greater than that of the nervous system. With respect to the antistreptococcic serum, he insisted on the fact that no specimen thereof could be relied upon to produce beneficial results in *all* cases of streptococcic infection; it exerted marked effects in some cases, and none at all in others, and at present there were no means of distinguishing between the two sets of cases. He spoke less confidently about the anti-pneumococcic serum, which, though it was based on strong experimental proofs, did not as yet yield results sufficiently sure for him to express a decided opinion. He thought, however, that it merited a more extended trial in this country.

Dr. Hubbard made some interesting remarks on his experience with serum as a coagulating agent. He had tried it in two cases of aneurysm with the result of affording marked relief from pain, and the coagulating property had been very successful in arresting the loss in an obstinate case of menorrhagia. Finally, in a case of hæmophilic epistaxis, the injections had arrested the hæmorrhage after surgical measures had failed.

Medical News.

Charing Cross Hospital Medical School.

The following entrance scholarships have been awarded:—The Livingstone Scholarship (100 guineas) to Mr. Philip Rees, the Huxley Scholarship (55 guineas) to Mr. R. Huxetable, and the Universities' Scholarships (each 60 guineas) to Mr. A. E. Taylor and H. F. Skrimshire. Entrance scholarships have also been awarded to Mr. L. Maitland (60 guineas), Mr Harold Smith (40 guineas), and Mr. H. W. Farebrother (30 guineas).

University College London.

Medical scholarships and exhibitions have been awarded as follows:—The Bucknill entrance scholarship (for proficiency in science), value £30 a year for four years, to Mr. G. Hall; two entrance scholarships (for proficiency in science), value 55 guineas each, to Mr. A. Ferrière and Mr. E. Mapother; two exhibitions (for proficiency in anatomy and physiology), value 76 guineas each, to Mr. C. S. Parker and Mr. T. L. Llewellyn.

St. Thomas's Hospital Medical School.

The University Scholarship (£50) has been awarded to Mr. Arthur Cyril Hudson, B.A., of Trinity College, Cambridge; the Natural Science Schola ship (£150) has been awarded to Mr Lacey Bathurst; the Natural Science Scholarship (£60) has been awarded to Mr. Leonard Craske. Messrs. E. H. Burnett Bailey and F A. Broadribb earned marks qualifying for a Scholarship.

London School of Medicine for Women.

The following scholarships have been awarded at this school in connection with the Royal Free Hospital:—School Scholarship (value £30). Miss Sommer; Bostock Scholarship (£60 a year for four years), Miss Payne; Mabel Webb Research Scholarship (value £30 a year for two years), Miss Vaughan, M.D.B.S.

Guy's Hospital Medical Schools.

The following entrance scholarships and certificates have been awarded:—Senior Science Scholarship, for University students, £50, Mr. P. N. Blake Odgers, Lincoln College, Oxford; and certificates to Mr. G. E. Malcolmson, Owens College, Manchester; Mr. F. H. Parker, Pembroke College, Cambridge; and Mr. H. Robinson, Trinity College, Cambridge. Junior Scholarships in Science, £150, Mr. H. F. Bell Walker; £60, Mr. J. H. Clatworthy; and certificates to Messrs. G. Russell, and H. H. Carter. Entrance Scholarships in Arts, £100, Mr. F. Hood, Roan School, Greenwich; £50, Mr. H. S. Knight, Bancroft's School, Woodford Wells; £30 (Dental School) Mr. A. Black, Foyle College, Londonderry; and certificates to Mr. E. J. N. Aston, Jesus College, Oxford; and Mr. H. H. Watney, Trent College, Derbyshire.

St. George's Hospital Museum.

We are requested to make known that the specimens added to the Pathological Museum of this hospital during the past year are, as usual, placed on view in the museum, and will remain on view during the month of October. As this is the first occasion on which it has been possible to show a large number of specimens preserved in *formalin* solution, with the natural colours preserved, members of other schools are invited to view them. The Curator, Dr. Lazarus Barlow, attends from one till four daily. The specimens number about 140, and a description of each is attached.

All Saints' Home.

The Sisterhood of All Saints' Home, Margaret Street, who have had charge of the nursing of University College Hospital since 1862, having recently resigned, it was felt by the Committee that the very valuable services rendered by Sister Cecilia, who for twelve years had worked as a ward Sister, and for seventeen years had occupied the responsible position of Lady Superintendent of Nursing, should be recognised. The members of the Hospital Committee and the members of the medical and surgical staff accordingly assembled in the Board room of the Hospital on the 4th inst. and presented Sister Cecilia, on behalf of the All Saints' community with a copy of one of Raphael's "Madonna," to which was attached the following inscription:—"The Sisters of All Saints' undertook the nursing of University College Hospital in 1862, and for thirty-seven years devoted themselves to this work of charity. In grateful remembrance of their long association with the Sisterhood, the Committee and staff of the Hospital present to Sister Cecilia, who has been Sister Superior for seventeen years, this copy of a well-known picture by Raphael.

The Medical Sickness and Accident Society.

The usual monthly meeting of the executive committee of the Medical Sickness, Annuity, and Life Assurance Society was held on the 29th ult., at 429, Strand, W.C. There were present: Dr. de Havilland Hall, in the chair; Dr. J. B. Ball. Mr. Wm. J. Stephens, Dr. J. Prikett, Mr. J. Brindley James, Dr. M. Greenwood, Dr. Alfred S. Gubb, Dr. W. Knowsley Sibley, Dr. F. J. Allan, and Dr. J. W. Hunt. The accounts showed the society to be growing in numbers and financial strength. During the summer a cash bonus of nearly £5,000 has been distributed, each member receiving his share, *pro rata*, of the surplus found to exist when the business was valued last year. The sickness during the summer had been considerably under their expectation, and there is little doubt that on the whole year the business will show, as usual, a considerable profit. The Medical Sickness and Accident Society makes a complete provision for those of its members who are permanently incapacitated, either by illness or accident. Under these arrangements over a dozen members of this Society whose affliction leaves little hope that they will ever be able to resume work are now drawing annuities averaging from fifty to one hundred guineas a year. It is felt that this is one of the most useful functions performed by the Society. Prospectuses and all other particulars from Mr. F. Addiscott, Sec., Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

West London Medico-Chirurgical Society.

The Society held the first meeting of its eighteenth session at the West London Hospital on Friday, October 6th, when the President, Dr. J. B. Ball, delivered his inaugural address on "The Progress of Rhinology." The address was an interesting one, particularly to specialists on the subject, and we give a full *résumé* in another column under the heading of "Original Communications." After its delivery a vote of thanks, proposed by Dr. J. W. L. Thudichum and seconded by Dr. S. D. Chippingdale, was carried by acclamation. Dr. Ball briefly replied.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

DR. HAYWARD.—We are unable to deal with your communication in this number, but we hope to be able to do so in our next.

AN EDINBURGH STUDENT. — Regret we cannot answer the question; write to the publishers of the book, they will doubtless be able to give you information not in our possession.

L. K. Q. C. P. (Belfast).—The information given you is undoubtedly correct; it is the most up-to-date and sound "manual of surgery" extant.

MR. HATTON (Liverpool).—We think you have somewhat misunderstood the requirements; if you will re-read the advertisement in another column you will see that "civilian medical practitioners for temporary service with the troops in the United Kingdon" are required by the Government.

DR. Y.—There is no reason whatever why our correspondent should not charge for his visit.

GENERAL PRACTITIONER.—Paludism in infants is well known in certain parts of the world. It used to be very prevalent in Norway and Sweden, but during the last ten years a great diminution in the number of cases has occurred. The most marked symptom, noticed by Cronquist, was an intense periodical frontal headache developing in the early morning of each or every other day, lasting till mid-day.

DR. R. F. C.—Behring published as long ago as 1872 the results of his experiments with the diphtheria antitoxin, showing its value in immunising animals from and curing them of diphtheria. But it was not till 1893 that, in his "History of Diphtheria," he suggested that the remedy could be used for children.

DR. DUDGEON.—See reply to Dr. Hayward.

Meetings of the Societies and Lectures.

WEDNESDAY, OCTOBER 11TH.

HUNTERIAN SOCIETY.—8.30 p.m. Dr Sansom: The Effects of Influenza on the Heart and Circulation, their Clinical History and their Treatment. (First Hunterian Society Lecture.)

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—4.30 p.m. Dr. M. Dockrell: Bullous Eruptions. (Post-graduate Course.)

THURSDAY, OCTOBER 12TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.)—8 p.m. Specimens will be shown by Dr. Macnaughton-Jones, Mr. Charles Ryall, and others. Paper:—Mr. J. Furneaux Jordan (Birmingham): On the After-results of Operations on the Uterus and Appendages.

SOCIETY FOR THE STUDY OF INEBRIETY.—Quarterly meeting at 11, Chandos Street, Cavendish Square, at 4 o'clock. Dr. Harry Campbell, F.R.C.P., paper on The Craving for Stimulants.

FRIDAY, OCTOBER 13TH.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.). 8.30 p.m. Papers:—Dr. Rolleston: A Case of Acute Streptococcal Meningitis supervening in the course of Chronic Nephritis.—Dr. Churton: Aneurysm of the First Part of the Arch of the Aorta projecting into the Axilla.—Dr. F. J. Smith: A Case of Obstinate Anæmia in a young Girl associated with peculiar Trophic Disturbances and with doubtful Thrombosis of the Superior Longitudinal Sinus.—Mr. H. B. Robertson: Acute Intestinal Obstruction due to an Intussusception of Meckel's Diverticulum.

HOSPITAL REFORM ASSOCIATION (St. Martin's Town Hall). 4 p.m. Conference on Hospital Reform.

Vacancies.

County Asylum, Lancaster.—Assistant Medical Officer, unmarried. Salary to commence at £125 per annum, with a prospect of increasing to £250 per annum, with board, &c.

Hospital for the Insane, the Coppice, Nottingham.—Assistant Medical Officer, unmarried. Salary £150 per annum, with apartments, board, attendance, and washing.

Leicestershire and Rutland Lunatic Asylum.—Assistant Medical Officer, unmarried. Salary commencing at £150, with board, lodging, washing and attendance, Applications to the Clerk, 10, New Street, Leicester.

Lincoln County Hospital, Lincoln.—House Surgeon, unmarried. Salary £100 per annum, with board, lodging and washing.

Metropolitan Asylums Board.—Assistant Medical Officers at the Fever and Small-pox Hospitals, unmarried. Salary commencing at £160 per annum, with board, lodging, attendance, and washing. Applications to the Clerk to the Board, Norfolk Street, Strand, London. (See advt.)

Parish of St. George-in-the-East, London. — Assistant Medical Officer for the Infirmary and Workhouse. Salary £120 per annum, with rations and apartments. Apply to the Clerk, Guardians' Offices, Raine Street, Old Gravel Lane, E.

Royal Hospital for Diseases of the Chest, City Road, London.—Resident Medical Officer for six months. Salary at the rate of £100 per annum, with furnished apartments, board and washing.

Royal Infirmary of Edinburgh. - Superintendent. Salary £500 per annum, with free house, coals, and light.

St. Andrew's Hospital for Mental Diseases, Northampton.—Junior Assistant Medical Officer, unmarried. Salary commencing at £150 per annum, with board, apartments, and washing.

Victoria University, Manchester.—External Examinership in Anatomy for three years. Applications for terms and other necessary particulars to be sent to the Registrar. (See advt.)

War Office, Army Medical Department. - Civilian Medical Practitioners, for temporary service with troops in the United Kingdom for a period of six months. Remuneration at the rate of £270 per annum inclusive. Applications to the Director-General, Army Medical Department, 18, Victoria Street, S.W. (See advt.)

Appointments.

DOUGLAS, ARCHIBALD R., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg. Resident Medical Officer to the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties, Lancaster.

EVANS, DANIEL EDWARD, M.B., B.S., M.R.C.P.Lond., M.R.C.S., Anæsthetist and Pathologist to the Swansea Hospital.

HALLAM, H., L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer for the Workhouse of the Eccleasll Bierlow Union.

HALL, H. S., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Leigh Workhouse.

HAYES, A. HERBERT, M.R.C.S., L.R.C.P., House Surgeon to the East London Hospital for Children and Dispensary for Women.

INGRAM, A., M.B.Edin., L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer for the Workhouse of the Aston Union.

JUKES, G., L.R.C.P., L.R.C.S.Edin., Medical Officer of Health for the Longridge Urban Sanitary District.

PARR, EDWARD JAMES, M.R.C.S., L.R.C.P.Lond., House Surgeon to the Torbay Hospital and Eye Infirmary, Torquay.

POWELL, C., L.R.C.P.Lond., M.R.C.S., Junior Assistant Medical Officer for the Wandsworth and Clapham Union.

RABY, L. M.D Durh., M.R.C.S. Medical Officer for the First Sanitary District of the Devizes Union.

SHELLEY, P. W. G. L.R.C.P.Lond., M.R.C.S., Medical Officer for the Cruwys Morchard Sanitary District of the Tiverton Union.

SUTHERLAND, D. SAGE, M.B., Ch.B.Glasg., Resident House Surgeon to the Cumberland Infirmary, Carlisle.

TUDD. G. D., L.R.C.P.Edin., M.R.C.S., Medical Officer to the Brook Dispensary, Selby.

Births.

BRYCE. - On Oct. 5th, at 54, Stroud Green Road, N., the wife of John R. Bryce, M.D., D.P.H., Barrister-at-law, of a son.

BUTTAR. On Oct. 6th, at 20, Kensington Gardens Square, London, W., the wife of Chas. Buttar, M.D., of a daughter.

LOXTON.—On Oct. 4th, at 45, Belgrave Road, Edgbaston, the wife of Arthur Loxton, F.R.C.S., Edin., of a daughter.

REVELL.—On Oct. 4th, at 11, Granville Road, Southfields, S.W., the wife of Hugh Stanley Revell, M.R.C.S., L.R.C.P., of a daughter.

SAINSBURY.—On Oct. 3rd., at 63, Welbeck Street, London, W., the wife of Harrington Sainsbury, M.D., of a son.

Marriages.

SOUTHWELL-SANDER—HATCHARD.—Oct. 5th, at St. John's Church, Sandown, I.W., Gerald Southwell-Sander, M.B., C.M., of Wateringbury, Kent, to Emily Mary, eldest daughter of the late Henry Hatchard, Esq., of Walsford, Wimborne.

KINGDON-MEADOWS.—By special licence, at Saint Gabriel's Church, Willesden Green, Wilfred Robert Kingdon, M.B., B.S., of 44, Maitland Park Road, Haverstock Hill, N.W., to Florence Matilda, eldest daughter of James Meadows, of Cricklewood.

Deaths.

FENOULHET.—On Oct. 1st, at Blomfield Terrace, Paddington, John Henry Fenoulhet, M.A., M.R.C.S., L.R.C.P., aged 41.

HODGES.—On Oct. 3rd, at Addison House, Upper Edmonton, in his 42nd year, James Hodges, L.S.A., M.R.C.S.Eng., eldest son of the late Rev. James Hodges, of Shippon, Berks.

JACKSON.—On Oct. 1st, at Broadhurst Gardens, South Hampstead, Henry Ensworth Jackson, M.R.C.S., aged 52 years.

KELLETT.—On Oct. 8th, at St. David's Road, Southsea, Surgeon-Major Ed. Young Kellett, A.M.D., aged 68.

LAWFORD.—On Oct 2nd, at Oriel House, Leighton Buzzard, Edward Lawford, M.D., aged 79 years.

LILLIES.—On Oct. 3rd, at the Lawn, Shepherd's Bush, George William Lillies, M.D., in his 77th year.

WALLACE.—On Oct. 1st, at St. John's Terrace, Colchester, Alexander Wallace, M.D., M.A. Oxon, M.R.C.P., aged 70. Foreign and Colonial papers please copy.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, OCTOBER 18, 1899. No. 16.

Original Communications.

THE CAUSES AND TREATMENT OF SCIATICA AND NEURALGIA.

By HERBERT W. G. MACLEOD, M.D., M.S.ED.,
Late Surgeon-Captain, H.M.I.M.S.

SCIATICA and other forms of neuralgia are generally believed to be due to a neuritis of the affected nerve, its branches, or its cords of origin. The pain of sciatica differs in character from that of supra-orbital neuralgia in being more constant, more easily excited by pressure, and in shooting less rapidly along the nerve. It is usually intense at the sciatic notch, behind the upper half of the femur, about the knee-joint, below the head of the fibula, above the outer side of the ankle, and on the dorsum of the foot.

When the pain is of a dull, gnawing character the patient frequently thinks he is suffering from "muscular rheumatism." When the diagnosis is doubtful, by flexing the leg on the hip and then pressing on the external popliteal nerve as it lies under the tendon of the biceps in the popliteal space, a sudden spasm of pain in the course of the nerve is experienced by the patient.

In doubtful cases I have been able to convince myself (and the patient) that the case was one of sciatica, by pressing deeply over the nerve below the lower border of the gluteus maximus near the origin of the long head of the biceps.

By flexing the thigh on the pelvis, and extending the leg, the characteristic shooting pain can be elicited, and a doubtful diagnosis cleared up.

The causes of neuralgia and sciatica are numerous, and all of them point to irritation of the affected nerve, either in its cords of origin, its course, or in its branches.

Interstitial and peri-neuritis have been observed. The nerve is swollen and reddened, and there may be marked exudation in its sheath, or in the interstitial connective tissue. Endarteritis has been noticed by some observers in the nerve-sheath, but Horsley and Rose detected changes in the nerve-elements—none in the vessels.

Gout and rheumatism are stated to be predisposing causes, but the late Dr. Fagge agreed with Ainslie in thinking that "the relation of sciatica to rheumatism is altogether imaginary." Gout and syphilis may excite a neuritis, and so act as causes, and some observers believe the latter not to be a common cause of sciatica, unless spinal meningitis is present, or there is a lesion of the cord.

Among existing causes exposure to cold (especially when the body is heated), wet clothing, sitting on a damp seat, &c., are foremost. I recently had a patient under my care who got a severe attack of sciatica (for the first time in his life), when travelling on a cold and damp day in a tram-car.

Heavy muscular exercise may excite an attack, but I am inclined to ascribe it more to a resulting enfeeblement of the system than to the exertion *per se*. Deterioration of health, anæmia, nervous depression, mental strain, overwork, &c., are all exciting causes.

It is stated that neurotic subjects are not liable to neuralgia, and that in the clinical history of "Neuralgia Major" strikingly few cases are found in hereditary neuropaths. My experience has been that neurotic people, especially nervous and hysterical women, are particularly liable to suffer from facial (supraorbital) neuralgia; and we know that cases of neuralgia show a preponderance of the female sex. It is the reverse in sciatica; and this is explained by men, from the nature of their work, being more exposed than women to the exciting causes of that affection.

There is one exciting cause of facial neuralgia, and of sciatica, which seems to be greatly underestimated. It is malaria. I was somewhat surprised to read in a well-known work on Medicine that, "although the distinct periodicity of neuralgia was supposed to indicate a malarial origin, this view no longer prevails"; and later on in the same work, "although malaria is considered to be a cause of sciatica, such cases, however, do not yield to quinine."

I feel sure that there are many who, like myself, have seen numerous cases of neuralgia (in Military and Civil practice in and out of the Tropics) due to malarial poison. I have noticed it in patients otherwise in excellent health. The only likely cause of their disease was exposure to malaria; and further, their symptoms were relieved by arsenic and quinine which are known to be efficient in such cases. I have in several instances been able to verify the following points:—

1. That the first attack may come on some time after the patient has left a malarial country or zone.
2. That in consequence, the cause of the disease is likely to be misunderstood.
3. That, whether residing in a malarial or non-malarial country, subsequent attacks are readily brought on in damp weather, after a heavy rainfall, and in a warm, moist, and enervating atmosphere. Rank vegetation also is an important exciting factor.
4. That attacks are most common in spring and autumn, and that a bracing climate and frosty and fine weather do not as a rule excite a paroxysm.

Neuralgia is supposed to be caused by toxic substances circulating in the blood, and irritating the sensory neurons; and one might suggest the malarial parasite as the *fons et origo mali* in persons who have been exposed to infection.

With regard to treatment: Quinine is very much used in all forms of the disease. If given in sufficiently large doses, and for a long period, it generally has a beneficial effect. Cinchonism should be guarded against by giving hydrobromic acid or sodium bromide. My experience of this drug in neuralgia and sciatica has, however, been disappointing; the effect is slow and not always sure.

Cinchonine has some effect, but in my limited trial of that drug, the results have fallen short of those of quinine. Ammonium chloride is much praised by some authorities who have used it successfully in facial neuralgia "of rheumatic character"; but Sir Thomas Watson said that if four doses (of half a drachm each) fail to give relief, the drug may be considered unsuitable for the case. Dr. Ringer in his classical work on "Therapeutics," states that eminently practical men require no new remedy, for they consider this salt rarely fails to give relief in all forms of neuralgia. Antipyrin, in my experience, has temporarily relieved the pain, but has not cut short the attack.

The drug on which I place most reliance is arsenic. After a fair experience of it, both in neuralgia and sciatica, I have come to the conclusion that it is the most uniformly successful remedy.

It will not agree with all patients, and must be commenced in small doses of about ℥ij. of the Liquor Arsenici Hydrochlor., for adults, given three times a day after meals. I have not found Fowler's solution so palatable as the former preparation, because the Tr. Lavand Co. in it sometimes causes nausea.

To prevent griping from the arsenic I have found a preparation of opium useful, and prefer Nepenthe to the Tincture, because it seems to cause little or no headache in persons who suffer from this distressing symptom when taking the tincture. With Nepenthe Liq. Arsenici Hydrochlor. can be used (an alkali is incompatible), and Sp. or Aqua Chloroformi. Tr. Aconiti in ℥ij. doses may also be added; the heart must be watched. It has often succeeded in relieving pain and shortening an attack. Liquor Sodæ Arsenicalis is also useful in sciatica.

Tr. Ferri Perchlor. has a great curative effect, especially in anæmic cases, but I have often found that it causes headache, dyspepsia, and a sensation of fulness with throbbing of the carotids and temporals. I therefore seldom employ it or other ferruginous compounds, unless specially indicated, and rely on arsenic.

Iron causes constipation when given as the tincture, and I am quite certain that a severe attack of facial neuralgia is markedly relieved after the bowels have acted well.

Arsenic acts as a mild aperient or laxative, and the dose of the Liquor should be gradually raised (if well tolerated) from one or two minims to ten minims two or three times a day after meals. At the first indication of intestinal pain, irritation of the eye-lids, &c., the dose must be at once reduced or stopped altogether for a few days, and then slowly recommenced in much smaller quantities.

I can recall a severe case of sciatica in an officer of a cavalry regiment, who was laid up for months, and was finally cured after a prolonged course of arsenic, when all other drugs had failed.

Heat locally applied and galvanism are useful adjuvants. The constant current seems to be more effective, or the two currents may be applied at the same time by means of De Watteville's key.

In severe cases acupuncture, Nélaton's cautery, or stretching the sciatic nerve are useful.

Instead of cutting down on the nerve and then stretching it, the same may be effected by flexing the thigh on the abdomen and then forcibly extending the leg. It is better to do this under an anæsthetic. Pressure on the supra-orbital nerve often relieves neuralgia, and a 20 per cent. solution of cocaine in Ol Menth. Pip. or Ol. Caryoph. is often effectual.

In severe and chronic cases of facial neuralgia surgical treatment may afford relief. The operation suggested by Professor Rose, of King's College Hospital, and the Krause Hartley operation on the Gasserian ganglion have given satisfactory results.

In conclusion, I would suggest early employment of arsenic in all cases of sciatica and of facial neuralgia. The symptoms must be carefully watched. If, after a prolonged trial, the treatment fails, then other drugs should be tried. In chronic and intractable cases a surgical operation may be absolutely necessary.

COFFEE-GROUND VOMITING AFTER ANÆSTHESIA IN GYNÆCOLOGICAL AND OBSTETRICAL CASES WHERE INSTRUMENTAL OR OPERATIVE INTERFERENCE HAS BEEN RESORTED TO. (a)

By Dr. OSCAR BEUTTNER,
Geneva.

During my term as assistant at the gynæcological clinic at the University of Berne, I was fortunate enough to observe six undoubted cases of vomiting of coffee-ground coloured substances and a seventh case presented itself to me in my practice at Geneva.

I have up to the present neither heard nor read of references to this phenomenon; but as I consider it important with respect to the question of differential diagnosis, I would claim your indulgence for a short span of time by bringing this, to my mind, important, phenomenon to your notice.

In one case chloroform and ether were the anæsthetics used; in five cases chloroform alone was used, and in one case ether alone. The chloroform was, as chemical analysis showed, of absolute purity; and there was no reason to doubt the chemical purity of the ether. In four of the seven cases the vomiting of coffee-ground coloured substances followed operative interference for difficult parturition, and in three after gynæcological operations. No abnormalities of digestive tract or of the heart was diagnosed in any of these cases.

I would like to dilate somewhat on the first of my cases, so as to convince you of the importance of recognising the phenomenon of vomiting of coffee-ground coloured substances with reference to differential diagnosis. The patient was æt 43, and the operation performed was vaginal hysterectomy for cancer of cervix uteri. The anæsthetic used was chloroform, which was administered during thirty minutes by aid of cotton wool by means of a mask inhaler. On the patient becoming cyanosed ether was resorted to. The operation lasted two hours. During the same coffee-ground coloured substances were brought up per os, but without the muscular contractions induced in general by vomiting, the brownish masses flowing out of the mouth in a continuous stream.

After the conclusion of the operation ensued very protracted and violent vomiting of coffee-ground coloured substances, which consisted of altered red blood corpuscles, detritus and mucous cells. Who would not have thought that such symptoms were caused by a cancerous state of the stomach, and that in such a case the operation was entirely superfluous! My colleague, Dr. Muret, from Lausanne, told me that Professor Freund witnessed at the clinic in Strasbourg a similar case to the one just cited; the post-mortem examination revealed cancer of the stomach, which von Recklinghausen looked upon as primary (the cancer of uterus being also primary).

Happily in our case there was no cancer of the stomach, as the period of convalescence and the further sequel of the case clearly demonstrated.

(a) Paper read before the Amsterdam Congress of Gynæcology. 1899.

In a case in which a post-mortem was made I could verify that no coarse lesions are necessary for the production of vomiting of coffee-ground coloured substances; we only found numerous hæmorrhagic erosions in the neighbourhood of the pylorus. In another case in which an autopsy was made nine days after the operation we found very dark grey coloured masses in the stomach, but could not discern any pathological changes of the mucous membrane.

It would lead too far, to give in detail all the naked eye and microscopical appearances which presented themselves to me in each of the seven cases which have come under my observation. I will only hint at the most important ones, and shall publish detailed accounts later on.

As regards the etiology of this kind of vomiting we have not been able to arrive at a satisfactory conclusion; but it is evident that the stomach plays an important part as a hollow viscus, and having a peculiar arrangement of the endings of the smaller arteries and veins. It seems to be pretty certain that neither chloroform, nor ether, nor the manner in which anæsthetics are administered plays a direct etiological part. Venous stagnation, on the other hand, seems to be of great importance in this kind of vomiting.

The hæmorrhage into the stomach may attain considerable dimensions. This is easily proved by the quantity of the spontaneous vomit, or what may be brought out of the viscus with the stomach tube. The anæmic condition of the liver and spleen found at the post-mortem examination of the first case is thereby explained. The vomiting of coffee-ground substances may take place during the operation or immediately afterwards, or sometimes at a considerable interval after the conclusion of operative interference, after the application of an enema, or the introduction of the stomach tube.

A peculiar phenomenon is the change the blood undergoes after a very short time, as in a case I observed, where, after anæsthesia had proceeded for ten minutes, vomiting of coffee-ground coloured matter occurred. (The vomited masses of all my seven cases were microscopically examined and found to consist of altered red blood corpuscles, detritus and mucous bodies.)

In conclusion, if I am not able to give you a satisfactory result about my studies concerning the etiology of coffee-ground coloured substances, I have tried to interest you in this phenomenon, so as to prevent you from confounding the same with cases of cancer of the stomach, and also to increase the number of observers, who. by publishing details of cases under their observation, may help to enlighten us on this hitherto dark, but very interesting, symptom.

THE TECHNIQUE OF VACCINATION.

By COLIN CAMPBELL, L.R.C.P., M.R.C.S.,
Surgeon to the Workhouse and Public Vaccinator for Saddleworth, Yorkshire.

That the recent Vaccination Act has enormously increased the details of the work of public vaccinators goes without saying—I should put it roughly that the pay has been doubled, whilst the labour has been quadrupled. The necessity of many of the new regulations may at first sight appear to be doubtful; but it is our duty, as faithful servants of the State, to carry them out to the utmost of our ability, to be carefully watchful of results, to discuss the subject amongst ourselves—with a view of being able to formulate and suggest to the Local Government Board such alterations and improvements as experience may show to be desirable to secure the highest standard of efficient vaccination.

To such an end I desire to offer a few observations on some doubtful points of technique.

The amended rules under which public vaccinators are now required to carry out vaccination are contained for the most part in Arts. 3, 4, 5, 6 and 7 of the third schedule of the General Order, and the first question is, the particular sort of lymph to be employed. Art. 3 says:—

"All public vaccinations are to be performed with glycerinated calf lymph, or with such other lymph as may be issued by the Local Government Board."

This apparently means that public vaccinators are restricted—in public vaccinations, of course—to the use of N. V. E. lymph, and this interpretation is borne out by the wording of Form I. (notice of intended visit):—

". . . . I hereby give you notice that I shall visit ———, and shall offer to vaccinate it with glycerinated calf lymph, or such other lymph as may be issued by the Local Government Board."

On the other hand, Article 4 inferentially permits the use of private supplies:—

"The Public Vaccinator . . . must not employ lymph supplied by any person who does not keep an exact record of its source." Therefore he *may* employ lymph supplied by those who do keep such record.

But many private producers of lymph supply tubes containing, it is said, sufficient for two, three, or even five vaccinations. The General Order condemns this, but in somewhat ambiguous language. "When once he has unsealed a tube of lymph he must never attempt to keep any part of its contents for vaccination on a future occasion." (Article 5.) The exact meaning of the word "future" appears to be open to doubt.

As regards the method of using lymph directed by Article 5, no one will cavil at a word. Most of the directions have long been carried out by public vaccinators—with perhaps the exception of the 'artificial blower"—"blowing" being rarely needed when we used points, and had a regular succession of children.

The necessity for sterilisation and aseptic vaccinations, often in the midst of suspiciously septic surroundings, has necessitated a reconstruction on an elaborate scale of our armamentarium. Hitherto a lancet (or one of its substitutes), a basin of hot water, and a clean towel were all that was required. Even now we might sterilise and cleanse without heat, but for the blower. It is a great improvement, an obvious necessity, and if you have a nice one, much spilling of lymph is prevented. But it has a nasty trick of "sucking back," and for its re-cleansing, nothing short of cold washing, followed by boiling, can be thoroughly sufficient. But as we cannot put our fingers into boiling fluid, we require a *forceps*; and we also want *scissors* to cut the lint or other material required for cleansing the skin and drying our instruments. As there is no real cleansing without *soap*, that is also required. So that our new "case" must include vaccinators blower, forceps, scissors, spirit-lamp basin, aseptic soap (some may desire antiseptic tabloids), lint, or gauze, and some means for protecting "the vaccinated surface against extraneous infection, both *on the performance of the operation*, and on inspection of results." (Art. 6.)

This is a rule to which I desire to draw attention, for personally I am unable to conceive a way in which the italicised part of it can be scientifically carried out, unless we have some means of determining the atmospheric purity of the apartment in which the operation is to be performed. We make four abrasions, four doors through which potentially possible septic germs may enter. How can we scientifically keep them out—protect "the vaccinated surface against extraneous infection"?

The addition of glycerine to lymph adds a new difficulty. Fresh lymph dries as quickly as it is introduced, whereas the glycerinated lymph takes half an hour to dry, and so *seal* the abrasion.

Fortunately the dangers which the rule is designed to meet cannot be so real as an out-and-out advocate in the germ theory would have us believe. During 17 years' work as public vaccinator, I have not known a single case in which any troublesome symptoms followed on the initial operation, that is to say, in which symptoms of sepsis developed within three or four days.

And from my own experience, again, I would assert that in 99 cases out of 100 the unpleasant results which occasionally follow vaccination are caused either by the irritation of the vesicle after it has begun to form (by clothing), or by a premature dislocation of the scab, subsequent to "inspection."

To guard against these more real dangers the general order gives us very little assistance, except by directing that "Advice as to the precautions to be taken . . . shall always be given." It is easy to give advice, but difficult to ensure its being carried out.

The two objects which the public vaccinator aims at are: (1) Thoroughly efficient vaccination, and (2) the prevention of those unpleasant consequences which may cause suffering to the patient and also tend to bring the operation into disrepute.

The Vaccination Department of the Local Government Board has provided us with a lymph *capable* of giving the most perfect results. I believe that when failure follows its use a careful reconsideration of any individual case would reveal some slight error of procedure on the part of the vaccinator.

As to its reliability, my own statistics are perhaps worth recording. From January to April last I vaccinated 258 cases, with 256 perfect results. In four cases only was there any inflammation present at the time of inspection—almost invariably the eighth day. There were nine cases in which I was asked to see them after inspection, and found in all that the cause of trouble was premature rubbing off the scabs. Without troubling the section with statistics I may say that these 258 cases included 194 children, whose age varied from 1 to 14 years, and the worst arms were those of children between 1 and 6 years old.

But there is still a small percentage of "bad arms" even among children between four and six months. They are usually found in the dirty homes of the ignorant, thriftless classes. As regards the "one mark" question, the position in which public vaccinators and the better class of general practitioners generally are placed, is not only illogical, but utterly unreasonable. The law, in its wisdom, acknowledges as "successful" vaccination a "mark" of any size, however microscopic; whilst the Local Government Board directs—and probably every teacher of vaccination inculcates—the necessity of four marks! What is the position of a man trying to explain that four marks are *necessary*, when his listener *knows* that a certificate of "successful" vaccination under the Vaccination Acts can be obtained, perhaps, fifty yards off for the modest sum of sixpence—and one pimple?

But the difficulty does not end there. A large number of people regard a vaccination as good or bad, not by measuring the size of the vesicles produced, but by the presence or absence of all irritation, inflammation, or subsequent trouble of any sort. Well, if the *efficient* vaccinator must produce four pocks aggregating half a square inch, whilst the one mark man can also certify *successful* with one mark of $\frac{1}{256}$ths of a square inch ($\frac{1}{16} \times \frac{1}{16}$), it would be an interesting calculation to estimate how many times more frequently *efficient* vaccination is likely to produce what is regarded as unfavourable results than "successful" vaccination.

The consequences of this condition of things are far-reaching. It makes the position of the efficient vaccinator logically untenable, and is piling up future evidence against the utility of the vaccination laws.

The initial difficulty is the *glycerinated* lymph: it takes forty minutes to dry! Well, one cannot wait so long at every house. If you apply a pad of wood-wool or gauze *immediately*, I am satisfied that is sucks-up the lymph, and so spoils the vaccination If you leave the application of the pad to others, it is applied awry, or too tightly, or too loosely, and so the vesicle is endangered.

Alternative applications for immediate use—discs prepared with gelatine or other non-absorbent material may be applied; but it is far from easy to secure their uniform adhesion. If a large disc, sufficient to cover four marks, be used, it usually wrinkles at its circumference and so becomes readily displaced; whilst smaller discs, designed to cover each separate mark, fail to adhere to the glycerinated surface and are usually on the day of inspection found far away from where they were placed. Occasionally a very pretty result is secured with both large and small discs, when the intelligent co-operation of the mother is secured.

Recently I have tried the application of flexile collodion—not exactly *immediately*. I have vaccinated, then packed up my case and filled up certificate, and at the last moment applied it. Nothing further has been applied till the day of inspection, when a gauze or woodwool pad has been personally applied. I have examined several cases so treated, on the fourteenth day, and the results have been remarkably good.

In conclusion, I would say that in the perfection of our *technique* lies the surest hopes of perfecting our results. A box of vaccinator's instruments has been prepared at my suggestions by Messrs. J. Weiss and Son. In a large number of dwellings there is absolutely no space on which to lay out our instruments. My first object was to make the box or case, complete in itself, and no other space is required by the vaccinator, who has this box with him, than that which it stands on, and no other material than cold water.

ON EARLY DECAY OF THE TEETH. *(a)*

By J. KINGSTON BARTON, M.R.C.P.LOND.

SEEING that the enamel and dentine of the permanent teeth are formed so early in life, it is evident the factors concerned in the sound development of these parts of the teeth must produce their effects during the infancy of the individual.

The six-year old molars, or first permanent molars, are far on their way of formation even before birth, but the incisors and canines do not begin to consolidate until a few weeks after the child has been born. At three years of age most of the permanent teeth are well advanced. In the jaw of a six-year old child all the permanent teeth, excepting the wisdoms (third molars), are fully formed, saving the fangs. Hence, whether the child's constitution, or its infantile diseases, or the nature of its food, be the cause of good or bad teeth, in any case the effect is produced long before the seventh year.

This subject comes well within the scope of the Department of State Medicine, prevention being the guiding principle of this section.

It has been urged that School Boards should take

(a) Abstract of Paper read at the Section of State Medicine, Portsmouth Meeting of British Medical Association.

the matter up. But the expense of treating diseased teeth would be very great, and seems entirely for the well-to-do. The State can alone touch the subject by attending to the question of prevention. It would be far better and cheaper for the State to provide good cow's milk for all infants who could not get breast-feeding than to deal with bad teeth in children and young adults.

If bad teeth could be prevented the gain to the State and individual would be of enormous value, as it is wonderful how many diseases can be traced indirectly to bad teeth. The one condition that is chiefly responsible for bad teeth is rickets. The rich who are hand-fed all have rickets in a mild degree, and the poor almost all have it more or less severely. In the well to-do the one common symptom of mild rickets is delay in the appearance of the milk teeth, and very few children cut their milk teeth at the proper time. Among the poor delayed teething and convulsions, bronchitis, diarrhœa, bow-legs, and other well known manifestations show how numerous and prevalent are its symptoms.

Rickets is not a disease, but rather a diet disorder, almost entirely due to improper feeding, and the early use of starch, especially if insufficiently cooked, is nearly always the prime cause.

In India, and other warm climates where children live so much in the air, it is said they suffer but little from rickets. On the other hand, it is among these people that children are kept at the breast nearly two years, it being well recognised by the natives the deadly danger of infantile diarrhœa in a hot climate, and its associations with the use of animal milk. So it is the breast rather than the sun which prevents rickets.

For twenty years I have been observing the history of milk, and permanent teeth in infants and children developing under one's care. Also, inquiring carefully into the early feeding and health of growing children, young adults, and old people. Three facts come out very strongly as a result of these inquiries —:

1. Breast-fed children always have the best milk and permanent teeth.

2. Those fed from the beginning with cow's milk, asses or goat's milk come off second best.

3. Directly starch or any patent food comes to be added to, or given in place of, cow's milk, then almost for certain will the milk and permanent teeth turn out badly.

When a person between 20 and 30 years has excellent teeth, it will nearly always be found he or she had a good period of suckling followed by very simple feeding in the first few years of life.

If the first permanent molars are the only bad teeth, it is possible that the mother's health at the end of pregnancy was at fault, but errors in diet or disease in the very first months after birth will usually be found to have been the cause of such teeth being bad.

If the second or third molars are chiefly affected then errors of health and diet between five and twelve years will have been noted. In every case where, after fifteen years, the teeth are bad, then it is invariably found the child had neither breast nor simple cow's milk, but one or other of the patent foods came on the scene. Of these artificial foods, some are less injurious in their effects than others, but none are good. In the earlier years of condensed milk, I have notes which show that in a few cases it did not produce such bad teeth as one would have expected, but this does not hold good with most of the modern preparations. In the Westminster Hospital Reports of this year, appears an excellent article by Dr. W. A. Wills on the composition of modern Swiss milk, and other infant foods; also certain statements in Parliament of late, exposed the poverty of modern Swiss milk as a food substitute.

Many a modern child child owes its life to one or other of the humanised foods, but I am sorry to say that the teeth of these children do not bear testimony to its being a perfect food. So there is some flaw in its composition the chemists have not yet satisfactorily overcome. Good as breast feeding is, yet it is not everything. For after weaning at nine months, until about three years of age comes the critical time when rickets is so rife. Hence, if after weaning injudicious feeding is adopted, then the last pre-molars suffer as also the bicuspids, with second and third molars of the permanent set; early breast feeding having generally ensured the success of the permanent incisors and canines.

In Scotland teeth are destroyed by too early use of oatmeal, some of the worst cases I have ever seen occurring in children who were given oatmeal from birth. In Ireland teeth are spoiled by too early use of potatoes, and in England by the early use of badly cooked flour and of bread. Until some teeth are cut the child should have nothing but breast or some animal's milk, the cow's for preference. By waiting for the appearance of teeth the pernicious system of pap foods can be avoided.

As each set of teeth (incisors, pre-molars, canines, and second pre-molars) appears, then further additions of egg, fish, vegetables, and selected fruits should be given until the milk set are complete, when meat may be added.

To bear out the above statements 100 consecutive cases of all ages have been taken from the note-books. A further separate account was taken of 100 cases over the age of 12. In these, 75 per cent. of good teeth had some form of breast-feeding. Of hand-fed cases, 75 per cent. had bad teeth, the remainder being good, or fairly good. In only one case was there loss of enamel, where the history showed good breast-feeding, followed by fresh country cow's milk, and no known severe infantile disease. However, in this case the teeth lasted very well in spite of the loss of enamel, showing the value of the early breast-feeding.

MEDICINE AND ITS STUDY. (a)

By J. W. MOORE, M.D.,

President of the Royal College of Physicians in Ireland.

After some introductory remarks on the "nobleness of medicine," Dr. Moore passed on to

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of our profession, which on account of its dignity and responsibility should be approached with bated breath and reverent mien. I do not urge, he continued, that the physician should be an ascetic; the very solemnity of our work forbids this, and councils reaction as a foil to the stern realities of our daily life. The best physician is the man who, daily witnessing the havoc wrought around him by the hand of Death, from his experience forms the habit of acting with a constant view to death, and develops the earnest desire to shield from its stroke the sick entrusted to his care. "Perception of distress in others," writes Bishop Butler in "The Analogy of Religion," is a natural excitement passively to pity, and actively to relieve it; but let a man set himself to attend, inquire out, and relieve distressed persons, and he cannot but grow less and less sensibly affected with the various miseries of life, with which he must become acquainted; when yet, at the same time, benevolence, considered not as a passion, but as a practical principle of action, will strengthen, and whilst he passively compassionates the distressed less, he will acquire a greater aptitude actively to assist and befriend them." This is the "mens medica," which endows the true physician with the God-like power of healing. His compassion, observation,

(a) Abstract of Address delivered at the inauguration of the Session of the Meath Hospital, Dublin, October, 1899

experience, reason, and learning are all enlisted in a self-denying and supreme effort to combat disease and to ward off death.

CLINICAL CASE-TAKING.

With much concern the physicians of the hospital have observed that for some years back—especially since the institution of a fifth year of medical study—students have been inclined to pay less attention to their clinical work than was hitherto their custom. They still "walk" the hospitals, but their attitude has become less actively attentive than of old. When it was not compulsory to "take cases," cases were taken as they should be taken—that is, the patients were visited twice a day, and every symptom and turn of their illness were noted. Now, I do not for one moment wish to belittle the teaching in our schools of medicine. A liberal general education and a sound knowledge of the auxilary sciences are essential elements in the evolution of the physician or the surgeon. But the paramount use of these aids to a professional training is to enable the medical student rightly to observe and study disease—and this crowning work of medical education can be pursued only at the bedside of the sick—there alone can "the ways of the sick" be learned. In my first address, delivered in 1875, I quoted Robert James Graves on this point. With your permission I shall quote him again. In his first introductory lecture after his appointment as physician to this hospital in 1821, he wrote:—"From the very commencement the student ought to witness the progress and the effects of sickness, and ought to persevere in the daily observation of disease during the whole period of his studies." He continues:—"A great number of students seem little, if at all, impressed with the difficulty of becoming good practitioners; and not a few appear to be wholly destitute of any prospective anticipation of the heavy, the awful responsibility they must incur when, embarking in practice, the lives of their fellow-creatures are committed to their charge. It is by persons of this description that the earnest attention and permanent decorum which ought to pervade a class employed in visiting the sick are so frequently interrupted. Young men of the character to which I allude attend, or, as it is quaintly enough termed, *walk* the hospitals very regularly, but they make their appearance among us rather as critics than as learners—they come, not to listen, but to speak—they consider the hospital a place of amusement rather than of instruction. Students should aim not at seeing many diseases every day; no, their object should be constantly to study a few cases with diligence and attention; they should anxiously cultivate the habit of making accurate observations. This cannot be done at once; this habit can be only gradually acquired. It is never the result of ability alone; it never fails to reward the labours of patient industry. You should also endeavour to render your observations not only accurate, but complete; you should follow, when it is possible, every case from its commencement to its termination, for the latter often affords the best explanation of previous symptoms, and the best commentary on the treatment."

In some degree, the languid case-taking of the present day is due to the active training of nurses and probationers which goes on in our wards. Our neat clinical charts are filled in by the probationers who are trained to take observations on the temperature, the pulse rate, and the rate of breathing. But this should not interfere with the case-taker's records—quite the reverse, for a second series of observations would control the first. Speaking with more than thirty years' experience as both student and practitioner, I assert with all the emphasis at my command that the student who neglects his clinical work, or carries it out in a half-hearted and perfunctory manner, will bitterly regret his lost opportunities in after life. Sooner or later, with much searching of heart and with many a misgiving, weighed down by a full sense of undivided responsibility, he will have to strive after that ripe experience which was within his grasp while yet a student, when he could share all responsibility with his teachers, and was sheltered beneath the ægis of their position.

After a brief reference to the advances made in medicine and surgery during the past quarter of a century, the lecturer alluded to

THE FEVER PROCESS.

The nature of the fever process is now far better understood than it was even a few years ago, and we have learned that "fever," or elevation of bodily temperature above the standard of health, or "normal," serves a useful purpose, provided that it is properly controlled. There is, in fact, what the Germans aptly call "das Heil-Fieber"—"the fever which brings back health." At the close of an able address on "Antipyrosis" before the Tenth International Medical Congress at Berlin, in 1890, Professor Arnaldo Cantani, of Naples, used the memorable words, "Das Fieber, das in so vielen Krankheiten der beste Verbündete des Arztes ist"—"the Fever, which in so many diseases is the best ally of the physician." Fever, in a word, purges the system. In an excellent article on "Typhoid Fever," written in the present year, Drs. Affleck and Ker, of Edinburgh, say:—"The ordinary fever of a typhoid case runs such a fixed and definite course that it is hard to believe that the pyrexia is not nature's cure for the disease."

In this mixed assembly of laymen and members—actual or presumptive—of the medical profession, I would raise a warning voice against the pernicious doctrine that in fevers the temperature must be reduced as quickly as possible to what is popularly called "normal" It cannot be too often or too emphatically and authoritatively declared that such a procedure is very likely to destroy life. The so-called antipyretic medicines, or heat-reducers, should never be used by unskilled hands. The employment of such remedies, even by the skilled physician, calls for the utmost caution and the most anxious consideration. The danger lies in an interference with the production of body-heat, while the escape of heat from the system is increased. In this way collapse is likely to be induced. For many years I have taught that the only safe antipyretic, or assuager of fever-heat, is water, and especially cold water. It helps the escape of heat from the body in many ways, while it does not interfere with heat production, rather, indeed, does the use of cold water internally and externally encourage the evolution of heat in the body.

ALCOHOLIC STIMULANTS IN DISEASE.

Another popular error, rife among medical students also, is that alcoholic stimulants are a sheet-anchor in serious disease. Such a notion may be fraught with grave consequences—immediate and remote. A patient, already suffering from the effect of a specific poison, may be doubly poisoned by alcohol, itself an intoxicant, or poison. And—a still greater disaster—a habit of alcoholism may be engendered through the careless administration of alcoholic stimulants Children and women, as a rule, bear stimulants badly, and in their case especially their use should be but temporary: In so-called "nervousness," nervous depression and sleeplessness, stimulants are much more likely to do harm than to do good. If they are given at all, it should be under the watchful supervision of the physician, the effect of each dose being carefully noted and weighed.

The question of the administration in fever of these powerful drugs—for such they are—is an anxious one. The chief indications for their use are derived from the state of the pulse, the heart, the tongue, and the brain and from the presence of complications, particularly of the "typhoid state," or that state which betokens profound depression of the nervous and muscular systems. Stimulants are most urgently required during the night and in the early morning, when the life-tide is at the ebb and the vital powers are wont to flag. In the forenoon they are much less needed. A comparatively safe way of exhibiting stimulants is in combination with food, in the form of egg-flip, wine-whey, sillabub, and so on.

DIET OF THE SICK.

This leads me to remark that, if you wish to be a good physician, it is necessary that you should also be a good cook. At all events, you should be a good theoretical

cook, effect being given to your theory by a good practical cook. There is scarcely a disease in which diet does not play a more important part than mere medicines. Again, there are no two patients whom precisely the same dietary will suit. We might say: *Quot homines, tot epulæ*. The skill of the physician will at times be severely tested in the attempt to draw up a suitable bill of fare for a fastidious patient. We should always remember that "what is one man's food is another man's poison." Dr. T. King Chambers, in his excellent "Manual of Diet in Health and Disease" (published in 1875), reminds us that when the tailor in Laputa sternly refused to take the usual measurements, and insisted on constructing Captain Gulliver's coat, waistcoat, and breeches on absurd principles, the customer voted it was the worst suit of clothes he ever had in his life. Dr. Chambers adds: "We should certainly fail in the same way if we did not take the measure of numberless contingencies in the daily life, and numberless peculiarities in the persons of those who consult us about their diet and regimen."

Pulmonary Tuberculosis.

The hospital treatment of consumption—by which is commonly understood pulmonary tuberculosis—is an anxious question, and one that is difficult of solution. Year by year the conviction grows stronger that in treating this fell disease in the wards of a general hospital we are committing a grave hygienic error.

In an address on the "Prevention and Cure of Tuberculosis," delivered before the Section of Medicine at the Carlisle meeting of the British Medical Association in 1896, I pointed out that, theoretically, the air of a hospital ward, however clean and well-ventilated that ward may be, is unsuited for a consumptive. In it his surroundings are calculated to depress. The dietary may not coax his appetite. And then to look at the question from the point of the other patients, the presence of the consumptive may be no more than tolerated. He keeps them awake at night with his hacking and racking cough; he resents open windows, yet may pollute the air in the ward to an extreme degree. If his expectoration is not destroyed or disinfected, he may even infect his fellow-sufferers with his own disease. (*a*) He occupies month after month a bed which otherwise would accommodate many generations of patients labouring under less chronic and more curable maladies. Lastly, the hospital treatment of tuberculosis breaks down because of its utter inadequacy to cope with so universal and so tedious a disease. In a week every bed in every hospital in the United Kingdom might be filled with consumptives, and even then thousands upon thousands of cases would be left without hospital accommodation, so widespread is the plague of phthisis.

The hospital treatment of tuberculosis should resolve itself into providing of—

1. Consumption hospitals, or sanatoria, in which the disease could be treated in its earlier and more hopeful stages.

2. Special consumption wards in general hospitals, into which tuberculosis, and that disease alone, should be received.

3. Refuges for those far advanced in, or dying of, consumption. The German name for such an institution is very expressive—"Friedensheim," or "Home of Peace."

The providing of special wards in, or adjacent to, our general hospitals would meet to a certain extent some of the objections I have advanced to the treatment of consumption in hospitals. In such wards consumptives in a more advanced stage of the disease could be treated, the separate principle being carried out wherever possible, a ward in any case being planned to contain never more than three or four patients, and provision being made for inhalations of ozonised oxygen, as suggested and carried out by Dr. Ransome.

Medical Etiquette.

I do not wish to weary you with a long address, but there is one fact which, if once pressed home, may save you and others from many a heart-burning in your professional life. A physician or a surgeon has no vested right or property in a patient. To put it in another way, the public have the most absolute right to choose their own medical attendants, and to change them as often as they please. Therefore, do not pick a quarrel with a professional brother on the ground that he has superseded you, and do not judge him harshly, or at all, until you have heard both sides of the question.

Do not misunderstand me, While the public must be left free-handed in this matter a serious responsibility rests upon every member of our profession who does not act towards his professional brethren with consummate tact, consideration, and forbearance. Never take advantage of a brother. If you are called in to visit a patient hitherto under his care, acquaint him of the fact with the least possible delay. Come to an honourable understanding with him. Do unto him as you would he should do unto you. If he then takes umbrage the fault lies at his door, not at yours. Such is "Medical Etiquette." William Stokes concluded one of his eloquent addresses on our conduct towards other men with the words of Hamlet, "Use them after your own honour and dignity; the less they deserve the more merit is in your bounty."

(*a*) Geo. Allan Heron. The Relation of Dust in Hospitals to Tuberculous Infection. *Lancet*, Jan. 6th, 1894.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, October 13th, 1899.

Sir R. Douglas Powell, Bt., President, in the chair.

Acute streptococcal meningitis supervening in the course of chronic parenchymatous nephritis.

Dr. Rolleston described the case of a man, æt. 22, admitted on the eighth day of his illness with a temperature of 103 degs., but without any definite evidence as to the nature of his illness, which had begun with tonsillitis. He was quite free from headache on admission, but the next day had two fits, passed into a condition of cerebral irritation, and died within 24 hours. The autopsy showed extensive purulent meningitis, due to streptococci infection, and an acute nephritis on the top of chronic parenchymatous nephritis. No streptococci were visible in microscopic sections of the kidney, so the acute renal changes may have been toxic. But, inasmuch as cultures were not made from the spleen or heart's blood, it could not be certainly said that the streptococcal infection was confined to the meninges of the brain. Terminal infections in renal disease were known to be common in the lungs, pleura, and pericardium, but not in the meninges. In Flexner's statistical study of terminal infections in chronic heart or kidney disease, the few cases of meningitis that occurred were almost always due to pneumococci. Flexner had shown that in chronic renal disease the bactericidal power of the blood was diminished and that terminal infections were therefore very liable to occur. This case was remarkable for the unusual site of the terminal infection, and for the latency of the meningitis. The tonsils were possibly the source of infection.

Dr. F. J. Smith commented on the rarity of such cases of which he had not met with an example in the post-mortem room. He remarked as curious that purulent meningitis so rarely followed renal disease, though pericarditis and pleurisy were common. He was surprised that the streptococcal infection could not be traced seeing that in tuberculous meningitis injection had been known to take place through the tonsils of which he mentioned an example.

Aneurism of the first part of the arch of the aorta projecting into the right axilla.

Dr. T. Churton (Leeds) related the case of a man, æt. 53, admitted June 15th, 1898, with a painful swelling on the right side of the chest, extending from the mid-axillary line to the nipple line, half the size of a cocoa-nut, the seat of well-marked expansile pulsation. First

noted two years ago, he only left off work three months ago on account of pain in the right arm. Had been confined to bed for a fortnight, he was feeble, and had anginal attacks. Aneurism was diagnosed. An aortic regurgitant murmur was heard over the fourth costal cartilage. Syphilis was denied. It had been thought by a surgeon to be of axillary origin, but a resident believed it to be aortic, the diagnosis turning upon the effect of pressure upon the subclavian artery. On palpation, however, a slight heaving could be felt from the tumour to the sternum and this area was dull. The heart's impulse was felt in the sixth space, 1¾. in external to the left nipple line. The bruit was fine and whiffing, not suggesting a large regurgitation. No other marked pressure signs. The patient died on July 5th with symptoms of internal hæmorrhage. Post-mortem—the heart was enlarged, chiefly the left ventricle, the mitral valve was normal, the aortic cusps were rather thick, but presented no marked deformity. The cavity was not much enlarged, but the muscle was thick. The first inch of the aorta was fairly good, but beyond, it was greatly dilated, even within the pericardium. Beyond the pericardial attachment the first part bulged outwards and downwards. Just outside the pericardium on its outer aspect was a long narrow slit leading into a sac measuring 5½ x 4½ x 3½ inches, having a thick lining of solid clot. At the upper and inner part of the sac was a small opening ¼ in. in length, from which blood had escaped into the pleura at the upper and posterior part of the thorax. The third and fourth ribs appeared to have been broken in the anterior axillary region, and the remains of the broken and separated parts are apparently contained in the wall of the sac. The ribs were intact as to their outer surfaces for two or three inches. The aneurism lay wholly in front of the lung, the inner face of the upper lobe being closely adherent thereto. He pointed out as an unusual feature the point of projection of the aneurism into the right axilla, of which he had been unable to find another example.

Dr. F. J. SMITH raised the question whether a bruit afforded any estimate whatever of the amount of regurgitation. As the result of combined clinical and post-mortem work he thought it was quite impossible to tell the amount of freedom of regurgitation by other than clinical symptoms. He asked what was the weight of the heart, and pointed out that unless the valves were affected an aneurism of the arch or descending aorta had no effect in producing hypertrophy. The position of the aneurism, he opined, was merely an anatomical accident.

Dr. CHAPMAN referred to Gross's dictum that as regards an aortic regurgitant bruit, if the second sound far exceeded the first in length this would indicate extensive regurgitation, but this did not hold good as regards the mitral valve.

Dr. ROLLESTON, in respect of the significance of such murmurs, observed that there was a difference between a mitral and a regurgitant aortic murmur. In the former there was little relation between the loudness of the murmur and the extent of the lesion, but with an aortic regurgitant murmur, though there were noteworthy exceptions, there was a very fair relation between the distinctness of the murmur and the character of the lesion. He agreed that in the absence of heart or kidney disease aortic aneurism did not lead to hypertrophy of the heart.

Dr. PERCY KIDD agreed as to the unimportance of a murmur *qua* the amount of regurgitation, but this could be estimated by reference to the pulse and to the presence or absence of the second sound over the aorta and the carotids. Perforation in this site was uncommon, but he had in his wards a case in which the perforation seemed to be posterior, the patient presenting a pulsating tumour over the scapula. In this case there was granular kidney.

The PRESIDENT said it was remarkable what an amount of absorption of ribs and other bones could take place without entailing suffering. He recalled the case of a patient who had an aneurism pulsating through the back of the scapula, who had complained of no particular suffering. He agreed that a bruit gave comparatively little information unless taken in association with the valve function. He asked whether the tracheal tug had been noted.

Dr. CHURTON, in reply, said it had been definitely settled in a discussion last year that hypertrophy of the heart was not a necessary consequence of aneurism. He referred to the case of a boy with a severe aortic regurgitation murmur, who presented two special signs which he considered indicative of grave regurgitation, viz., obvious enlargement of the heart downward and to the left, and instead of its being best heard over the fourth left costal cartilage it was loudest over the fifth and even the sixth, and a needle passed in through the fifth cartilage, went through the base of the conical channel which leads to the pulmonary valve in front and to the aortic valves behind. The kidneys in this case were reported to be slightly affected.

Dr. FRED J. SMITH showed a case of apparently

SIMPLE ANÆMIA

in a young girl, æt. 19. First under observation in 1895, improved under iron. In 1896, while taking large numbers of Blaud's pills, developed features of peripheral neuritis. In 1898 she suffered from warts on one hand, which showed peculiar phenomena of growth and decay. In 1899 she became much worse, and was admitted with a grave degree of anæmia, and while in hospital developed most peculiar nervous symptoms consisting of (1) a prolonged condition of serious interference with the respiratory mechanism, with periods of hours of rapid breathing (66 or more per minute), alternating with hours of very slow breathing; (2) intermittent fits of unconsciousness with convulsive movements of face and right arm and leg. No treatment seemed of any avail, but the patient gradually improved until headache and pain in the legs were her only complaints. Incisions down to the bone of both tibiæ relieved the latter; nothing has touched the former. Dr. Smith summarised the points of interest in the case as follow:—(1) its extreme intractability; (2) nervous phenomena, apparently peripheral; (3) nervous phenomena, apparently of central origin.

Dr. KIDD, who had seen the case in hospital, said t was a very puzzling case, and he had been inclined to fall in with the original diagnosis

Dr. NORMAN DALTON said that until this year he would have been inclined to think that thrombosis was rare in anæmia, but in December last he made the post-mortem of a young woman who had been suffering from anæmia, and had died with cerebral symptoms. He found extensive thrombosis of all the sinuses extending into the venæ galeni. Some months later a young woman with marked anæmia complained of pain in the arm and they found the veins of the arm thrombosed right up. During the present week he had seen a case very much like the one related by the author, but at an earlier stage. The patient, a woman, æt. 23, complained of persistent headache, which was entirely localised to the longitudinal sinus. There was numbness of, and movements in, the left arm. He pointed out that in this case, as in so many other cases of anæmia which did not yield readily to treatment, there was a suspicion of inherited syphilis.

Dr. ROLLESTON asked what was the tension of the pulse during these attacks? He thought that in some ways this remarkable case read something like Stokes-Adams' disease. He asked whether there was much constipation?

Dr. SAVILL recalled the case of a boy, æt. 15, who was extremely anæmic, and had a little œdema around the ankles, and a persistent loud double murmur over the heart with intermitting temperature. He died of asthenia and post-mortem nothing was found until they opened the head, when at each corner of the longitudinal sinus an unmistakable gumma was found. They then examined the eyes and found striæ in the corneæ. On examining all the bones they were rewarded by finding gummatous masses, so that undoubtedly it was a case of congenital syphilis.

Dr. C. BOX referred to a case under Dr. Payne, supposed to be suffering from pernicious anæmia. The red corpuscles were reduced to considerably under a million, but there was also a great increase in the eosinophile

cells. Subsequently a small serpiginous ulcer was seen on the palate, and the patient improved at once under iodide of potassium. Another case was examined for signs of syphilis, and some thickening of the tibiæ was made out. Examination of the blood showed no increase in the eosinophile cells. The patient died, and the ordinary signs of pernicious anæmia were found post-mortem.

Dr. Smith, in reply, admitted that the possibility of syphilis had not occurred to him, but that he would take care that it was now inquired into. When she was at her worst the pulse was very small—asphyxial. Her temperature averaged about 97, though she had two days of unexplained pyrexia.

France.

[from our own correspondent.]

Paris, October 15th, 1899.

Adenoma of the Intestine.

Independently of adenoma of the rectum described under the title of polypus, there exists an affection, very rare, it is true, in which the adenomata are not localised in the rectum but extend to all the surface of the large intestine called by M. Quénu, who made a study of the disease, polyadenoma. According to the author the neoplasm appears first on a relatively healthy portion of the mucous membrane, contrary to the opinion of Rokitansky, who pretended that it took its origin from ulcerations caused by chronic dysentery. The co-existence of polyadenoma and cancer is relatively frequent, since out of 42 cases observed by M. Quénu 20 were found to have been the seat of both diseases. Polyadenoma would seem to be rare in children. Statistics show that more than one half of these cases were observed between 16 and 31 years of age, and twice more frequently in man than in woman. The malady presents three principal symptoms, diarrhœa, hæmorrhage, and painful phenomena; later on the general health suffers. The diarrhœa is very abundant, from fifteen to twenty evacuations in the twenty-four hours, and resists all medical treatment.

Sometimes the evacuations are mixed with blood and mucus, at others they are exclusively composed of mucus more or less stained with blood. At times no pain is complained of, but in general the patients suffer from violent pain in the abdomen and along the sides.

The diagnosis is difficult as it is necessary to bring the intestine to view by laparotomy as performed more than once by Czerny.

If, however, the finger is passed into the rectum it will generally perceive a series of polypi soft and pediculated, varying in volume between the size of a pea and that of a cherry along the walls of that portion of the intestine.

As to the treatment, it is necessarily unsatisfactory. Surgeons have ablated all the polypi within their reach through the anus with considerable benefit, especially as regards the hæmorrhage, but resections of the intestine were prevented by the anæmic conditions of the patients.

Yellow Fever in America.

There have been twenty-seven fresh cases of yellow fever, with two deaths, at Key West; one case (fatal) at Jackson; and five cases, with one death, at New Orleans.

Germany.

[from our own correspondent.]

Berlin, October 14th, 1899.

Tuberculin Soap.

At the Münchener Naturforsche Versammlung, Hr. P. G. Unna read a paper on this new form of soap. The strain and stress period of tuberculin had, it was to be hoped, so long passed that when the speaker proposed a new form of it it would meet with a cool reception, but one free from prejudice. Scarcely any remedy had ever been used so lavishly, to be, in a short time, so completely neglected as tuberculin. Both the lavish use and the neglect were equally undeserved, and it appeared to him time that the experimental therapeutist, as well as the practitioner, should become masters of this wonderful specific, without expecting from it more than it could do.

Under the personal influence of Koch himself the administration of the drug had never ceased in the Infective Institute in Berlin, but elsewhere it was scarcely used except in veterinary medicine. This was not because physicians had not seen good effects from it; the reason probably was that people had not found the absolute radical effect that had been hoped for, and also partly that people believed that its benefits must be paid for by dangers to other organs, and to the life of the patient, and that the use of it was always to be associated with subcutaneous injections, general effects and fever.

As regarded the first prejudice, the remedy could not be allowed to fall out, because Koch, in the first joys of discovery, did not at once recognise its limits. The speaker could not name a single powerful remedy from morphia and chloroform to quinine and mercury, the sphere of action of which had not at first been overestimated.

It was the general body of the profession that expected more of tuberculin than it could do, for Koch had from the first emphasised the fact that tuberculin could not kill the tubercle bacillus. From this the practised dermatologist had taken the conclusion that neither lupus nor any other disease produced by tubercle could be cured *by tuberculin alone*. The chief reason for the neglect was, however, the danger of tuberculin. He, like many other physicians, had soon gone back to very small doses of tuberculin, and he held gradual cautious tuberculinisation with the smallest possible doses when it was only one factor used along with other well tried means, to be a comparatively safe method of treatment, at least for external tuberculosis, so long as its limits were kept in mind, and the period of time not put off in which the other remedies should be made use of. The use up to now of tuberculin injections involved a general action that, in the case of external tuberculosis, was quite unnecessary, and this could be replaced with advantage by a local tuberculin treatment. By such local use the dosage could be varied from place to place, corresponding to the degree of disease without the need, or thought for, any unnecessary or troublesome constitutional effect.

There were in general two ways by which medicaments that did not attack the skin could be made to find entrance through the cutis. They were mixed with either salicylic acid, resorcin, or other similarly active

phenol in the form of ointment, or with strongly alkaline soap. In both cases the skin was so opened up by these adjuvants that the remedy could act on the changed papillary body, and even on the deeper lying layers of the skin. The first experiments with tuberculin showed that salicylic acid caused precipitation, but an alkaline soap did not. The direction of his investigation was therefore decided, and after half-a-year's use on over thirty patients he had seen no reason to depart from the first selected form:—

Sapon. unguinosi, 10·0;

Tuberculini, 0·5—1·0—2·0 M. ft. ointment soap.

Here, as in all similar cases, the sapo unguinosus had shown itself the mildest yet the most energetic of all kinds of soap medication. The method of use was that used for all ointment soaps. A small quantity of soap (about 0,025 gm.) was used for the square centimetre rubbed in with the finger, which could be covered with a glove or protection, until its dryness prevents any further rubbing. Then the finger was wet with water, and with further rubbing it froths until it becomes dry again. Then the finger was wet again, and so on for four or five times until the whole had found its way out of sight below the horny layer.

As the ointment soap had a decided effect on diseased surfaces it seemed proper in the first experiments to treat a symmetrically lying spot in a similar manner with simple ointment soap instead of tuberculin soap. The difference of action between the two was as marked as could have been wished. With the tuberculin soap after 6, 12, 24 hours a slight prickling began, then an inflammatory hyperæmia with œdema that sometimes went on to formation of thick scales and crusts, and after a few days went back, but more quickly under the use of drying material, such as zinc sulphate paste Then the lupus surface showed paler, softer, smoother than before; a portion of the *plasmom* had disappeared, and, more striking still, a portion of the fibrous growth which reacted to tuberculin like cellular lupus tissue, and which should not be confounded with lupus iccatrix. It was just this lupus fibroma that caused the disfiguration of long treated lupus of the face, it caused the ectropium of the eyes and lips, closure of the nose and mouth, &c., in short, which caused the greater part of the hateful residua that so pitiably disfigured cases of half-cured lupus. If he then said, "Koch's treatment had, in the first place, a highly satisfactory cosmetic effect, and that through its specific absorbent action on lupus fibroma," he could now add that the same satisfactory cosmetic result could be obtained in a much simpler way, by the application of tuberculin soap. If the remedy did no more it deserved to keep a place in the dermatological armamentarium. But tuberculin soap did more. What was to be expected of it was the removal of diffuse lupus tissue, not that of the bacilli-containing lupus centres. The number of lupus centres after treatment with tuberculin soap was greater than with tuberculin itself, the recurrences more promp and energetic. Surgical treatment must therefore be promptly applied where a radical cure was wished for.

On the other hand the tuberculin soap treatment had two essential advantages over all other—it acted quickly and almost painlessly. The quickness depended in the first place on the thickness and dryness of the upper layer; if this was considerable, it was well to apply moist heat over the soap application, and to leave it on. It was less dependent on the mass of lupus, as the reaction was in proportion to the amount of tubercle, and in the same way on the disappearance of it, so that hypertrophied forms of lupus did not require a much longer time than the smooth and partially healed cases. More important for a rapid result was the percentage of tuberculin in the soap. In order to keep the reaction within bounds it was well to reserve the 20 per cent. strength for circumscribed cases, and more extensive cases to treat with the weaker 10 per cent. strength. In the latter case, it was well to divide the diseased areas into divisions the size of a shilling, which could be treated uninterruptedly and alternately with the soap and some drying material. This mosaic way was specially suitable for ambulatory practice. The period of treatment depended on the conditions named, and varied accordingly to extent and situation between two and three weeks.

(*To be continued.*)

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, October 14th, 1899.

PNEUMOCOCCAL SEPSIS WITHOUT PNEUMONIA.

MANY cases have been recorded in literature where pneumonia has been present without pneumococci being found. Pelnár, in Prof. Hlava's clinic, produces the antithisis in that the pneumococcus and its product were present without concomitant pneumonia; in proof whereof he gives the results of the post-mortem examinations. The first case was in December of last year, and on admission the patient had a high temperature, but died in a few days from eclampsia.

Post-mortem: purulent cerebral meningitis; partial atelectis; enlarged spleen; follicular enteritis with thickening; calculi in right ureter; purulent rhinopharyngitis, herpes labii with general sepsis.

Microscopic preparations of the cerebral effusion yielded diplococci lanceolati, from the spleen diplococci of an atypical form were met with. Cultivations from the meninges and spleen yielded the typical diplococci of Fränkel-Weichselbaum. Sections of the brain and spleen, after hardening, revealed the same micro-organism.

The second case was that of a woman, æt. 22, in the puerperium suffering from scarlatina. The post-mortem gave somewhat similar results, purulent cerebral meningitis, laryngo-tracheo bronchitis, hyperæmia of the lung, enlarged spleen, parenchymatous degeneration of the liver and spleen, the uterus non-involuted with residual shreds of placenta on its walls. General sepsis was originally diagnosed.

The placenta was normal as well as all the serous membranes, sections of the uterus and parametria gave negative results; and nothing abnormal could be discovered in the peritoneum.

Microscopic preparations of the tonsils yielded diplococci, both lanceolate and capsuled forms, the latter in chains. The same forms were found in the brain and splenic pulp. In the tracheal mucous membrane a few were found. Cultivations from the membranes of the brain, spleen, &c., yielded the diplococci of Fränkel-Weichselbaum, which formed chains best in glycerine

bouillon. When inoculated into dogs, the same diplococci were obtained from the œdema. In both of these cases clinically and experimentally no trace of pneumonia could be demonstrated. The probability is that the micro-organism gained admission to the body by infecting the mucous membrane of the mouth and nose (which is the usual channel for the diplococcus lanceolatus), and thence was carried to more remote organs, such as the brain and spleen, while the lungs escaped.

Tetanus and Behring's Antitoxin.

Dörner records a case of tetanus in which recovery was attributed to injections of Behring's antitoxin.

On January 19th a farmer had his hand injured by the bursting of a rifle. On the 21st he came to hospital with the injured hand wrapped up in wet cloths. No blackening from powder was observed, but a yellow viscid matter was everywhere present. The middle and terminal phalanges of the middle finger had been carried away, together with the soft parts of the fourth and fifth fingers as well as the index finger and thumb. After removing a number of the phalanges and dressing with antiseptic solutions all went well till March 3rd, when stiffness of the jaws was complained of. On the 5th spasms of the muscles appeared; on the 11th the spasms invaded the neck and shoulders; on the 15th the entire body was involved, with opisthotonos; pulse, 110; temperature, 37·4 degs. = 99 32 degs. Fahr. Uric acid was in the proportion of 1 to 26 28 of urea.

On March 16th he had 66 attacks of the spasms in twenty-four hours, 14 of which were very severe, notwithstanding the adminstration of six grammes of chloral hydrate. On the 17th he had 89 attacks, 33 of which were very severe. On the 18th, at mid-day, 25 grammes (each representing 250 units) of Behring's tetanus antitoxin were injected. The attacks numbered 202, temperature, 37 9 degs. On the following day another 25 grammes were injected and the dose of chloral hydrate repeated, and there were only 44 attacks. On the 20th, temperature, 36·9 degs., attacks, 50: two hours at a time quite free; no sleep, but the mouth could be opened; no stiffness in neck, and the proportion of uric acid fell to 1 as against 61·74 urea. On the 25th there were only two attacks in the twenty-four hours, and these were but slight. The following night he slept from twelve to eight o'clock; during the day a few faints. On the 28th he was able to open the mouth freely. On the 30th the chloral was stopped. On April 27th all the muscular groups were normal. The wound on the middle finger had a small granulating surface, while the others had cicatrised. On May 1st he was dismissed.

From the very first appearance of tetanus to the time of dismissal repeated microscopic examinations were made of blood, discharges, &c., but the tetanus bacillus of Nikolaier could not be found. Experiments on animals as well as anaërobic cultures were also negative. It should also be noted that the incubation period in this case was six weeks, with consequently a favourable prognosis. Richter's recoveries were 45 per cent. for fifteen days' incubation; Poland had 50 per cent after twenty days.

Among the many congresses which are to meet in Paris during the Exhibition year is the second International Congress on Hypnotism. Nine subjects which seem to exhaust the whole subjects connected with hypnotism and its applications, are proposed for discussion.

Lunacy Department.

TENTH ANNUAL REPORT OF THE ASYLUMS OF THE COUNTY OF LONDON.

The progressive increase of pauper lunacy in London still continues to attract considerable attention, and is relatively in excess of the increase of the population. The actual increase for which accommodation has to be provided by the county is 639. A graphic statement is furnished which shows the relation of the increase of London pauper lunacy to the increase of the population during the ten years, 1889 to 1898. The ratio per thousand of all pauper lunatics chargeable to unions and parishes in the county of London to the estimated population on January 1st, 1899, was as follows:—Mean ratio, 4·7; parish of Hampstead being lowest with a ratio of 1·9, and the Strand Union highest with a ratio of 10·1. The inference is that lunacy is increasing at a faster rate than the population. We have frequently pointed out that while technically this is so, it is an exaggeration to say that lunacy is actually increasing. The fact is, that many broken-down creatures are sent to asylums who would not be regarded as insane under the old conception of lunacy. They are incapable mentally, often because they are incapable physically, and they are real cases for the workhouse rather than the asylum, in a large proportion. Every care is exercised to limit the admissions to the asylums as much as possible, and many certified lunatics have to be detained for a considerable time in the workhouse infirmaries, and they have sometimes been certified several times because of the scarcity of proper accommodation. It is worthy of note that some of these cases have sufficiently recovered to enable them to be discharged without necessitating their removal to an asylum. It is, and has been for some years, recognised, that additional accommodation must be made to meet an increase of about 600 patients per annum, and the delay which has occurred in keeping up to these requirements has meant considerable additional cost for accommodation elsewhere. The medical statistics as regards recoveries and deaths for all the asylums are: recoveries on total admissions, 30·49 per cent.; on the total number under treatment, 6·70 per cent.; deaths on the total number under treatment, 7·15 per cent. Dr. Claye Shaw, in his report to the sub-committee of the Banstead Asylum, says, "It is worth noting that whilst the tendency of medical opinion is to treat private cases of insanity in uncertified houses, or to place them in the houses of medical men without certification, there seems to be an increasing desire to rush pauper patients into asylums. Many of the patients sent here might just as well be treated in infirmaries or hospitals, but there seems to be no great object on the score of economy for so dealing with them, inasmuch as pauper asylums are very, economically worked, whilst the fuss that is made if by chance an untoward event occurs to a person mentally affected, and treated in any other place than an asylum, makes responsible persons send the patients to an asylum whenever a vacancy can be got and the probability is that the larger the amount of available accommodation, the greater will be the number of candidates for admission, in other words, the amount of 'official,' *i.e.*, registered lunacy increases with the accommodation provided. It

is difficult to see how this can be prevented by any other means than by some direct supervision over the cases proposed to be sent to the asylums. There appears to be no doubt that parish authorities show an increased readiness to demand asylum accommodation, and that the persons sent are often unnecessarily certified." At Hanwell there seems to have been some trouble with typhoid and erysipelas. Dr. Alexander, speaking of the latter says:—"The current opinion among medical men, that this disease is the result of overcrowding does not receive much support from our experience of it in 1898, for the cubic space in that part of the asylum is according to the authorised standard."

REPORT OF THE PATHOLOGIST.

Dr. Mott's report is as usual very interesting and valuable. He tells us that the signs of syphilis and the history of it is proportionally very much greater in general paralysis than in other forms of insanity, excluding brain syphilis. Atheroma of the aorta was found to be extremely common, but the severe forms were met with in general paralysis. Of ninety-one females who have died at Claybury forty-one had ulceration of the intestines, six of these were tuberculous, one was typhoid, and thirty-four were dysenteric. From the statistics of the weight of different hemispheres of the brain in persons dying insane he finds a marked contrast between the weights of the hemispheres in the general paralytic brains, as compared with other forms of insanity, and with the normal brain, in which the two halves balance each other. One of the most constant and the earliest symptoms of general paralysis is the affection of verbal and written language which progresses steadily with the dementia and paresis. He attributes the marked loss of weight of the left hemisphere as compared with the right in about 70 per cent. of the cases of general paralysis to the fact that we use the left hemisphere much more than the right; in consequence it is more liable to undergo degeneration earlier than the right. The corollary is that stress is an important factor in causing degeneration, and that structures which are used most are, if previously subjected to the devitalising influences of toxic agencies, such as syphilis and alcohol, the most prone to undergo premature decay.

The Operating Theatres.

GUY'S HOSPITAL.

BONE GRAFTING.—Mr. ARBUTHNOT LANE operated on a child, æt. about 12, who had suffered from necrosis of the tibia, the bone having been removed at the epiphysial lines. This had occurred some years previous, and very little lengthening of the leg had taken place since, so that the right leg was much shorter than the left. The fibula had accommodated itself to the shortening, and was quite straight. She was unable to sustain her weight at all upon the shortened limb. He determined to make an effort to replace the shaft of the tibia by means of a graft, but found that the interval between the tibial fragments was too great to permit of its being filled up by any single bone, so he determined to do the operation in two stages. He therefore introduced the femur of a very large rabbit into the interval, securing it as firmly as he could by wire to the upper fragment. An interval of about three-quarters of an inch remained between the lower end of the rabbit's femur and the lower tibial fragment. The absence of soft parts rendered it impossible to introduce another portion of rabbit's bone into the interval without endangering the safety of the larger graft. The limb was put up in plaster after this operation, any subsequent interference being postponed for at least six months. In performing the operation every precaution was taken to keep the wound and the graft sterile, the extremity of the rabbit's femur being trimmed to accommodate it to parts about, and the medulla was cleared of its contents. The chief difficulty experienced in the operation was due to the tension of the soft parts and skin, which resulted from the absence of the tibial shaft, they resting on and covering the inner surface of the fibula. The conditions presented by the tibial fragments in the child were small spikes of bone which extended upwards and downwards from the epiphyses, these were buried in the soft parts; the upper one was exposed and cleared and was perforated for the wire loops which connected it to the graft. When this had been done the rabbit was killed and its femur removed and prepared for insertion as already described. Mr. Lane pointed out that the mechanical conditions presented by this case were such as only offered to the surgeon the possibility of restoring to the child the capacity of transmitting through an already much shortened limb the superjacent weight of the body; he hoped, however that the child would be very materially benefited by the operation of introducing a rabbit's bone, which he had found of the greatest service in previous cases (reports of these have already appeared in the Operating Theatres). He said that in six months he proposed to expose the lower tibial fragment, and to connect it by a rabbit's bone to the graft just introduced. He hoped that as the result of the first operations the soft parts in the vicinity would beome looser, and offer less resistance to the introduction of more bone. The wound healed in a most satisfactory manner.

Vital Statistics.

THE deaths registered last week in thirty-six great towns of England and Wales corresponded to an annual rate of 18·8 per 1,000 of their aggregate population, which is estimated at 12,786,832 persons in the middle of this year:—

Birkenhead 18, Birmingham 20, Blackburn 19, Bolton 15, Bradford 16, Brighton 15, Bristol 14, Burnley 16, Cardiff 16, Croydon 16, Derby 16, Dublin 29, Edinburgh 18, Glasgow 17, Gateshead 17, Halifax 13, Huddersfield 12, Hull 19, Leeds 19. Leicester 17, Liverpool 24. London 17, Manchester 24, Newcastle-on-Tyne 24, Norwich 14, Nottingham 17, Oldham 13, Plymouth 17, Portsmouth 16, Preston 22, Salford 25, Sheffield 22, Sunderland 23, Swansea 12, West Ham 15, Wolverhampton 20. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles 1·1 in Nottingham; from fever, 1·2 in Sheffield, and 1·6 in Bolton; and from diarrhœa, 2·9 in Wolverhampton anu 5·8 in Preston. In none of the large towns did the death-rate from scarlet fever or from whooping-cough reach 1·0 per 1,000. The 117 deaths from diphtheria included 55 in London, 10 in Leeds, 10 in Sheffield, 9 in Leicester, 7 in Birmingham, 4 in Glasgow, 4 in Brighton, and 3 in Portsmouth. No death from small-pox was registered in any part of the United Kingdom.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 18, 1899.

NEW LIGHTS ON THE PLAGUE AT OPORTO.

When the plague broke out at Alexandria, its occurrence sooner or later in European ports became a matter almost of certainty. It was our fortune to be able to announce the almost certain invasion of Oporto towards the end of July, several weeks before the discovery was made by the lay newspapers. The attitude of English journalism, both medical and otherwise, as regards this serious European invasion, is not a little curious and interesting. There can be no doubt whatever that the only accurate and trustworthy reports that have yet been made of the plague in Oporto have come from the Special Correspondent of the *Times*. His description of the facts of the case as regards, not only the extent and progress of the disease but also the conditions of racial and physical environment are worthy of the best traditions of the Local Government Board reports that is to say, it is the work of a skilled observer who is versed in the principles of modern preventive medicine and is able to couch his tale in clear and vigorous English. As a result, after reading his special article, one has a clear view of the natural filth, sloth and ignorance, the official corruption, the bad sanitation, the foolish attempts at isolation and disinfection, and the farce of *cordons* and quarantine that together make the outlook for the future of plague in Oporto of a nature that may fairly be styled dubious and alarming. As a contrast with the energy and outlay of capital by means of which the *Times* has secured sound first-hand information let us turn for a moment to some of the statements with regard to the outbreak at Oporto that have appeared in representative medical journals at home. In its issue of October 7th the *Lancet* says that during the month of September there were seventeen cases of plague in that city, with four deaths. Now, if that were true, it would tend to persuade everyone that the disease had experienced a considerable check. What are the facts? We are in a position to state on authoritative and direct information that there were thirteen cases from the 1st to the 10th of September, while there were upwards of fifty cases in Oporto during the month of September. A similar inaccuracy of statement appears in the *British Medical Journal* for October 7th, which stereotypes the September return at seventeen cases and four deaths. The last mentioned journal, in its next issue on October 14th, stated that the plague bulletin for "last" week was the worst yet issued, and that twenty-eight cases of plague with three deaths had occurred during the week ending October 3rd. The number given, twenty-eight, agrees with our own figures, but there is the trifling error that the week should have been recorded as that ending on the 8th and not on the 3rd October. Inaccuracies of this kind are to be deplored when dealing with a subject of such current interest and importance as the invasion of Europe by the plague. Then there is another matter about which we feel it to be simply a matter of duty to speak out clearly and emphatically. A great deal has been said about Calmette's visit to Oporto and his persuading the Portuguese to be inoculated. As a matter of fact, he did nothing of the kind. During his fortnight's visit to the town he did not in any sense persuade the population to try protective vaccination, but it is true on the other hand that he induced a number of foreigners to adopt that measure and also a small proportion of native officials engaged in the hospital and sanitary services. The whole visit of Calmette appears to us to savour of of a commercial rather than of a scientific element. The report on his serum was said to have been signed by an International Committee at Oporto. If our information be correct, the document in question was franked by a certain number of signatures obtained haphazard from foreigners in the neighbourhood, and we believe we are correct in asserting that there is not a single German to be found among the list of signatories. What scientific conclusion could a fortnight's trial of this remedy be imagined to establish, and why should it require the support of an "international" document? Is not Calmette content to leave his plague serum to stand or fall on its own merits? But we claim a right to demand from M Calmette the exact nature of his remedy, with which he proposes to replace Haffkine's serum, a preparation that may be regarded as being fairly, if not absolutely, established from a scientific point of view. Calmette's serum, we believe, is commonly described as the Yersin serum, that is to say, it has the synonym applied to Pasteur's serum. Now, the scientific evidence yet obtainable is all against the Yersin serum, and if M. Calmette has found it necessary to push the Yersin serum by such methods as those indicated, our readers will

agree that the sooner commerce and scientific medicine are divorced the better. Of course, it is possible M. Calmette may have adequate explanations and justification for his conduct of the Oporto serum mission. We trust that he will at least favour the world with a clear statement as to the identity, or otherwise, of his serum with that of Yersin. The bare suspicion that so terrible a scourge of mankind as the Oriental plague is being handled by way of commercial catspaw might well make the veriest cynic shudder, and we trust M. Calmette will at once take steps to clear the ground of anything that might, however remotely, suggest such a rock of offence. In future articles we shall hope to keep readers acquainted with the progress of the plague in Oporto.

THE NOTIFICATION OF MEASLES.

THE wisdom of providing for the notification of infectious diseases is now generally recognised, and the example set by this country is being followed in many others in a more or less perfunctory way. There may be differences of opinion as to the proper person or persons upon whom the duty of conveying the information to the authorities ought to be imposed, but as to the principle itself no such divergence of opinion can well exist. This being so, is it not somewhat inconsistent that measles should not be included in the schedule of notifiable diseases? This disease has a higher death-rate than any other zymotic disease except perhaps diarrhœa and whooping cough, yet practically nothing is done to check its ravages. The opposition which the proposal to notify measles has hitherto encountered has, in the main, been based on too narrow a view of the value of the system. It has been assumed that it is idle to notify a disease unless steps be taken to provide accommodation in isolation hospitals for the victims. This is a fundamental error, because compulsory sequestration is the *ultima thule*, and not the primary object of notification. As matters stand at present by no means every case of notifiable infectious disease is removed to the hospital, and in measles it is not indeed absolutely necessary. In the first place, an intimation of the existence of measles in a family would afford the medical officer of health an opportunity of educating the people on the importance of isolation and the propriety of removing the other youthful members of the family. Then, too, the knowledge would enable rigorous measures to be taken to prevent the conveyance of infection the from home to the school, and to other aggregations of the young. At present no concerted measures of the kind are possible, and the public are left in the lazy belief that measles is a disease which every child must have almost of necessity, and which consequently calls for no special precautions. The very fact that it is excluded from the list of notifiable infectious diseases tends to reinforce this view for it may logically be argued that if the sanitary authorities treat it as a negligible quantity it cannot possess much importance. The only way to prevent an outbreak developing into an epidemic is to have early intimation of the first cases, and to enforce the usual precautions. No one pretends that notification is likely to stamp out the disease, but if we can only lengthen the period of time which elapses between the widespread epidemics which now devastate whole districts at frequent intervals, and if we can in some part ensure that each outbreak shall burn itself out in its own particular locality something will have been accomplished in the direction of lessening the present high rate of mortality from this source. Of course even these moderate measures of repression cannot be adopted without some increase in expense, but the cost of prevention is necessarily vastly less than that of treatment, and it might be minimised, as suggested by Dr. Berry, the energetic Medical Officer of Health for Wigan, by limiting notification to the first case in a given household. This is an economical idea which might advantageously be extended to other diseases than measles. The important detail from an administrative point of view is the knowledge of the existence of infectious disease in a given locality. The occurrence of subsequent cases is information of second-rate importance, which could easily be obtained by the sanitary inspector in the ordinary course of his duties. No better definition of notification could be given than that with which Dr. Berry wound up his recent address before the conference of medical officers of health. "Notification," he observed, "is to sanitary officials what intelligence of the enemy's movements is to military officers." Without such knowledge, scientific warfare is an impossibility, especially the warfare against disease in which positions can, under no circumstances, be carried by assault.

SERUM THERAPEUTICS AND ANTITOXIN TREATMENT.

WE hear a good deal about the advances made in the domain of serum-therapy, but as a matter of fact the average practitioner must be at a loss to know exactly what this vaunted progress signifies. A glimpse of the actual state of the question was afforded by the necessarily brief discussion on the subject which took place at the first meeting of the Medical Society of London, though curiously enough, no one came forward with any observations bearing on the serum treatment of plague, a subject which is, however, very much the order of the day. For scientific purposes it is necessary to distinguish clearly between the different classes of serums, some of which, as antitoxins, act by neutralising or otherwise rendering inert the toxins secreted by the specific organism, while others act by inhibiting the development of the living microbe. Speaking generally, the latter are more useful for the purpose of affording protection, that is to say, prior to infection, while the antitoxins, as in diphtheria, render signal service, even after the disease has declared itself. There are, clinically speaking, two great classes of serums, the antitoxin or curative class, and the anti-bacterial or the protective class, though there are some which appear to possess, to a greater or less extent, both qualities. It

is hardly necessary at this time of day to insist on the unquestionable value of the diphtheria antitoxin, the efficacy whereof has been confirmed by statistics from all parts of the world. The cordial reception which this remedy has received at the hands of the medical profession everywhere must have a substantial basis of fact or we should have had a repetition of the criticisms which soon followed the introduction of Koch's first tuberculin, from which much was hoped, but which, in practice, soon belied the sanguine expectations which the name and authority of its inventor seemed to warrant. Even tuberculin, however, has its partisans, and Dr. Heron spoke in very favourable terms of the results which he has obtained with the new tuberculin. It must, however, be laid down as a primary condition, that the disease must be strictly localised to a small part of the lung, and must not be complicated by infection with other microbes. All cases in which the temperature exceeds 100 degs. F. at most, must be regarded as cases of mixed infection in which tuberculin can do no good. Curiously enough it does not appear to have occurred to anyone to try and stem the current of infection by a combined treatment of tuberculin and anti-streptococcic serum. This may be due to the fact that the therapeutical results of anti-streptococcic serum are somewhat dubious. It seems to exert a marked effect in certain cases and none whatever in others, and this failure to relieve drives us to the conclusion that there must be several varieties of streptococcus, all of which are not amenable to the same remedy. As there are at present no means of distinguishing the remediable cases from the others we must await more complete bacteriological knowledge of the natural history of this group of microbes. Another problem which awaits solution is that of preparing an antitoxin which shall be powerful enough to neutralise the toxin of diphtheria completely. At present it would seem that nervous tissue has such a marked affinity for the toxin that it can wrest it from the antitoxin in some cases, that at least is the explanation suggested by Dr. Washbourn, on Ehrlich's lines, of the fact that antitoxin does not save life in all cases. Probably, however, we have once again to do with mixed infections, and as this seems to be the rule rather than the exception, it behoves bacteriologists to devote themselves to the preparations of grapeshot antitoxins for use in our therapeutical artillery. Of the anti-pneumococcic serum Dr. Washbourn, though he was the first to prepare it on anything like a large scale, cannot speak in definite terms of approbation, but there seems to be no reason why it should not be tried on a more extensive scale in this country than has hitherto been the case. An altogether novel departure in serum-therapy has been inaugurated by Dr. Hubbard who makes use of the serums, not in view of their antitoxic or anti-bacterial properties, but as coagulating agents. He claims to have obtained tangible relief in certain cases of aneurysm of the aorta, and to have arrested the hæmorrhage in menorrhagia and in hæmophilia. If these results are confirmed by other observers there is reason to hope that an agent of considerable power has been added to the resources at our disposal in dealing with hæmorrhagic conditions. Hæmophilia, indeed, is a condition which one might have thought would long since have tempted the serum-therapist, seeing that, theoretically, it ought to be possible to supply artificially the coagulating agent which is wanting. Instances of death from hæmorrhage in the subjects of this abnormality, though not of everyday occurrence, are still sufficiently numerous to make it worth while to study its prevention, but in view of what precedes it may be that the task has already been accomplished by Dr. Hubbard.

Notes on Current Topics.

Vapours.

There seems to be a tendency now to study somewhat carefully the influence of the atmosphere in a certain class of maladies of the respiratory organs, which are difficult to treat by remedies administered through the stomach. The last edition of the British Pharmacopœia excludes the six vapours which were contained in former editions, for the good reason probably that they were of no practical use. There is no doubt but that the health of a people depends largely on the air they breathe, and certainly the subject is one of great interest to those who appear to inherit tendencies of serious character, which are likely to assume under certain circumstances a fatal form. The question of the causes which influence the atmosphere is beginning to be inquired into. The nature of the soil certainly has a great influence. The difference between clay, sand, and chalk is fully appreciated by those who live in London or its suburbs; and if we go further afield we cannot but notice very great differences in the various parts of our coast as well as in the interior of our island. The pathological aspects of geology might well in some form or another constitute part of the education of those entering the profession, for without this they cannot understand why the climate in various parts differs as it does. If now there are good reasons for resorting to inhalations in the treatment of lung diseases, we have to consider the qualities of vapours and the agents we employ. The subject has not been studied as it deserves, and there is yet a great deal to be learned, before we can decide upon the best methods to be employed for utilising many agents, when we endeavour to administer them not as solids or liquids, but in the form of vapours. When we see what use has been made of chloroform, ether, or nitrous oxide gas, it is suggested that various volatile substances, such as phenol, menthol, the turpentines, benzoic acid, camphor, and others might prove of great value when we change them from the solid or liquid form into that of vapour. We hope that it will not be long before we have more accurate knowledge on

this matter than was evidently possessed by those who introduced the vapours into the British Pharmacopœia, or even by those who struck them out.

The Plague in England.

WHILE the general newspapers contain sheets of war news they can spare no more than an obscure paragraph to announce the fact that a case of plague has been brought into Plymouth. Yet not so long ago that announcement might have heralded in an invasion more terrible and costly both in life and in treasure than that of any human foe. The facts are that on the 14th instant the P. and O. Company's steamer *Peninsula* arrived at Plymouth from Bombay. The day after leaving Marseilles, on the 9th instant, a Leedi boy, employed as a coal trimmer, was taken ill with the plague. As the incubation stage of plague is not more than five days it will be interesting to learn whence the Leedi boy brought the infection. Possibly this case is the first intimation of the invasion of France. In our own country, with its fairly good general standard of port and inland sanitation, and its rational system of supervisory quarantine, we need have no fear that this scourge will find any real foothold upon our shores. It is interesting to compare the present attitude of dilettante interest and curiosity in the advent of the plague with the panic it would have caused even a generation ago.

Hospitals and Rates.

GROWTH appears to be a necessary complement of health, and though this may not hold good of animal organisms at all periods of their healthy existence it certainly seems to apply to public institutions. In accordance with this impulse of expansive vitality the Sheffield Royal Infirmary is preparing to stretch its limbs, swathed in brickwork, but to do this with ease the bagatelle of £30,000 is required, and the means of raising this sum was discussed last week at the annual meeting of the governors. The Lord Mayor of Sheffield, in the course of his remarks, held out the hope that if proper application were made to the City Council it might be possible to induce that body to forego the payment of rates from such a deserving institution. Inasmuch as the amount at present paid exceeds £200 per annum, and after the proposed extension may reach £500, the suggestion is one of considerable importance. It is hardly necessary to add that before the meeting came to an end a resolution was passed inviting the attention of the City Council to this subject. This conduct offers a somewhat invidious contrast with that of the rating authorities of London towards the magnificent institutions which minister to the medical wants of the metropolis. In times gone by exception might reasonably have been taken to exemption from rates on the ground that it would be unfair to tax the inhabitants of particular parishes for the maintenance of several hospitals, the benefits whereof were not by any means limited to the district, but with an Equalisation of Rates Act this objection ceases to have any bearing. Why a place of worship should be exempted while a hospital is taxed it is not easy to understand, but for the matter of that this is only one of many things in the social edifice which defy explanation.

Medical Appointments for the War.

THE following were gazetted on Friday last:—Surgeon General W. D. Wilson, M.B., to be Principal Medical Officer. Major W. G. A. Bedford, M.B, Royal Army Medical Corps, and Captain M. L. Hughes, Royal Army Medical Corps, to be Medical Officers on the staff. Colonel E. Townsend, M.D., C.B., Royal Army Medical Corps, to be Principal Medical Officer, and Major C. H. Burtchaell, M.B., Royal Army Medical Corps, to be Medical Officer of the First Division. Colonel T. J. Gallwey, M.D., C.B., Royal Army Medical Corps, to be Principal Medical Officer, and Major W. Babtie, M.B., C.M.G., Royal Army Medical Corps, to be Medical Officer of the Second Division. Lieutenant Colonel J. D. Edge, M D., Royal Army Medical Corps, to be Principal Medical Officer, and Major G. E. Twiss, Royal Army Medical Corps, to be Medical Officer of the Third Division. Lieutenant-Colonel W. Donovan, Royal Army Medical Corps, to be Principal Medical Officer, and Major H. G. Hathaway, Royal Army Medical Corps, to be Medical Officer to the Cavalry Corps. A draft of the Royal Army Medical Corps left Portsmouth on Monday for Southampton, where they went aboard the hospital ship *Trojan*, for duty. Most of the nursing sisters and doctors in the Corps have been warned to hold themselves in readiness for South Africa.

Food Poisonings.

IF the frequency of cases of food poisoning were to be depended upon as an index it would hardly be possible to escape the conclusion that such occurrences were vastly on the increase. Beyond the introduction of tinned meats within the memory of the present generation, however, there has been no marked alteration in the food of the people. After all the percentage of poisoning cases from tinned food must be small. What really happens is that general attention has been drawn to the subject of ptomaine poisoning. There is hardly a general newspaper writer in the length and breadth of the country who has not something to say about the matter. The consequence is that, if a family (say in the North of Scotland) eats cold veal pie on Sunday, and gets purging and vomiting during the night the fact is reported in the London evening papers on the Monday. In other words the number of cases is not so much increased as the quickness and certainty with which they are recounted in general journalism. By the way, it is somewhat curious that although the matter has been before the world of scientific medicine for more than a few years yet little is really known about the matter. Ptomaine poisoning is an acute and well-defined symptomatic malady, yet

we are curiously at fault as to the recognition of the toxic matter, either in the tainted food or in the patient's corpus. The only practical lesson of any value yet gathered appears to be to enforce the need of absolute wholesomeness in all that we eat or drink.

Succour to the Sick and Wounded in the War.

The outbreak of war with the South African Republic has again afforded the philanthropic British public the opportunity of doing something to relieve the sufferings of the sons of the Empire who will be engaged in fighting their country's battles. During the Franco-German war a British Red Cross fund was started which resulted in subscriptions amounting to £500,000 being collected for the sick and suffering in that great contest. From time to time the surplus which remained has been drawn upon and employed in our recent wars in Egypt and the Soudan, but the sum still unspent is regarded as insufficient for the needs of the war which has just broken out in South Africa. Accordingly, in the name of the Central British Red Cross Committee, Lord Wantage makes an earnest appeal for contributions in order to enable the societies which he represents to carry on their excellent humane work among the British troops. It is proposed to provide in South Africa two hospital railway trains for the transport of the sick and wounded, and to fully equip a hospital ship, thus supplementing the transports now being prepared by the War Office for the conveyance of the sick and wounded from Natal to the Cape and home. Thus it is evident that the scheme of succour now being organised by the Red Cross Committee is destined to prove of immense service in the cause of humanity, and we, therefore, do not doubt that the public will see that ample funds will be forthcoming for the purpose.

Professional Etiquette from a Legal Aspect.

What is known as "professional etiquette" in the medical profession has often been made the subject of unfriendly criticism by laymen. Indeed, the latter have frequently expressed themselves to the effect that they cannot understand why medical men should be bound by the unwritten laws of ethical procedure. Of course, the profession cannot be responsible for supplying the intelligence necessary to the understanding of these or any other matters with which laymen may be concerned. Nevertheless, mention may be made of the fact that if there were no such thing as professional etiquette, regulating the intercourse between medical men, the public would very soon find that all sorts of difficulties and unpleasantnesses would occur between their medical men and themselves. Bearing, then, these facts in mind, we trust that the result of a trial which took place last week in the Market Drayton County Court will not be lost upon the cavilling section of the public who profess to see in professional etiquette nothing but nonsense. The facts of the case are as follows. A medical man named Dr. Yates, sued a cheese factor for half a-guinea fee on behalf of an employe of the latter, to whom he had been summoned. The practitioner responded at once to the call, and travelled a distance of six miles for the purpose. On arriving at the house, however, he found that the patient had already been seen by a *confrere*, and that the accident, a fractured leg, had occurred about three days previously. Dr. Yates having ascertained these facts, refused to see the patient professionally, and returned home. However, a fee of half-a-guinea was charged for the abortive visit, which the cheese factor declined to pay. The defence was advanced that the practitioner had not fulfilled his contract by undertaking the treatment of the case. But the judge held that Dr. Yates could not have done other than he did on finding that another practitioner was in attendance. He further added, significantly, that professional etiquette was part and parcel of a doctor's profession, and ultimately gave judgment for the plaintiff with costs. The decision is really an important one, for it establishes the fact that professional etiquette possesses a legal value.

Medicine in Decadent Nations.

In an interesting article by M. Gaston Deschamps on "La Fin d'un Monde," there is an interesting passage which touches on a phase of medical history which savours of original observation. When, he says, nations are declining, man, no longer having the consciousness of a great task to be accomplished and no longer being sustained by an ideal, readily falls into the habit of regarding death as a thing to be dreaded and develops an exaggerated regard for his perishable body. The citizens of the Asiatic cities, he observes, thought more about their health than anything else. They had, so to speak, "the religion of their skins." A noteworthy phenomenon, one which invariably presents itself among decadent peoples, is the apotheosis of the physician. The degenerate Greeks could not well escape the application of this general law. If we read the honorific registers of the Asiatic province we see numerous examples of the fulsome praise of physicians such as might have fallen from the pen of a frightened sufferer. Menophile, son of Dosithea, a physician of Cadyanda, received as a recompense for his services a golden crown and his bust in bronze. Elsewhere a certain Heraclitus, who rejoiced in a purely local fame, is proclaimed to be "the foremost physician of the century" and "the Homer of Medicine."

The Malarial Mosquito.

The return from the Gold Coast of the Malarial Expedition organised by the Liverpool School of Tropical Diseases was warmly heralded by the press throughout the country last week, and there is no doubt the welcome extended to the Commission was thoroughly deserved. In less than three months they have accomplished much in a scientific sense. Major Ross, I.M.S., has now placed beyond a question the direct relation between malarial fever and a certain species of mosquito. His object in taking part in the expedition was to ascertain the

special insect concerned in the transmission of the disease, and this he has attained with a success which can only be regarded as most gratifying. Dr. Fielding Ould, of Liverpool, who was recently sent out, and joined the expedition at Sierra Leone, has been left there in order to continue the duty of instructing the medical men in the district concerning the mosquito and the method of exterminating the dangerous species. It is needless to add that the members in the profession upon the Gold Coast have shown a keen interest in the important investigations which the expedition have brought to such a successful close. Major Ross has asserted that in his opinion it would be an easy matter to exterminate the mosquito responsible for the dissemination of the malarial micro-organism, and that the work could be carried out at a trifling expense, so far as the principal towns are concerned. But whatever the cost may be, every effort should be made in the localities concerned to give effect to the measures of prevention which Major Ross has shown to be necessary. Moreover, now that the cause of the dissemination of malarial disease has been proved, the Government should take the matter in hand, and encourage the carrying out of Major Ross's instructions in all other parts of Greater Britain where malaria prevails.

The Royal Army Medical Corps on its Trial.

THE address descriptive of the shortcomings of the Royal Army Medical Corps, given by Professor Ogston at the Portsmouth meeting of the British Medical Association, has now been endowed with an additional interest, for it is certain that with the outbreak of war the opportunity has now come of showing whether Dr. Ogston was justified or not in his criticisms. The *Journal* of the American Medical Association, when discussing this subject a week or two ago, said:—"The English people, while comparatively pachydermatous as regards criticism from without, do not take kindly to public acknowledgments of their faults from home sources, even in a modified and comparatively harmless way. Dr. Ogston's recent address on the faults of the British Army and Navy Medical Services has therefore stirred up something of a wasp's nest sort of turmoil. . . . We wonder what the British public would have to say to such rampant criticism of all kinds as everything in our late unpleasantness with Spain received from responsible and irresponsible writers last year. It would be a new experience to them, but we can dismiss it from our imaginations as an impossibility in any country but our own." The war in South Africa, however, has now placed the medical service of the army on its trial, and we doubt not that keen interest will be generally taken in the manner with which the Department acquits itself of its duties. We have persistently contended that if faults are to be found with its equipment and organisation these cannot be attributed to the medical officers. The stumbling block in the way of much needed reforms is the War Office. "My military advisers," instead of affording encouragement to the officers of the Royal Medical Corps to bring their department up to date are apparently jealous of the efforts of the latter to improve the service. But we shall see what this war brings forth in the test to which the Army Medical Service is about to submit. We are not too hopeful of its being able to establish its efficiency; nevertheless, we earnestly trust that no breakdown will occur, or any untoward *contretemps*, to prove the truth of the misgivings to which currency was given by Dr. Ogston in his address.

The Bacteriology of Plague.

THE facts connected with the life, history, and methods of detection and destruction of the plague bacillus have an unusual interest at the present moment, when this disease is within two or three days' voyage of our own shores. The small specific black rod, somewhat shorter than the typhoid organism, was discovered independently by Kitasato and Yersin during the Hong Kong epidemic in 1894. They possess flagella which stain with difficulty, and a central portion of the bacillus often remains uncoloured, forming the so-called "pole-staining." In cultures, the bacilli often run into chains of "strepto-bacilli." On dry agar, with a slightly alkaline reaction, involution forms are rapidly found at body temperature, while another characteristic of growth is seen in powdery "stalactite" flakes seen on the surface of bouillon cultures when kept at rest. Rats, mice, guinea pigs, rabbits, monkeys, and other animals are susceptible to inoculation, and are supposed in some instances to convey the infection. Yersin, Calmette, and Borrel injected cultures killed by heat into rabbits, and procured a certain amount of immunity. They also obtained a serum from a horse immunised by intravenous injection of living bacilli, but this serum has not established its scientific reputation in India. Haffkine's method, on the other hand, is a bouillon culture killed by an exposure to 70 degs. C. for one hour. Preventive inoculation by Haffkine's plan has been systematically and extensively tested in India with results that are most encouraging and full of promise, although they still fall short of complete scientific demonstration.

Mr. Chamberlain and Tropical Diseases.

MR. CHAMBERLAIN has now the opportunity, with the return of the Liverpool School of Tropical Diseases Malarial Expedition, of doing something to show the official appreciation of the work which has been accomplished. We refer to this matter in another column. Up to the present the Colonial Secretary has practically done nothing for the Liverpool School, which has so justly proved itself deserving of support. But where official assistance has been withheld local enterprise has been abundantly shown, as the result of which it can be said that the Liverpool School of Tropical Diseases is bound to take a leading position.

A Russian University for Women.

It has apparently fallen upon Russia to lead the way in founding a university for women. A wealthy Russian died recently and left the magnificent sum of £100,000 towards the foundation of a university for women in Moscow, to comprise a mathematical, scientific, and medical faculty. The Municipal Council of Moscow, inspired no doubt by this generosity, have agreed to supplement it by an annual grant of £300. Thus the land of the Czar may be backward in granting emancipation to the serfs, but from the above announcement one may conclude that no objection is raised to the emancipation of women. That there is no woman's university in this country is somewhat a blot upon our national character. The increased freedom which, owing to the advancement of the times, and the bursting of many bubbles of antiquated customs, is now being enjoyed by British women, has not been abused, nor can it be said that the nation has failed to benefit from the change. As, therefore, women have eminently proved themselves worthily capable of profiting by a greater freedom, facilities should be afforded them of developing their mental and physical resources. A woman's university must certainly be regarded as a desideratum in this country, in view of the difficulties placed in the way of the academic advancement of the sex.

Vaccination Law in Japan.

The Japanese have repeatedly shown their wisdom by their adoption of Western civilised customs. The Government of the country have now decreed that vaccination shall be compulsory throughout Japan, and that all children shall be vaccinated before reaching the age of ten months, also that re-vaccination shall take place when they are six and twelve years of age respectively. It will be interesting to note the effects of this in after years, and to compare the results of its operation with those now obtainable. We wonder if any anti-vaccination societies will be started in Japan with a view to opposing the law. Possibly not, for although Japan is in many respects a highly-civilised nation, it probably is still not advanced enough to allow "cranks," "faddists," and others to make fools of themselves and the public without summarily interfering with their programme. In this respect Japan has distinctly the advantage of us.

A Criminal's Brain.

Some months since was executed in France a certain nomad who had committed a long series of execrable crimes, more particularly in violating and afterwards killing and mutilating young girls. Although he simulated madness, the medical experts refused to endorse that line of defence, and he duly expiated his crimes on the scaffold. His brain was deposited at the Musée Dupuytren, and has since been carefully examined, microscopically and otherwise, by several psychologists of experience, who hoped to find, or thought they might find, something in the cerebral conformation or intimate structure to account for the subject's well-marked criminal propensities. Not without a vague regret we learn that the results of the investigation were altogether negative. No abnormality was discovered nor anything that could throw light upon the mental tendencies of the one-time owner of the brain. There is, of course, nothing surprising in this. The same absence of obvious abnormality has been observed in numerous instances of notorious madness, and when we reflect that, after all, morbid mental tendencies are the outcome of want of equilibrium between the functional areas and not of any essential vice of conformation it is evident that the discovery of a physical basis for criminal instincts is never likely to be achieved. Until, however, that shall have been accomplished it will be difficult to educate public opinion to the belief that crime, like inebriety, is a symptom of disease.

Atropine Poisoning Case at Kendal.

A curious case of poisoning occurred last week at Kendal. A family consisting of a man, his wife, and four children were ta en seriously ill after dinner with symptoms of acute poisoning. The father and three of the children were removed to hospital, where the children have been detained for several days. Investigation showed the presence of atropine in a dish of beetroot of which the family had partaken at the dinner table. It was next ascertained that one of the children had been using an eye lotion obtained from the Liverpool Ophthalmic Hospital, and one of the ingredients of the application was atropine. How the contents of the physic bottle were mixed with the vinegar is unknown, but the accident seems to have been connected with a recent house removal. The comparative frequency of this accidental atropine poisoning by means of eye "drops" or lotions renders it desirable that every medical practitioner should be familiar with symptoms and with antidotes. Fortunately, the action of the drug is characteristic. The dry mouth, the dilated pupils, the disturbed vision, the excitement, the delirium, the dry skin, the muscular weakness, and the ineffectual desire to pass water form an unmistakable clinical picture. The treatment is to empty the stomach with mustard or other emetic and copious draughts of hot water, or by the subcutaneous injection of apomorphia. Half a grain of pilocarpine should then be given hypodermically (10 minims of the 1 in 20 solution). Two grains of atopine have proved fatal. The liquor atropinæ contains 1 grain in 101 minims.

Register! Register!

The General Medical Council has issued, through our columns, its annual appeal to the members of the profession throughout the kingdom to supply, each for himself, the information necessary for a correct entry in the *Medical Register* of 1900. We should have supposed that having regard to the slight trouble which it costs, every medical man would take care to be accurately gazetted in the *Register*. Apart from the consideration that he may be tripped up in the giving of certain certificates if his entry is wrong,

it certainly cannot be to the advantage of any practitioner that magistrates and other persons who refer to the *Register* for official information should be led astray respecting the qualifications and residence of the practitioner. Newly-qualified men should, if possible, effect their registration in order that they may appear in due and correct form in the forthcoming *Register* for the first year of the new century.

Terms of Comparison.

We have more than once animadverted on the vagueness and incongruity of the terms of comparison so commonly employed by physicians, surgeons, and pathologists, in attempting to give a picture estimate of size. There is the conventional millet seed, but it is open to question whether the botanical knowledge of the average reader enables him to identify this particular agricultural product. Though better known, the size of a filbert is equally uncertain, for its dimensions vary within fully as wide limits as the orange. We are all familiar with the tumour which is described as the size of the fist, but every pugnacious schoolboy is aware that there are fists and fists, some of comparatively little import from an offensive point of view, while others inspire respect if not awe. The fœtal head is possibly less variable in size than some of the objects just referred to, but even then the observer ought at east to take the precaution to state whether he means the head of the fœtus at term or at some earlier period of pregnancy. It would be much more scientific to give the dimensions in inches or centimetres using fruits and seeds foot-balls and fœtal heads merely to indicate the approximate shape. It may be permissible to describe the terrestrial globe as having the shape of an orange, but it would be grotesque to explain that it was so many times larger than this fruit. For all practical purposes those who make use of these terms of comparison might as well say right out that the growth was "about the size of a lump of chalk."

Anæmia and Syphilis.

At last Friday's meeting of the Clinical Society, a discussion arose on an obscure case of anæmia which had resisted all the usual methods of treatment, and incidentally an interesting fact was alluded to which embodies a useful hint to practitioners, viz., that in many cases of refractory anæmia the cause may be inherited syphilis. In all such cases, therefore, it behoves one to institute close inquiry into family and personal history with the object of eliciting the possibility of this etiological factor; indeed, when other remedies have failed, it would be well to try the effect of a mercurial or iodide treatment before classing and abandoning the case as one of pernicious anæmia. It was noted by one speaker that an excess of eosinophile cells had been noted in a case of this kind which proved post-mortem to have been syphilitic, such excess being absent in a very similar case, which post-mortem presented only the lesions usually associated with pernicious anæmia.

The Pathological Society of London.

The Pathological Society of London, desirous of moving with the times, have determined to strike out a new departure, and it is announced that in future four of the fifteen meetings will be held elsewhere than at the usual meeting place of the Society, 20, Hanover Square. The object of these four "Laboratory Meetings" is to enable experimental work to be demonstrated before the Society, on the lines laid down by the younger and highly successful sister Society, the Physiological, in that the proceedings will be less public, and it is hoped on this account more productive of frank discussion and exchange of opinion. It is felt that the publication of discussions sometimes tends to hamper criticism, and with the view of obviating this the Council of the Pathological Society have passed a resolution that at the Laboratory meetings the discussions shall be private and that the papers read shall only be published in abstract in the medical journals if the authors so desire. The object of this last clause is to enable men engaged in research to bring forward for discussion and criticism work as yet immature, and not ready for formal publication. In this way many communications of interest will be brought forward, and workers will gain much in the progress of their work from friendly and confidential criticisms of their audience. The first of the "Laboratory Meetings" will be held at the Jenner Institute on Tuesday, November 7th, at 8.30 p.m. After Christmas similar meetings will be held at University College, King's College, and the Laboratories of the Royal Colleges of Physicians and Surgeons. A special evening will also be set apart for the discussion of papers on pathological chemistry. In thus exerting itself to hear all sides of pathological work, and to include research work in the newer and rapidly developing subjects of bacteriology, experimental pathology, and pathological chemisty, the Society is to be congratulated, while it is of course intended that the Society should continue to be the means of making public advances in the important subjects of morbid anatomy and histology, for which it has done so much in the past.

Tetanus.

The statement is published that M. Nocard has distributed a large quantity of anti-tetanic serum which has been used for injection into various animals as a prophylactic against tetanus. He asserts that out of 2,300 beasts so injected not one suffered lock-jaw after operation. So far, good, but we should like to be told how many of them would, probably, have so suffered if they had never been injected.

Dr. W. J. Collins is to be presented with his portrait, painted by Mr. Hugh Herkomer, as a memento of his chairmanship of the London County Council in the Diamond Jubilee year.

Dr. G. Vivian Poore will deliver the annual Harveian oration at the Royal College of Physicians, London, to-day (Wednesday), at 4 p.m.

Mr. Thos. E. Flitcroft, L.R.C P.Edin., L.F.P.S. Glasg., of Parkhurst, Bolton, has been appointed a magistrate for that borough by the Chancellor of the Duchy of Lancaster, Lord James of Hereford.

Sir Thomas Grainger Stewart, Physician to the Queen in Scotland, who has lately been residing at Dunbar on account of ill-health, has now returned to Edinburgh. He is in improved health, but has been advised not to deliver lectures in the University during the ensuing session.

It is perhaps not generally known that the late Right Rev. John Wale Hicks, Bishop of Bloemfontein, was a doctor of medicine of the University of London as well as doctor of divinity of the University of Cambridge. The deceased prelate had even carried off the gold medal in obstetric medicine, which must be a rare achievement in the annals of the bishops. He must have been just the man for a colonial post, and this assumption is more than borne out by the popularity he enjoyed while alive, and by the expressions of regret which his death has called forth.

Scotland.

[From Our Special Correspondent.]

The Late Dr. William Menzies Hutton, F.R.C.S.Ed.—Dr. Hutton, the surgical registrar to the Royal Edinburgh Infirmary, an appointment he succeeded to only last winter, succumbed last week to a tuberculous affection of the throat and lungs at the early age of 29. Gold medallist for his M D. Thesis, Syme Surgical Fellow of the Edinburgh University in 1893, F.R.C.S.Ed. in 1895, his career promised well, and death has intervened all too soon. Dr. Hutton had been for some years past one of the most successful coaches in medical and surgical subjects in Edinburgh. He became ill not very long after appointment to the surgical registrarship at the Royal Infirmary, and since last spring was unable to undertake any of his duties.

A Batch of New Professors for Glasgow.—The coming session will find the University of Glasgow with three new professors, viz., Dr. Andrew Gray, formerly assistant to Lord Kelvin, has been appointed to succeed his lordship in the chair of Natural Philosophy; Mr. Dudley Julius Medley, M.A., Oxon., has been appointed to fill the chair of English Literature, rendered vacant by the resignation of Professor Lodge, who has gone to Edinburgh; and Mr. Phillimore, who succeeds Professor Murray to the chair of Greek. Certainly the session will open with fresh blood, and the new professors are men who are certain to do justice both to the University and to themselves.

Glasgow University Rectorial Election.—At present there is a great squabbling going on, both in print and orally between the two sections of students as to the most suitable candidate for the position of Lord Rector. One section is highly indignant that Lord Kelvin should be brought forward in opposition to Lord Rosebery, and suggests that the latter should be unanimously returned just now, with the understanding that Lord Kelvin be also unanimously returned when the time next arrives for the appointment of a new Lord Rector. The opposite side contends that Lord Kelvin being the older man, who for fifty-three years shed lustre on the university, a general favourite, one who would not be merely an ornamental Lord Rector should be at the present time returned, and after his term of office has expired, Lord Rosebery should succeed to the position. We think the latter proposal a good one and feasible, but it will be difficult to decide where party feeling runs high. In any case, there will be a great deal of ink spilled and much jostling before the affair is finally settled.

Glasgow Medico-Chirurgical Society. — The following gentlemen have been appointed office-bearers for the ensuing session.—President—Mr. H. E. Clark. Section of Medicine—Vice-President, Dr. W. G. Dun. Councillor, Dr. J. W. Allan. Secretary, Dr. Jas. Hinshelwood. Section of Surgery—Vice-President, Dr. John Barlow. Councillors, Dr. Rutherford and Mr. Maylard. Secretary—Dr. J. H. Nicoll. Section of Pathology—Vice-President, Dr. Lindsay Steven. Councillors—Drs. Workman and Teacher. Secretary—Dr. R. M. Buchanan Section of Obstetrics—Vice-President, Dr. John Edgar. Councillors—Drs. J. K. Kelly and Gibson. Secretary—Dr. Balfour Marshall. Treasurer—Dr. Barclay Ness. Editorial Secretary—Dr. W. E. Jack. General Secretary—Dr. W. K. Hunter.

Manchester.

[From our own correspondent.]

Women Medical Students.—At last the authorities of Owens College have bowed to the inevitable. The charter of the Victoria University permits the admission of females as graduates in the faculty of medicine. Hitherto the leading college has, however, made no provision for their training. Now sex will be no bar, and before long it is hoped that adequate arrangements will be made for the thorough instruction of women in the clinical as well as the scientific work of a full medical curriculum in Manchester.

St. Mary's Hospital.—The foundation stone of the new building of this old and much valued institution for the treatment of women and children was recently laid by the Countess of Derby. In spite of its anything but ideal site the building promises to be a thoroughly modern and suitable hospital. It is to accommodate 125 patients, the main portion being reserved for diseases of women and children, and with a separate department for maternity cases. Adequate arrangements are being made for the training of medical students, nurses, midwives, and monthly nurses.

Dental Hospital.—The Manchester Dental School, a department of the Owens College, has its clinical centre at the Victoria Dental Hospital. The opening address was this year delivered by Professor Leech, who expressed the view that it might be possible to establish a degree in dentistry. Since the founding of the Dental Hospital aid has been given to over 160,000 patients.

Pathological Society.—This, the largest medical society in Manchester, numbering over 400 members, held its annual meeting on Wednesday last, when the following officers were elected for the ensuing session:—President—W. Thorburn, B.S. Vice-presidents—E. S. Reynolds, M.D., A. Brown, M.D. Treasurer—T. A. Helme, M.D. Secretary—T. N. Kelynack, M.D. Research Secretary—F. C. Moore, M.D. Committee—J. G. Clegg, M.D., W. F. Fothergill, M.D., J. E. Platt, M.S., A. W. W. Lea, M.D., F. C. Moore, M.D., W. A. Renshaw, E. J. Sidebotham, M.B., J. W. Smith, F.R.C.S. The following gentlemen were elected honorary members:—R. W. Boyce, M.B, Professor of Pathology, University College, Liverpool. H. B. Dixon, M.A., F.R.S., Professor of Chemistry, The Owens College, Manchester. S. J. Hickson, M.A., D.Sc., F.R.S., Professor of Zoology, The Owens College, Manchester. W. E. Hoyle, M.A., F.R.S.E., M.R.C.S., Keeper of the Manchester Museum, The Owens College, Manchester. W. H. Perkin, Ph.D., F.R.S., Professor of Organic Chemistry, The Owens College, Manchester. E. F. Trevelyan, M.D. B.Sc., Professor of Pathology, The Yorkshire College, Leeds. F. E. Weiss, B.Sc., Professor of Botany, The Owens College, Manchester.

CLINICAL SOCIETY OF MANCHESTER.—The following have been elected office-bearers for the session 1899-1900:—President—Judson Bury, M.D. Vice-Presidents—T. A. Helme, M.D., E. S. Reynolds, M.D. Hon. Treasurer—C. H. Braddon, M.D. Hon. Secretary—J. E. Platt, M.S. Hon Librarian—J. W. Smith, M.B. Committee—Alfred Brown, M.D., J. G. Clegg, M.D., R. Crean, M.D., J. Daniel, M.D., J. W. Hamill, M.D., J. Holmes, M.D., C. F. H. Kitchen, M. P. Ledward, M.D., C. T. B Maisey, R. T. Parkinson, M.D., T. Porter. M.B., J. Rust, Graham Steele, M.D., F. H. Westmacott, J. P. Williams, M.D.

Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

THE PROGRESS OF RHINOLOGY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Ball, in his admirably concise and lucid address on "The Progress of Rhinology" (MEDICAL PRESS AND CIRCULAR, October 11th), has given so much credit to Englishmen that I am sure he will excuse me saying that another Englishman, Spencer Watson, preceded Ziem of Danzig by five years in drawing attention to the fact that in empyema of the maxillary antrum the classical signs of pain, heat, redness, and swelling laid down in all manuals of surgery up to, and long after that date, as diagnostic of the condition, are, in the majority of instances, conspicuously absent. Also that although during the seven or eight years ending 1873, that I was associated with Sir Morell Mackenzie, I never saw a case of empyema of any of the accessory cavities diagnosed, either in his private or hospital practice—a proof that such maladies were at that time practically unknown, but in February, 1879, fully a year preceding the publication of Ziem's observations, I was able to report three cases of maxillary empyema at the Harveian Society; they are recorded in the *British Medical Journal* of March 8th, 1879.

I am, Sir, yours truly,

LENNOX BROWNE.

Mansfield Street, W., October 14th, 1899.

CHLOROFORM *v.* ETHER.—St. BARTHOLOMEW'S HOSPITAL REPORTS.—A CORRECTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the number for October 4th, 1899, p. 363, there is a review of the St. Bartholomew's Hospital Reports in which your reviewer has fallen into a slight error. He says: "During 1897 anæsthetics were administered 4,893 times, and it may interest those who, in season and out of season, advocate ether, to know that 201 cases of etherisation are recorded as against 1,959 chloroformisations. Ether, it thus appears was found suitable in no more than 4 per cent of the cases requiring an anæsthetic, whereas chloroform was used in almost 40 per cent. of the cases, and this in London where ether is most zealously advocated, to the exclusion, as far as possible, of chloroform."

On turning to the volume under review, there is seen, on p. 172 of the Statistical Tables (which are bound up at the end of the Reports), as follows:—

"The Statistics of Anæsthetics.—During the year 1897 anæsthetics were administered 4,893 times.

Chloroform	1,959	times
Gas and ether	1,261	„
Gas	965	„
Gas and oxygen	477	„
Ether	201	„
Mixture of chloroform and ether	30	„
Total	4,893	„ "

As one of the administrators of anæsthetics to the hospital I should like to explain this table and to point out the error into which your reviewer has fallen.

For some years it has been the almost universal rule, in these cases to which it is thought advisable to administer ether, to commence the administration with nitrous oxide gas, gradually to turn on the ether, and to continue its use alone until the operation is completed. Thus it will be seen that out of 1,462 cases in which ether was the chief anæsthetic used in 1,261 cases, the administration was begun with nitrous oxide gas, ether alone being given in 201 cases; indeed, I am surprised that the gas, as a preliminary, was omitted so often. This quite alters the ratio of ether to chloroform as pointed out by your reviewer, 1,462 out of 4,893, being nearly 33 per cent., instead of 4 per cent.

I am Sir, yours truly,

EDGAR WILLETT, M.B., F.R.C.S.

25, Welbeck Street, London, W., October 12th.

HOMŒOPATHIC ASSURANCE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under this title you have last week a leaderette, in which you refuse credence to Dr. Hayward's statistics of the comparative mortality under homœopathic, and ordinary, treatment of such diseases as yellow fever, cholera, and typhoid fever. With respect to yellow fever you "imagine that the number of patients suffering from this fell disease who underwent homœopathic treatment must be far too small for it to be possible to base any trustworthy conclusions thereupon." I have before me two pamphlets relating to the homœopathic treatment of yellow fever in New Orleans. The first is by a well-known homœopathic practitioner, Dr. William Holcombe, of New Orleans, entitled "Yellow Fever and its Homœopathic Treatment," published by Rodde, of New York, in 1856. It relates to the treatment of this disease in the epidemic of 1853, which "decimated the populations of New Orleans, Mobile, Vicksburgh, and Natchez, and some of the smaller towns and villages," by himself and Dr. F. A. W. Davis. Dr. Holcombe says:—"I treated 140 cases of yellow fever between the 13th of August and the 15th of December, 1853. None of them were cases of ephemeral sickness—nothing but unequivocal, strongly marked yellow fever was admitted into the list. Of this number 71 were white and 69 coloured, of the coloured 39 were blacks and 30 mulattoes. The adults were 93, children 47; cases in town 111, cases in the country 29; males 60, females 80. At least one-half of the cases were very severe, the patients being for several days in a critical and dangerous situation. Of the 140 cases, 9 died. Of these 6 were treated homœopathically by me from the beginning; 3 came into my hands on the fourth or fifth day of the disease, 2 of them having employed allopathic measures. Of the 6 treated with pure homœopathy from the beginning, one case was complicated with abortion and profuse hæmorrhage; another, a cachectic negro, died 6 weeks after the day of attack, in a typhoid condition—the sequel of yellow fever. Dr. Davis treated 415 cases, with 24 deaths. The combined result of our treatment was, therefore, 555 cases and 33 deaths, a mortality of 1 in 16·87, or 5.94 per cent."

The second pamphlet is entitled "Special Report of the Homœopathic Yellow Fever Commission, Ordered by the American Institute of Homœopathy for Presentation to Congress," published at New Orleans in 1879. This gives the reports of 24 homœopathic physicians hailing from 9 different localities; the total number of cases of yellow fever treated by them was 3,914, with a loss of 261 patients, a mortality of 6·6 per cent. The mortality under allopathic treatment could not be so accurately ascertained, but it was certainly not less than between 20 and 30 per cent.

I think you will allow that the number of cases treated homœopathically in these two epidemics was sufficiently large to base trustworthy conclusions upon.

With regard to cholera I will only mention two instances of the comparative results of the homœopathic and allopathic treatment of this disease. In the epidemic of 1836 the Homœopathic Hospital of Vienna, under the care of Dr. Fleischmann, was ordered by Government to be devoted to the reception of cholera patients, the disease being especially prevalent in

the suburb of Gumpendorp, where the hospital was situated. Here is what Sir William Wilde, in his book on Austria, says (p. 275): "Upon comparing the report of the treatment in this hospital with that of the same disease in the other hospitals in Vienna during the same period, it appeared that while two-thirds of the cases treated by Dr. Fleischmann, recovered, two-thirds of those treated by the ordinary methods in the other hospitals, died." I may mention that this striking testimony to the superiority of the homœopathic over the ordinary methods, led the Government to repeal the ordinances prohibiting the practice of homœopathy in the Austrian States, which had hitherto disgraced—or, perhaps, you would say adorned—its statute books.

The other instance of a comparative trial of the two systems in the treatment of cholera occurred in London in connection the with epidemic of 1854. The London Homœopathic Hospital, then in Golden Square, devoted to the reception of cholera cases by order of the Government, and a treatment committee appointed by the Royal College of Physicians, sent Dr. Macloughlin to inspect and report on the cases treated, which amounted to 61, of whom 10 died, giving a mortality of 16·4 per cent. The mortality in the other hospitals, under allopathic treatment, averaged 51·8 per cent. The inspector said, in a letter to Mr. Cameron:—"All I saw were true cases of cholera in the various stages of the disease, and I saw several cases which did well under your treatment, which I have no hesitation in saying, would have sunk under any other."

I am unable to give any comparative trials of homœopathic and allopathic treatment in typhoid fever, but the experience of Dr. Kidd, who was sent by the English Homœopathic Association to Bantry in 1847 to treat the sufferers from famine fever, which may be considered as a kind of typhoid, may be mentioned. In 67 days he treated 111 cases, of whom only two died. During the same time 254 cases were treated allopathically in the Bantry Union Hospital, of whom 35 died. Thus, while the mortality under homœopathic treatment was only 1·8 per cent., that under allopathic treatment was 13·7 per cent,

The foregoing statistics relative to the three diseases you have mentioned will, I think, show that homœopathists do not deserve your censure that they resort to "the arts of the mountebank to bolster up their system."

I am, Sir, yours truly,
R. E. Dudgeon, M.D.

63, Upper Berkeley Street,
October 6th, 1899.

To the Editor of The Medical Press and Circular.

Sir,—You are quite right to insist on having the actual figures when statistics are quoted, whether homœopathic or otherwise, but before condemning Dr. Hayward and all his brethren for want of candour, it might have been better to have ascertained if the published report of his lecture contained all he had said on this matter. As you wish for the actual figures I will, with your leave, supply them. You are mistaken in supposing that homœopathy is not largely used in the treatment of yellow fever, in both North and South America. The epidemic to which I presume Dr. Hayward referred was that which occurred in Rio de Janiero in 1851. Dr. Martins and three other homœopaths treated among them 3,256 cases, with 227 deaths—under 7 per cent. In the terrible epidemic of 1853, which occurred in New Orleans, Drs. Holcombe and Davies, homœopaths, treated between them 555 cases, with 33 deaths—under 6 per cent. During the epidemic which occurred between 1853 and 1878, the homœopathic practioners, whose number was being constantly added to, treated altogether 6,569 cases, with 360 deaths—under 5½ per cent. During the same period there were treated allopathically 23,540 cases with 4,056 deaths—over 17 per cent.

The cholera statistics of homœopathy are the best advertisement that homœopathy ever had, and luckily they are vouched for by allopathic authorities. Sir William Wilde, the well-known oculist of Dublin, in his work on Austria says (p. 275):—

"Upon comparing the report of the treatment of cholera in this hospital [the hospital placed by the Government of Austria under the control of Fleischmann, the homœopath] with that of the same disease in the other hospitals in Vienna during the same period, it appeared that while about two-thirds of the cases treated by Dr. Fleischmann recovered, two-thirds of those treated by the ordinary methods in the other hospitals died." These results had the effect of causing the Government to repeal the laws which had previously been in force against homœopathy in Austria. The statistics of the London Homœopathic Hospital, then in Golden Square, in the epidemic of 1854, were no less striking. The mortality was 16·4 per cent., as against 51·8 per cent. in the other hospitals. These figures were vouched for by the Government inspector, Dr. Macloughlin, who wrote to one of the medical officers: "All I saw were true cases of cholera in the various stages of the disease, and I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other."

I am, Sir, yours truly,
John H. Clarke.

Clarges Street, W., October 12th, 1899.

To the Editor of The Medical Press and Circular.

Sir,—I am not displeased with your editorial comments on some of the assertions made in my lectures at the Hahneman Hospital, except the snarl as to addressing the uncritical laity. As a fair-minded editor you will, of course, allow me to explain the points you complain of.

I am not surprised that the statement that "while the average mortality from yellow fever is 27·7 per cent., the mortality under homœopathic treatment is only 7," should appear "very remarkable" to the editor of an ordinary medical journal; still, it is possible it may be quite true for all that. Nor am I surprised that you should imagine the numbers of yellow fever patients treated homœopathically are too small to draw conclusions from, because the work and writings of those members of the profession who practice homœopathically are so studiously ignored that you do not know what is being done by them. It may, perhaps, be news to both yourself and your readers to be told that in sub-tropical and tropical America, where yellow fever abounds, there are scores of homœopathic practitioners; and that they have gone through epidemic after epidemic, and treated thousands of cases of "this fell disease," of which reports have been furnished at the request of the Government; and that the statistics have been collected and compared times out of number, not by taking one epidemic but several, and making averages honestly and fairly. These statistics are given in the "North American Quarterly Homœopathic Journal" and the "British Quarterly," where they are compared with those furnished in the ordinary medical journals, as to the same epidemics and under the same circumstances. It is true the comparisons are not made in the latter journals, and for good reasons. By these statistics it will be seen that 7 per cent. is quite a high percentage under homœopathic treatment. And as to ordinary treatment, let Mr. Manson be heard; he is one of the highest and most recent authorities on the subject On page 136 of his most excellent treatise on "Tropical Diseases," writing on yellow fever, he says;—"The mean mortality in the whole 269 cases was 27·7 per cent. This may be taken as a fairly representative mortality in yellow fever among the unacclimatised, something between 25 and 30 per cent., although in some epidemics it has risen as high as 50, or even 80 per cent. of those attacked." So my statement is not at all wrong.

As to cholera, you yourself know quite well that the average mortality under ordinary treatment is not less than 50 per cent. And in his address on cholera, as president of the National Health Society, the late Mr.

Ernest Hart, as reported in the *British Medical Journal*, said:—"Once established, and in well-marked cases of Asiatic cholera, drugs will do little to cure. The mortality of cholera all over the world, and in all epidemics, had defied drugs, and varied according to the intensity and the age of the patient, from 45 to 64 per cent." Contrast this with the following result of the treatment in the London Homœopathic Hospital:—"From these it appears that the number of cases treated in this hospital was 61, of whom 10 died, giving a mortality of 16·4 per cent. From the report issued by the Treatment Committee it was seen that the mortality in the other metropolitan hospitals averaged 51·8 per cent. The Government inspector of the London Homœopathic Hospital, Dr. Macloughlin, wrote to Mr Cameron, one of the medical officers of the hospital. "All I saw were true cases of cholera in the various stages of the disease, and I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other?" So here, too, I am within the mark.

As to typhoid, why should the statement that "homœopathic treatment can do much to modify the course and shorten the duration," excite contempt, as you say, when the present boast of the profession is that "simple open-air treatment" can, and does, cut short and cure such a germ disease as tuberculosis; and "sunshine" treatment can do the same for some skin diseases of germ origin, as is now being put forth in orthodox medical journals? And whilst another great boast is that of the rapid cure of diphtheria, cholera, plague, tetanus, and other germ diseases by ordinary practitioners with antitoxins, and even of typhoid with anti-typhoid serum? These boasted cures of germ diseases by ordinary practitioners with antitoxins and animal extracts are orthodox, and therefore admissible; but to make a similar claim for ordinary medicines is only "to excite contempt." Could prejudice further go? Surely the shiboleth that "germ diseases must run their course" is an acknowledgement of impotence disgraceful to the profession; and the sooner the better it is allowed to follow into the limbo of discarded heresies the fiction of the "change of type in disease."

As to appealing to the laity, that is the fault of the members of the profession. They were invited, and several by "complimentary ticket," the course being addressed to "medical men taking charge of steamers visiting Africa, or taking charge of trading stations out there," as well as to "missionaries and nurses." But only four non-homœopathic practitioners were sufficiently open-minded to put in an appearance. We would much prefer to appeal to our professional brethren, but we are not allowed, professional societies and journals being closed against us! I am, Sir, yours truly,

JOHN W. HAYWARD, M.D.

Birkenhead, October 6th, 1899.

[We cannot deny the right of explanation to a correspondent whose statements as to comparative mortality are called in question, however widely we may differ from him. We prefer to leave his figures to the judgment of our readers, and it is hardly to be supposed that any of them will be prepared to accept without further inquiry the assertion relating to the "scores of homœopathic practitioners" whose experiences are published in the *North American Quarterly Homœopathic Journal*. We are asked to believe that a normal mortality of 27·7 per cent. has fallen to 7·0 per cent. under treatment by homœopathy, but before doing so we should require to know how much confidence the statements of these ransatlantic authorities are entitled to inspire, and whether the methods of treatment which they employed were really those associated with the name of Hahnemann. We are, however, indisposed to lend our columns to the discussion of the merits or demerits of homœopathy, for at this time of day such discussion could serve o useful purpose.—ED.]

Literary Notes and Gossip.

MESSRS. WRIGHT AND CO., of Bristol, publishers of the "Medical Annual" announce a "Synoptical Index to Drugs and Treatment," for the twelve years 1887 to 1898, during which the Annual has appeared, for the purpose of gathering up in concise form all the references to treatment, &c., from the world's literature which are to be found there.

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WE understand that the *Scottish Medical and Surgical Journal*, which was started some two years since as an opponent to the *Edinburgh Medical Journal*, will be taken over by a company on January 1st, 1900, with a view to improving and extending same. Dr. Wm. Russell will remain editor as heretofore, and Dr. Norman Walker has been appointed sub-editor and business manager. Two or three medical journals are now run on company lines, but so far we have not heard of any big dividends.

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THERE has not been a great rush of new books in medicine or surgery this season so far, and we congratulate authors and publishers alike. At times books and their producers appear to vie with each other in the plenitude of excessive redundancy, and one wonders how many, or rather how few, of the new ventures will be rescued from the waste-paper market

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THE present season, however, appears to be an exception to the plethoric rule of October, as but two large books have reached us, and only two or three smaller ones. The two larger works are manuals of surgery, one, a new edition by Messrs. Rose and Carless, which has already made a distinct mark, and is perhaps to-day the most popular "surgery" extant; the other, on similar lines and of similar dimensions, by Mr. T. Pickering Pick. The latter we merely announce, not having yet had time to examine into its merits.

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OF the smaller tomes, we have "An Introduction to Diseases of the Nervous System," by Dr. H. Campbell Thomson; "Difficult Digestion due to Displacements," by Mr. A. Symons Eccles, M.B.; "Differential Diagnosis," by Dr. Fred J. Smith; "Raynaud's Disease," translated from the French by Dr. T. K. Monro; and a manual of "Modern Gastric Methods," by A. Lockhart Gillespie, M.D., F.R.C.P., F.R.S Ed., with a chapter on mechanical methods for young Children, by John Thomson, M.D., F.R.C.P., Ed.

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NOR are the announcements of new editions so numerous as usual. A third edition of Sir Wm. Broadbent's "Diseases of the Heart" is expected this month. A fourth edition of Mr. Hy. Sewill's "Manual of Dental Surgery;" a second edition of Prof. Mayo Robson's "Diseases of the Gall-Bladder;" and an eighth edition of Dr. Macnaughton-Jones' "Diseases of Women," are in the press; and a new edition of "Intestinal Obstruction," by Mr. Frederick Treves, F.R.C.S., is just ready.

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A NEW quarterly journal of "Climate" issued under the auspices of the Council of Livingstone College, and edited by Dr. C. Harford-Battersby, has just made its appearance. The object of the college is the instruction of missionaries in the elements of practical medicine, for the care of their own health, and to render simple help to native races far removed from medical aid The object of the Journal is to afford an opportunity for an interchange of opinions on health questions by those who have had experience in various parts of the world. Both are excellent ideas, and we wish them an unqualified success.

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"A GUIDE to Urine Testing for Nurses and Others," by Mark Robinson, L.R.C.P., &c., published by John Wright and Co., of Bristol, may prove useful to nurses "and others" employed in provincial hospitals and Poor-law infirmaries where the services of no clinical clerk are available. It is very difficult to draw the line at which to stop when initiating "nurses and others"

in the details of urinary analysis, and the author has been wise in limiting the chapter on the microscopical examination of urine to the bald statement that it is not within the nurses' province, though in truth this makes rather a short chapter. For the rest, the instructions are given in simple language, and will adequately fulfil the purpose for which they are intended.

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The "Handbook to South African Health Resorts," published by Messrs. Donald Currie and Co., has surely been issued at a singularly inopportune moment. It would require more vivid word painting that even the author can command to induce invalids to hie to the Cape under existing circumstances. The effect of the charming little views which solicit our admiration here and there throughout the book is stultified by the knowledge that many thousands of men are now on their way thither for purposes far removed from the pursuit of health. We would not advise any one either to rely too much on the details given in the chapter on the railway system, for "circumstances alter cases," and the most carefully prepared time tables are apt to be dislocated by warlike operations. So long as the traveller sticks to one of Messrs. Donald Currie and Co.'s magnificent steamers he may have no cause for anxiety or regret, but as to landing—that is quite another matter. On the whole we prefer to place the book on one side until the clouds have rolled by.

Medical News.

King's College, London.

The following Entrance Scholarships have been awarded:—Medical Entrance Scholarship—70 guineas, A. J. Wigmore. Two Sambrooke Medical Exhibitions—£60, E. L. Holland; and £40, T. H. Jones and J. James, aeq. Two Clothworkers' Company Science Exhibitions—£30 for two years, V. E. Kingsbury; and £20 for two years, F. C. McCombie. Engineering Entrance Exhibitions—£15, W. J. Marlow; £10, A. H. Imber; £10, W. A. Sadgrove.

The Mortality of Foreign Cities

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of several of the populations:—Calcutta 42, Bombay 32, Madras 37, Paris 15, Brussels 15, Amsterdam 14, Rotterdam 15, the Hague 12, Copenhagen 14, Stockholm 17, Christiana 16, St. Petersburg 21, Moscow 23, Berlin 19, Hamburg 13, Munich 23, Vienna 16, Prague 19, Buda-Pesth 15, Rome 15, Turin 15, Venice 14, Cairo 43, Alexandria 32.

Deaths from Chloroform.

A death from chloroform asphyxia was the subject of an inquest at Stamford last week, the victim being a child who was about to undergo an operation for strangulated hernia. As is usually the case, no details were elicited as to the method in which the chloroform was administered, or the amount that had been employed, and the medical evidence favoured the view that the amount of chloroform used and the strength of the patient were factors of no importance. It is distressing to witness this unscientific attitude towards fatalities which are in large proportion, strictly speaking, avoidable. The mechanism of the production of death from chloroform narcosis is well understood at present, and there is no longer any mystery surrounding it. In this instance the existence of a strangulated hernia goes far to explain the untoward result, but we could have wished for evidence of the use of a suitable apparatus.

Another death from chloroform was inquired into by the St. Pancras coroner on Friday. The victim was a child, æt. 4, who had suffered from diphtheria upon whom Dr. Cremin was about to perform tracheotomy, but the child promptly succumbed to chloroform narcosis. No information was forthcoming either as to the method employed, or the amount used, and a usual verdict was returned.—At Matlock, a young woman, æt. 24, appears to have succumbed to the effects of less than two-pennyworth of chloroform, obtained for the purpose of alleviating toothache. She appears to have wrapped her head up closely, and to this is attributed the fact that death resulted, though the quantity inhaled probably did not exceed 25 minims.

University College, Liverpool.

It is announced that Mrs. George Holt and her daughter, Miss Emma Holt, have each contributed £5,000 towards the Physical Laboratory. With the generosity which does them honour these ladies had already subscribed £2,000 to the Medical School and £3,000 to the Anatomical School.

A Needle in the Heart.

At an inquest held on Saturday last on the body of an elderly lady who was known to be addicted to the hypodermic use of morphia, it was stated at the post-mortem examination a needle was found embedded in the heart which had determined hæmorrhage severe enough to cause death. No trustworthy history could be obtained of the way in which the needle had found its way thither, but her son stated that about four months ago the deceased thought a needle which she was using had entered her ear. Whether there was any connection between these two things is a matter which must remain in doubt, though the tendency of pointed bodies of small dimensions to travel considerable distances inside the body is well known and has often been recorded. A verdict of accidental death was returned.

Irish Medical Schools' and Graduates' Association.

The Autumn General Meeting of this Association will be held in London at the Hotel Cecil on Wednesday, Nov. 29th, at 6.30 p.m. The dinner of the Association will be held on the same evening at 7.15 in the same building, the President, Sir William Thomson, in the chair. Later on, at 9.30 o'clock, the coming of age of the Association will be celebrated by an "at home." The cost of dinner tickets for members and their guests, exclusive of wine, but including subsequent admission to the "at home," will be 10s. 6d. each. The cost of tickets for admission to the "at home" only will be 4s. each. This being an unique occasion in the history of the Association, it is hoped that members and their guests will muster in large numbers. Applications for tickets accompanied by remittance to cover cost thereof, together with the names of guests, should be forwarded as early as possible to Mr. P. J. Freyer, Hon. Sec., 46, Harley Street, W.

Society for Relief of Widows and Orphans of Medical Men.

At a quarterly court, held on Wednesday last, Mr. Christopher Heath, V.P., in the chair, six new members were elected, and the death of Mr. Mould, a vice-president, and at one time a very active member of the society, was reported. The death of a widow was announced, who had received £50 per annum since July, 1894. A first application for a grant was read from a widow, and a grant at the rate of £40 per annum made. Applications for renewal of grants were received from 48 widows, 12 orphans, and six recipients from the Copeland Fund, and it was resolved to distribute at the next court among them the sum of £1,201 10s. The directors were pleased, on the report of the acting treasurer, to be enabled to vote a sum of £541 to be given as a Christmas present to the widows and orphans on the funds of the Society, viz., £10 to each widow, £3 to each orphan, and £5 to five recipients from the Copeland Fund. The expenses of the quarter were £62 10s.

University of Glasgow.

At the recent professional examinations for the degrees of M.B., Ch.B., the following candidates passed with distinction in the subjects indicated:—

First Examination.—In Botany.—Henry Crœme Anderson, John Baird Morton, William Templeton. In Zoology.—James Glover, Anna Pollock Martin, Berkeley Hope Robertson. In Physics.—Carl Hamilton Browning, John Muir Kelly, David Robertson Mitchell, John Murdock, Robert Tait Wells, M.A. In Chemistry.—Isabel Deane Mitchell.

Second Examination.—In Materia Medica and Therapeutics.—Robert Wellwood Auld, Samuel James Cameron, James Bertie Wylie Cook, William Dick, James Grant Millar, John Paton, John Walker Benton, Elizabeth Ness MacBean Ross, Donald Steel, Joseph Goodwin Tomkinson, John Unsworth.

Third Examination.—In Medical Jurisprudence and Public Health.—Lizzie Thomson Frazer, James Dunlop Lickley, William Barr Inglis Pollock, Alexander Dey Thompson.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

A QUESTION OF ETIQUETTE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I was called in a few days since by the landlady of the house to an inmate who had taken a poisonous dose of laudanum. On my arrival I was confronted by a *confrere*, who promptly told me the case was his, as he had been there an hour. I asked him what he had done, and finding that he had done nothing beyond injecting strychnine, I took upon myself there and then to wash out the stomach with a solution of permanganate, and to secure the services of two nurses to keep the patient moving. She ultimately recovered, but I am charged with a breach of etiquette in that I interfered in another man's case. I must admit that I did so, but it was by reason of the extreme urgency of the case, and the apparent inability of the man in charge to "do the necessary," he having neither stomach-pump nor antidote case at hand.

Ought I to forego my fees and tender an apology, or am I at liberty to claim that the case was one in which the combined efforts of two practitioners were not *de trop*? I am anxious to do the proper thing, and shall be glad of your opinion.

I am, Sir, yours truly,
ANTIDOTE.

*** It would probably have been best to suggest the necessary steps to the "man in possession," instead of carrying them out independently, but in such an urgent case, it must be admitted, too strict a regard to etiquette would be out of place. It ought not to be difficult to "square" matters on a friendly footing, because there is nothing to prevent both practitioners from claiming their respective fees. A friendly assurance of respect and esteem to the medical man originally called might advantageously take the place of an apology.

DR. J. LAMOND LACKIE (Edinburgh).—An engraving is being made, and space will be given to your interesting case in an early number.

THE IMMUNITY OF BIRDS TO SEWER GAS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have had opportunities of studying the development of sundry families of sparrows whose parents had selected the patulous ends of soil pipes and sewer ventilators for their homes. In view of the lethal properties with which sewer and drain air is credited, it occurred to me to watch them in order to ascertain what effect, if any, the habitual breathing of this contaminated air would have on their health and growth. So far as my observations went the young birds seemed to thrive admirably, and I was never able to detect any sign of ill-health or retarded development. They were plump and quitted home at the usual period.

I do not advance these observations as an argument for admitting sewer gas to our dwellings, but either animals, or some of them, are immune against such sources of infection, or we greatly overrate their virulence.

I am, Sir, yours truly,
V. G.

Meetings of the Societies and Lectures.

WEDNESDAY, OCTOBER 18TH.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—4 p.m. Dr. G. Vivian Poore: Harveian Oration.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.)—4.30 p.m. Dr. T. D. Savill: Ringworm Favus and Pityriasis Versicolor. (Post-graduate course.)

THURSDAY, OCTOBER 19TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8 p.m. Cases and Card Specimens. 8.30 p.m. Mr. A. Critchett (President): Introductory Address. Papers:—Mr. R. W. Doyne: (1) Notes on the Value of Radiant Heat in Eye Disease; (2) Notes on Recurrent Superficial Necrosis of the Cornea.—Mr. J. B. Lawford: Keratitis in Acquired Syphillis.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Tichborne Street, Edgware Road).—Clinical Evening.

FRIDAY, OCTOBER 20TH.

SOCIETY OF ANÆSTHETISTS (Cafe Monico).—6.30 p.m. Annual Meeting. 7.15 p.m. Annual Dinner.

Vacancies.

Bethlehem Hospital, London.—Two Resident House Physicians for six months. Apartments, complete board, and washing provided, and an honorarium at the rate of £12 12s. each per quarter will be paid. (See advt.)

Brighton, Hove, and Preston Dispensary (Northern Branch).—House Surgeon. Salary, £160 per annum, with furnished apartments, coals, gas, washing, and attendance.

County Asylum, Prestwich, Manchester. Assistant Medical Officer, unmarried. Salary commencing at £125, with board, apartments, and washing.

County of London Manor Asylum, Horton, Epsom, Surrey.—A Dispenser. Salary, £110 per annum, rising £10 a year to £150, with dinner daily. Apply to the Clerk of the Asylum Committee, Office, 6, Waterloo Place, London, S.W.

Glamorgan County Council and Cardiff Corporation.—Bacteriologist to the Joint Committee and Lecturer on Bacteriology in the University of Cardiff. Salary as Bacteriologist and Lecturer, £300 a year. Apply to the Clerk, Glamorgan County Offices, Cardiff.

Hospital for the Insane, the Coppice, Nottingham.—Assistant Medical Officer, unmarried. Salary £150 per annum, with apartments, board, attendance, and washing.

Lincoln County Hospital, Lincoln.—House Surgeon, unmarried. Salary £100 per annum, with board, lodging and washing.

Nottingham General Dispensary.—Senior Resident Surgeon, unmarried. Salary £180 a year, increasing by £10 annually to £200. Special arrangement for board, &c.

Parish of Hammersmith.—Medical Officers and Public Vaccinators for the First and Fourth Districts of the Parish. Apply to the Clerk, 75, Fulham Palace Road, Hammersmith, W.

Royal Infirmary of Edinburgh. Superintendent. Salary £500 per annum, with free house, coals, and light.

St. Andrew's Hospital for Mental Diseases, Northampton.—Junior Assistant Medical Officer, unmarried. Salary commencing at £150 per annum, with board, apartments, and washing. Salary increasing £25 per annum to £200.

Sussex County Hospital, Brighton.—House Physician, unmarried Salary commencing at £50 per annum, and board, residence in the hospital, and washing. Application to the Secretary.

Victoria University, Manchester.—External Examinership in Anatomy for three years. (See advt.)

Appointments.

BUXTON, EDWARD, M.D., F.R.C.S., M.R.C.P., Ed., D.P.H. Medical Officer of Health for the Little Crosby and Hightown Districts.

DIXON, W. E., B.Sc.Lond., M.B., L.R.C.P., M.R.C.S., Assistant to the Downing Professor of Medicine, University of Cambridge.

FAULKNER, HUGH, M.B., Ch.B.Edin. House Physician to the General Hospital, Birmingham.

FORBES, W. J., M.B., C.Ch., B.A.O., R.U.I. Medical Officer of Health for the Knaresborough Rural District.

HUEY, JOHN J., L.S.A.Lond. Medical Officer of Health to the Mexboro' Urban District.

HUMPHRY, L., M.A., M.D.Camb., M.R.C.S. Assessor to the Regius Professor of Physic, University of Cambridge.

HUTTON, EUSTACE, M.R.C.S., L.R.C.P.Lond. Visiting Surgeon to the Stockport Infirmary.

MITCHELL, ARTHUR M., M.A., M.D., B.C.Cantab. Honorary Assistant Medical Officer to the Royal Surrey County Hospital, Guildford.

RATTRAY, P. W., M.B., C.M.Aberd., F.R.C.S.Eng. *Pro tem.* Medical Superintendent of the Workhouse of the Parish of Islington.

REED, JOHN ARTHUR, M.B., Ch.B.Vict. House Surgeon to the Stockport Infirmary.

STEPHEN, SOUTHALL, M.B., Ch.B.Edin. House Surgeon to the General Hospital, Birmingham.

THORP, HAROLD, M.R.C.S., L.R.C.P.Lond. Junior House Surgeon to the Warrington Infirmary and Dispensary.

Births.

NEILL.—On Oct. 12th, at Ranaghat Medical Mission, the wife of Charles Neill, M.A., M.B., Camb., of a son.

PINKERTON.—On Oct. 13th, at Trevarno, South Norwood Hill, the wife of Robert L. Pinkerton, M.A., M.D., of a daughter.

SOUTH.—On Oct. 10th, at Church Close, Boston, Lincs., the wife of Richard E. South, J.P., L.R.C.P., M.R.C.S., of a daughter.

WILLIAMS.—On Oct. 13th, at 1, Somerset Place, Stoke, Devonport, the wife of Dr. J. O. B. Williams, R.N., of a son.

Marriages.

EHRKE-CASTLE.—On Oct. 10th, at Claines Church, Worcester, Frank Ehrke, M.D., of Kempsey, to Emmeline Dora, daughter of the late Charles Castle, Esq., D.L., J.P.

LANDER-SLIMON.—On Oct. 12th, at St. Mark's Church, Dalston, Harry, eldest son of H. Longley Lander, of Clapham Common, to Liesel Jean, eldest daughter of George C. Simon, M.D., C.H.M., of Hackney.

MACPHERSON-NASH.—On Oct. 14th, at St. Peter's Church, Bayswater, William Hugh Macpherson, M.A Cantab. M.R.C.S., of Henley-on-Thames, son of Sir Arthur George Macpherson, K.C.I.E., to Maud Hollick, fourth daughter of Edmund Nash, M.D., of 125, Lansdowne Road, Notting Hill.

POLEHAMPTON-DAVIE.—On Oct. 9th, at Victoria, British Columbia, Frederick W. Polehampton, second son of the late Rev. Edward T. W. Polehampton, Rector of Hartfield, Sussex, to Kathleen Eunice, youngest daughter of John Chapman Davie, Esq., M.D., of Victoria, British Columbia.

Deaths.

BANKS.—On Oct. 11th, at Golagh House, Monaghan, Alice, dearly beloved wife of Sir John Banks, K.C.B., M.D., of 45, Merrion Square, Dublin.

BARNES.—On Oct. 12th, John Wickham Barnes, F.R.C.S., of Bolt Court and Stanwell Moor, Hon. Sec. Poor Law Medical Officers' Association, late Secretary Medical Society of London.

FLOWER.—On Oct. 7th, at Beaufort West, Bath, Thomas Bruges Flower, F.B.C.S.Eng., aged 84 years.

HORTON-SMITH.—On Oct. 8th, R. J. Horton-Smith, M.A., M.B. Cantab., youngest surviving son of E. Horton-Smith, Q.C., aged 26.

MOULD.—On Oct. 10th, at 1, Onslow Crescent, London, S.W., John Thomas Mould, F.R.C.S., in his 82nd year.

RYAN.—On Oct. 1st, at his residence, 13, Idrone Terrace, Blackrock, co. Dublin, Michael Ryan, M.D., F.R.C.S.E., in his 86th year.

The Medical Press and Circular.

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Original Communications.

THE NERVOUS LESIONS OF CONGO SICKNESS (a)

By F. W. MOTT, M.D., F.R.C.P.Lond.,

Pathologist to the London County Council.

THE author related the results of the investigation of the central nervous system in two cases of Congo sickness, and he showed a number of lantern slides and microscopical specimens. The brain and spinal cord, pituitary body and spinal ganglia were examined. To the naked eye the tissues in Case 1 presented but little change beyond some slight thickening of the pia-arachnoid. The convolutions of the brain were complex and not atrophied. The organ weighed 54 ozs. The two hemispheres were of equal weight, and there was no excess of fluid. In Case 2, the younger patient, the dura mater was found adherent to the skull cap. There was a considerable quantity of cerebro-spinal fluid. The pia-arachnoid was somewhat thickened and opaque over the convolutions. The base of the brain likewise showed thickening and opacities of the pia-arachnoid; weight of the brain, 36 ozs. Neither of the brains showed flattening of the convolutions, erosions on stripping the membranes, or dilated ventricles with granular ependyma. The nervous tissues before mentioned were removed so soon after death as to avoid post-mortem infallaci s. Portions of different parts of hemispheres, cerebellum, pons, medulla and cord, also spinal ganglia, were stained by Nissl method. Marchi and Marchi-Pal methods, after suitable hardening and fixation. The microscopical examination of these sections exhibited in both instances similar conditions. There was a leptomeningitis and encephalo-myelitis throughout the whole central nervous system, but especially in the medulla and base of the brain, sections showed all the perivascular lymphatics distended with more nucleur leucocytes. The left cerebral hemisphere in case 2 showed this condition in an especially marked manner, very probably accounting for the right-sided fits from which this patient suffered towards the end of life. Sections were also stained by Gram method, Pfeiffer, and other methods, but with negative results, thus agreeing with the negative evidence obtained by Dr. Bullock, who examined the blood and lymphatic glands removed from Case 2 during life. Some of the cerebro-spinal fluid removed from Case 2 after death yielded by culture various organisms, but this evidence is of no value, because rigid precautions were not taken in obtaining the same; moreover a large bedsore existed over the sacrum.

General and Special Appearance of the Nerve Cells:—In Case 1 the outline of the nerve cells and their arrangement appeared fairly normal, neither was it considered that the neuroglia cells were markedly increased. The columns of Mynhert in the cortex cerebri were distinctly evident, thus contrasting with the appearances of the brain in general paralysis. The cells themselves throughout the whole nervous system showed a uniformly dull diffuse staining reaction, and in none of the cells were the Nissl granules evident. This change was certainly due to the hypopyrexia. In Case 2 the cells for the most part presented a normal outline and exhibited Nissl granules on the dendrons and in the body of the cell. In the medulla, however, a considerable number of cells showed chromolytic changes, and to a less degree changes were found in the motor cells of the anterior cornua. The cells in the left hemisphere showed degenerative changes in sections of the motor area. Meynhert's columns were not distinctly visible, and many of the cells seemed atrophied and broken up.

Fibres:—Sections of the brain and cord were stained by Marchi, and Marchi-Pal methods. Nothing abnormal was found in Case 1, except perhaps the tangential fibres were not so numerous as in the normal cortex cerebri. In Case 2 there was obvious wasting of the tangential fibres in both hemispheres but especially of the left. There was slight sclerosis of the crossed pyramidal tracts of the cord, more marked on the right side, and also a number of recently degenerated fibres were exhibited by the Marchi method. The arteries of the central nervous system exhibited no trace of endarteritis. In the choroid plexus there were numerous microscopical psammomata. The central canal of the spinal cord was filled up by proliferated glia tissue. The posterior spinal ganglia showed the same appearances around the vessels, but the ganglion cells in case 1 only showed the diffuse staining of hypopyrexia, and in Case 2 exhibited a fairly normal appearance. Can the changes above referred to account for the symptoms? The changes in the left cerebral hemisphere of Case 2, together with the evidence of degeneration in the opposite crossed pyramidal tracts agrees with the convulsions of the right side observed during life. No doubt these convulsions were the expression of the increased irritability prior to death of the cortical motor neurons. The symptoms, which were, however, present in both patients, and characteristic of the disease, viz., progressive drowsiness and lethargy, which eventually led to most of the lives of the patients being passed in sleep; and the progressive weakness in body and mind without, however, any distinct paralysis or mental disability, can best be accounted for by supposing that the metabolism or functional activity of the neurons as a whole is affected injuriously either by some toxic product circulating in the blood or existing in the cerebro-spinal fluid, that this toxic agent, whatever it may be, has occasioned an enormous pro-liferation of mononuclear leucocytes beneath the pia-arachnoid membrane and in the perivascular lymphatics. It might, however, be considered that

(a) Delivered before the Pathological Society of London, Tuesday, October 17th, 1899.

the functions of the nervous system were affected by an interference with their nutrient supply owing to the perivascular lymphatics being filled with leucocytes and thus interfering with the circulation of the lymph of the brain.

The liver, kidneys, lungs, pituitary body, spleen, lymphatic glands, and duodenum were also examined. The results were for the most part and with the exception of the duodonum and lymphatic glands, negative. The lymphatic glands were greatly enlarged owing to lymphocytes great increase. Sections of the duodenum showed a large number of lymphocytes and a proliferation of the same in the lymphoid nodules. It is a pity seeing that the French authorities have considered this disease to be due to the pneumococcus that lumbar puncture was not performed during life, and the cerebro spinal fluid examined for organisms.* The negative evidence as to the disease being due to a micro-organism is inconclusive, but it must be remembered that in rabies no micro-organism has been found. The facts mentioned may perhaps help towards elucidating the pathology of this disease.

They are also of interest in contrasting this affection with general paralysis, which by many authorities is still considered to be a primary meningo-encephalitis, yet although the appearances of inflammation in this disease are as intense and certainly more widespread than any case of general paralysis which I have seen, yet the cellular changes are in comparison with general paralysis slight; an argument, I think, in favour of the view that progressive paralysis of the insane is a primary disease of the neuron with secondary inflammatory changes.

*Annales de l'Institut Pasteur, March, 1899. Role du Pneumocoque dans la Path. et dans la Pathogenie de la Maladie du Sommeil. Par le Dr. E. Marchand.

Regis et Gaide have published (*Presse Medicale*, October 1st, 1896,) case observed in the region of Timbuctoo. They consider it to be a diffuse meningo encephalitis of diffuse infective origin.

PHAGEDÆNA OF SIMPLE (OR SO-CALLED SOFT) SORES AND OF SYPHILITIC (OR SO-CALLED, HARD) CHANCRE.

By H. De MERIC, M.R.C.S.
Surgeon to the French Hospital.

The two following cases which came under my care simultaneously at the French Hospital illustrate very clearly the difference in the phagedænic action affecting simple sores, and phagedæna when taken on by the syphilitic chancre.

Case 1.—E. B., æt. 27, came to my out-patient room with a sore at the edge of the prepuce, just in front of the frænum. There was a history of three connections with different women during the preceding three weeks; after the first two connections he noticed what he described as small blisters on the glans penis, which disappeared in three or four days after the application of Vin aromatique. The patient stated that he tore himself slightly at the second connection, and bleeding took place from the tear; this solution of continuity had very nearly healed at the time of the last connection which took place eight days before he came to the hospital; the day after this last connection the tear became very painful, and on the day after, from the man's description, began to ulcerate; he applied vin aromatique, but as the ulceration continued to extend, he came to the hospital. There was then one unhealthy looking sore with rounded edges having a tendency to excavation of the centre and to spreading at the borders, bathed in an abundant thick pustular discharge; the sore gave to the fingers a feeling of doughy hardness but no induration; nothing whatever could be felt in the groins. Taking into consideration the shortness of the incubation (barely two days) the appearance and feel of the sore and the absence of any glandular enlargement in the groins I regarded the sore (though single) as a simple or so-called "soft" sore, therefore I merely lightly brushed it over with nitrate of silver and gave the patient some lot. nigra to apply. After a few days another sore appeared posteriorly to the first one; this second sore had at first the appearance of a small punched-out hole, from which pus was oozing, this soon, however, became a definite sore similar to, though of course much smaller than, the first; the next time the patient was seen a third sore had appeared the other side of the frænum, this ran the same course as the second, both being evidently caused by direct inoculation from the first. In spite of treatment in the out-patient room all these sores got rapidly larger and larger, and eventually joining together formed one large ulcerating surface, which became phagedænic; the extension of the sore thus formed was towards the mucous membrane of the glans penis, *not* on the skin of the prepuce, but another sore had by this time made its appearance on the interior of the dorsal part of the prepuce; this was long and narrow and only extended laterally on the skin of the prepuce, *not* on the mucous membrane; it became phagedænic also, but the phagedænic action here was not nearly as intense as in the original sores. I now took the patient into the hospital (I wished to admit him before but he had refused to come in). During the first three days of his stay the sores continued to extend, the original sore both deeply and laterally, the one on the skin of the prepuce only laterally at each extremity, and this in spite of every care as to cleanliness, in spite of the application of nitrate of silver, in spite of the constant soaking of the part in lot. nigra, and in spite of the internal administration of ½ gr. of proto-iodide of mercury (this I gave as a precautionary measure in view of the appearance of the last sore on the skin of the prepuce, although I ordered it *à contre cœur*, as I felt certain all the sores were simple and *not* syphilitic). On the fourth day I applied fuming nitric acid freely to the original sore, lightly to the other; at the same time I stopped the internal administration of mercury which I was convinced was useless for such a case. The effect was magical. The phagedænic action was at once arrested over nearly the whole extent of both sores and they gradually began to heal by granulation. In a week I had to apply the acid again to the centre of the original sore and to the ends of the preputial sore; twice more at intervals of three days the centre of the original sore had to be touched lightly with the acid. Both the sores were, during the whole time, dressed at short intervals, at first, with lot. nigra, and later, with lot. sod. chlorinatæ. During the next three weeks the sores healed up gradually; as cicatrisation proceeded, more and more difficulty was experienced in getting the foreskin forward after each dressing; this, perhaps, retarded the healing. During the whole time the patient was in the hospital, and during the subsequent three or four months of his reporting himself to me in the out-patient room, there never was the slightest enlargement of the glands in the groin, nor a trace of any eruption or of any other syphilitic symptom, confirming, if confirmation was necessary, the diagnosis. I may also mention that the man had never suffered in his life from any venereal complaint whatever.

Case 2.—A. P., æt. 26, a weak anæmic-looking man, came to my out-patient room having contracted a gonorrhœa which came on four days after connection

he had never had a venereal sore in his life, but had suffered from gonorrhœa five years ago; he had a very long foreskin which he had never been able to get back.

The case was treated with antiphlogistic internal remedies, and a weak lotion to inject, not only into the urethra, but also under the prepuce in conjunction with warm water. Twelve days afterwards the resident medical officer admitted the patient to my ward; the man was then suffering from very great pain on micturition, and the whole of the penis and foreskin was very red and inflamed. On the day after admission, the resident medical officer freely slit up the foreskin. As expected, there was a great deal of balanitis, together with a profuse discharge from the urethra. Ordinary remedies were applied, and the swelling and discharge diminished. A very small "écorchure" was noticed by the frænum a few days after admission, but this did not develop into a sore until eight days afterwards. During the subsequent four or five days this sore extended rapidly, developing great induration at the base, and becoming phagedænic, not, however, in the same manner as in Case 1, there not being the same tendency to excavation by loss of tissue, but the morbid action going on over the whole surface of the chancre with a tendency to extension at the edges, there being but little discharge as compared with that occurring in Case 1; the induration was essentially basic, and had none of the doughy feel remarked in Case 1; in fact, but for the phagedæna the whole chancre would have been raised above the surface, there being no rounded edges with a tendency to excavation at the centre of the sore as in Case 1. Specific treatment was commenced the instant the "écorchure" developed into a chancre; I had felt very much inclined to begin it on the first appearance of the "écorchure," especially as the glands in both groins were indolently enlarged, but taking into consideration the presence of the balanitis, which by irritation sometimes gives rise to quite innocent little sores, and the gonorrhœa which I have often found in weakly subjects to produce an enlargement of the inguinal glands, I considered it better to wait; I am also very much against giving mercury to a patient unless the diagnosis of syphilis be almost or absolutely certain. Black wash was locally applied. At first it seemed as if the application of fuming nitric acid would be necessary as in Case 1, but I refrained, for I felt certain the chancre was a *syphilitic* chancre, which would, even when phagedænic, be acted on by specific treatment, and, although for three or four days the chancre still *extended*, it never showed any tendency to *excavate*; on the fifth day the phagedænic action had evidently lessened, and from that time it gradually disappeared, the chancre, however, taking nearly two months to completely heal, leaving behind an enormous amount of induration. In the meanwhile the secondary eruption had come out with sore-throat, &c. I may mention that the extension in this chancre was never by *inoculation* as in Case 1; there were no little sores formed near the original one that gradually merged into it; on the contrary, all the extension was from the edges of the chancre, although sloughs formed over its whole surface, there was never any tendency to excavation of the centre.

The points of interest in these two cases may be considered under the heads of Diagnosis, Treatment, and Prognosis. With regard to the diagnosis of venereal sores it has been over and over laid down that simple sores are always multiple, and that the syphilitic chancre is, as a rule, single. This is perfectly true, but it must be borne in mind that the multiplicity of simple sores may not date from the beginning of the disease as there may have been only one portal of entry, in which case there will only be one sore until others form round it by inoculation, as happened in Case 1; therefore we must not rush to the conclusion that a sore is syphilitic because it is *single*, if seen a short time after it has been acquired, but we must carefully sift the two most important points for our diagnosis, viz., length of incubation and glands in the groin. In Case 1 the incubation was about 24 hours (a little shorter than usual because at the time of contamination a tear existed on the penis giving an easy point for inoculation during connection), and there was not the slightest glandular enlargement: with simple sores there is either nothing at all in the groin or else an intense inflammation of the inguinal glands rapidly forming an abscess, there is *never* the indolent enlargement of these glands which accompanies syphilitic chancre. On the other hand we must not fall into the error of regarding the presence of two or three chancres to indicate the absolute fact of their being simple sores; it must be remembered that the syphilitic virus may find several portals of entry during a connection, in each of which a chancre will form, but no more chancres will subsequently be produced by *inoculation* as is the case with simple sores. The diagnosis of phagedæna attacking a venereal sore presents no difficulty, but the perusal of my two cases will show that the phagedænic action affecting the syphilitic chancre was not nearly so intense as that affecting the sore produced by the coalescence of several simple sores. In my experience, this is invariably the case, and I believe the reason phagedæna of a syphilitic chancre has been described as very acute, is that a tertiary gumma of the penis has been mistaken for a primary sore. When phagedæna attacks a venereal sore the importance of diagnosing, whether we have to deal with a simple or a syphilitic lesion, cannot be overrated, as the treatment is absolutely different, in the one being local, in the other almost entirely constitutional, as shown in my two cases. It is rarely necessary to apply strong nitric acid to arrest the phagedænic action in a syphilitic chancre, for the internal administration of mercury will do all that is necessary. A case in point I have recently had in private. A gentleman came to me with a primary syphilitic chancre which had just taken on phagedænic action. He could not lie up as he had to go abroad on business. I ordered mercurial pills internally, and black wash locally, but thinking I might hasten the disappearance of the phagedæna, I brushed over the chancre with *dilute* nitric acid on the two consecutive days before his departure; this did not produce any immediate improvement, but as I was certain the chancre was *syphilitic*, I felt he was quite safe if he took his pills regularly. In a fortnight he came back; the chancre was then nearly entirely healed, and he had a well-marked secondary eruption all over him.

With regard to the prognosis in my two hospital cases, it is evident that it is only serious in Case 2, from whom the poison of syphilis will have to be eradicated; whilst Case 1 is none the worse, excepting for some loss of substance of the penis.

THE SURGICAL TREATMENT OF FIBRO-MYOMATA.

By FREDERIC BOWREMAN JESSETT, F.R.C.S.,

Surgeon to the Cancer Hospital, Brompton.

Mr. Bowreman Jessett alluded to the importance of the subject as shown by the great improvements of the technique in late years.

He then alluded briefly to the history of the operation for the removal of the uterus with its myomata attached, pointing out that Langenbeck was the first

to actually perform these operations, the results of his operations were, however, not satisfactory. Kœberle, in 1863, introduced the extra-peritomal operation, and the use of the "serre-nœud," which was adopted in England until he (Mr. Bowreman Jessett) introduced his operation of pan-hysterectomy at about the same time as Dr. Heywood Smith reported some cases of the sub-peritoneal method of dealing with the stumps.

The question of morcellement and the removal of the adnexa was briefly touched upon, but neither of these operations met with his support. In discussing the treatment, Mr. Jessett considered the question under the following heads: viz., the subserous, intramural, submucous, combined subserous, and intramural. Polypoid fibro-myomata becoming malignant either sarcomatous or carcinomatous, and lastly fibromyomata complicated with pregnancy.

The subserous might be met with with long slender pedicle, in which case it could readily be removed by ligaturing the pedicle and not interfering with the uterus, or they might have a broad sessile base when the peritoneum could be divided and the tumour enucleated, the uterus still being left. In cases of intramural or combined subserous and intra-mueral myomata in which operation was indicated, he recommended either complete hysterectomy, or the sub-peritoneal operation by the abdominal route; he, however, preferred the major operation, unless the patient were in an enfeebled condition and it was desirable to complete the operation quickly. In all cases of submucous fibro-myomata and polypoid growths the vaginal route was recommended; the cervical canal being dilated and the tumours enucleated; in case of hæmorrhage the uterus to be packed with iodoform gauze.

Complete hysterectomy by the abdominal route or by the combined vaginal and abdominal route was strongly advised for all cases in which the fibromyomata had taken a malignant action. The result in such cases in his hands had been most encouraging. In cases in which doubt existed it was recommended that the cervical canal should be dilated and the cavity curetted, the *débris* being examined microscopically. The consideration of myomata complicated with pregnancy was of very great importance, and great discretion was required to decide when to operate or not, as in many cases gestation proceeded normally and the fœtus was born naturally, whereas in others the fœtus was destroyed by pressure of the tumour, when, if prompt operative measures were not adopted the patient's life might be lost or seriously jeopardised. The question of producing abortion was touched upon, but on account of the great mortality attending this operation it was not recommended.

Vaginal hysterectomy for these cases could only be practised when the tumour was small, and the uterus easily drawn into the lower pelvis; in some cases the relation of the intestines to the tumours might be such that, by adopting this operation disastrous results may follow.

The method of performing the operation was alluded to, and the use of the forceps and angiotribe discussed, but he (the author) preferred the use of ligatures of properly prepared catgut or silk.

A VERY valuable contribution to the botanical department of the Dublin Museum has been made by Lady Leighton, sister of the late Lord De Tabley, consisting of 20,000 sheets of dried botanical specimens collected by his Lordship.

OBSERVATIONS UPON A NEW FISH FOOD.

By A. LOCKHART GILLESPIE, MD., F.R.C.P.E., F.R.S.E.,

Medical Registrar to the Edinburgh Royal Infirmary; Lecturer on Materia Medica and Therapeutics, Edinburgh School of Medicine.

THROUGH the courtesy of a professional brother, aware that such matters were of interest to me, I received some little time ago a quantity of a new food preparation, almost entirely derived from the flesh of white fish. As upon examination of the food its composition, theoretical food and nutritive values, both actual and in relation to its pecuniary aspect; its digestibility and the pleasant nature of its culinary preparations, were so striking, that I thought a note about them might prove useful.

Marvis, as the food is named—"*maris*" "*vis*," strength of the sea—is a white, or very slightly yellow, powder, scarcely distinguishable from flour to the eye, with a slight odour such as is common to all fish. The powder is dry, does not adhere in lumps, and mixes easily with water, hot or cold. It consists of the flesh of fresh white fish, newly caught, freed from skin, large bones, and viscera, thoroughly cooked, and finally minutely powdered by special machinery, the finer bones of the fish being similarly treated along with the muscle.

A small proportion of flour is added to the fish product to facilitate a proper mechanical suspension of the powdered muscle and bone, on being mixed with fluids. The resulting compound is, as stated above, a homogeneous powder closely resembling flour, with a high nutritive value, and a food-stuff which can be kept practically for any length of time unaltered.

Marvis is manufactured at a northern seaport town, where the fishing industry is of prime importance. The fish used can thus be and are procured on the spot, fresh from the sea; a point of much weight when the liability for fish flesh to undergo rapid post-mortem changes is considered. The Marivis powder, as I have seen it, has undoubtedly been prepared from fresh material, and as the muscle juice or serum is largely removed during manufacture—the juice is the first part of the fish to decompose, and the part with the strongest fishy odour—the powder is not liable to go wrong, nor has it nearly such a pronounced fishy smell, owing to the absence of its chief source, the serum.

The novel characteristics presented by this food-preparation led me to examine it more closely.

Analysis of the powder gives the following results expressed in percentages:—

Moisture driven off at 110 degs. C.	Total Solids.	Inorganic Ash.	Organic Solids.
11·9	88 1	3·35	84·75

The ash, therefore, forms 3·8 per cent. of the dried solids.

The nitrogen, estimated by Kjeldahl's method, is 8·6 per cent., or equal to 54·25 per cent. of proteids, if it be regarded as being present entirely in proteid bodies. Compared with the dried total solids the proteids amount to 61·5 per cent, or 64 per cent. of the total organic material.

ORGANIC SOLIDS.

	P. c. to Total.		Total p. c. to Organic Solids.
Total	84·75 p. c.		
Proteid	54·25 „		64 p. c.
Fats	2·5 „		2·98 „
Carbohydrates	15·0 „	(circa)	17·69 „
Undetermined	13·0 „	(of which phosphorus 0·31 p. c.) ...	15·33 „

Inorganic Ash.

	P. c. to Total.	P. c. to Total Ash.
Total	3·35 p. c.	
Chlorides (as NaCl)	0·217 „	6·47 p. c.
Phosphates (as $Na_2 H P O_4$)	1·50 „	44·7 „
(as $P_2 O_5$)	0·75 „	

Organic Phosphorus.

0·73 p. c. (as $P_2 O_5$)
1·07 „ (as $H_3 PO_4$)

Total Phosphorus (as $P_2 O_5$).

1·48 p. c.

77·9 per cent. of the organic solids were dissolved and acted upon by pepsin and hydrochloric acid in artificial digestion experiments, practically the whole of the nitrogenous substances undergoing digestive changes.

Cold water dissolved 6·43 per cent., boiling water 3·33 per cent. of the total from the residue left. Both extracts contained native and derivative proteids among other substances.

The percentage of total phosphorus is high. Katz (Pflüg. Arch., Bd. 63) obtained 1·035 per cent. from the muscle of pike, as $P_2 O_5$, 0·83 per cent. in inorganic form, 0·195 per cent. in organic combinations. Nöel Paton's (Fishery Board for Scotland Report on Salmon, 1898, p. 143), found a mean of only 0·215 per cent., as $P_2 O_5$ in the muscle of salmon. The phosphorus of Marvis, therefore, is present in considerably larger proportion than in the muscle of pike, and enormously over that of salmon, Of course, the water percentage is very much more in the case of the salmon, where the proportions are given in relation to the fresh muscle, salmon muscle containing about 66 per cent. of moisture, Marvis only 12 per cent. In the dried total solids the total phosphorus of the salmon muscle represents 0·632 per cent., of Marvis 1·68 per cent. as $P_2 O_5$.

A noteworthy difference also appears between the proportions of inorganic phosphorus shown by Katz's analyses, and those of Marvis; for although the total phosphorus is greater in Marvis, the inorganic moiety is less than in the pike muscle, the organic portion, therefore, is markedly in excess.

While preparing the various data for incorporation into the chapter on Foods, which forms a part of my volume upon digestion in the Contemporary Science Series, and calculating out the food and money values of different common articles of diet, I remember being impressed by the high relative value of dried cod, both for nutrition and as regards value for money paid, when compared with other food stuffs. Though unexpressed in the text the thought occurred to me that any one who should apply this fact towards the preparation of a food-stuff from white fish flesh in a palatable and digestible form would be doing a service to the unhealthy among mankind, and also to many of the normal members of the species. Although ordinary dried white fish is possessed of so high a nutritive value, without doubt it loses much of it owing to its being rather indigestible, when consumed in bulk, perhaps when of uncertain age, however prepared for the table. But the muscular tissues of white fish so often sold at nominal prices, or if harvested too plenteously frequently applied as manure to enrich the soil, if bought and treated on the spot, cheap because the material is cheap, nutritious because its basis is nutritious, digestible and assimilable by reason of the method of preparation employed, offer a most valuable source from which to obtain a rich concentrated supply of food, costing less than the similar preparations from mammalian flesh, and giving as good value in return.

A dry preparation, such as Marvis, consisting in large proportion of the powdered muscular tissues and fine bones of fresh white fish, together with a small amount of cereal flour, will yield in nutritive value, using König's well-known factors in its determination, of about 353·5 per cent. by weight; while, still following König, if four ounces cost a shilling, the nutritive value in return for every penny spent is represented by 33·38 units.

Dried cod or ling, as usually placed on the market, is so cheap that the value of a pennyworth reaches 732 units, compared with the 432 units of a pennyworth of dried peas, and 49·7 units afforded by lean beef for the same coin, at 10d. the pound.

Thus, lean beef possesses an average nutritive value of 109·5 per cent.; at 10d. a pound each pennyworth bought will equal 49·7 units, at 1s. a pound 41·4 units for each penny, or if in the form of the best rump steak 31·0 units for the same expenditure. Marivis, therefore, per unit of weight is three times more nutritious than lean beef, while if its selling price be taken at 1s. for four ounces its money value as a food is theoretically 70 per cent. of that of cheap beef, a value, however, which is, in practice rendered higher owing to the ease with which the food elements of Marivis can be utilised, and the small proportion of its constituents wasted.

Few of the fluid or semi-fluid meat extracts in the market afford more than 5·35 units in nutritive value per penny spent on them, or six times less than Marvis, while in nutritive value per cent. of their bulk they fail to exceed a proportion higher than one-third of this fish food's theoretical estimate.

Referring again to the book already mentioned, it will be seen from a table on page 393, that 2·7 ounces of dried cod are equivalent in nutritive value to ten ounces of lean beef, and that this dried fish-food has even more nourishment in it than dry powdered meat of which 2·9 ounces equal the value of ten ounces of lean beef, and therefore 2·7 ounces of the dried fish. In addition, it is stated that 274 ounces of beef-tea would be required to be taken before the same amount of food-elements, serving to maintain metabolic processes, as in ten ounces of beef, or 2·7 ounces of dried fish would be obtained. Marvis, principally composed of this dried fish in a powdered form, with an approximate nutritive value per unit of 353·5, would only require 3·1 ounces to equal the nourishing elements of ten ounces of lean beef. The 3·1 ounces would cost 9·3 pence, the ten ounces 6·25d.; at 3d. and 0·625d. the ounce respectively. The food value of the one per penny being 33·38, of the other, 49·7.

A number of the food preparations in the market in a fluid or gelatinous form are little more than high-priced solutions of meat extractives, with some power of stimulating the various tissues and organs, especially the heart; but this power is but transient, not sustaining, though it often proves of great value at the time.

The dried food-preparations have of late grown in number, and multiplied exceedingly. The many excellent examples of infants' foods manufactured from cereals, milk, &c., now available can often be usefully employed by adults. The more technical, dried derivatives of proteid digestion typified by somatose, sanose, and their congeners, are even more than the members of the meat extract class, medicinal aids to nutrition, not foods in the proper sense of the word. Indeed, if given in the amounts proper for the total metabolic needs, they frequently cause symptoms more akin to poisoning than to correct alimentation. They again, however, may prove very beneficial under appropriate circumstances.

A word as to beef powders. Theoretically, these are of great nutritive value, easy to digest, and quickly incorporated with the body. Practically, they are of less value, their physical properties, by causing feelings of repulsion often after but a com-

paratively brief experience of them, chiefly, I suppose, because of the strong flavour conferred on them by the sapid meat extractives present, prevent their employment in bulk or for a length of time, while their money value for nutrition is low by reason of the price charged for them.

I have found that made into fish soups, simply or variously strengthened, fish soufflées, custards, and cooked in other ways, Marvis yields most appetising dishes, proves very palatable to patients, and supplies a very valuable addition to our stock of nutritive foods, which is at the same time rich, sustaining, and easily disposed of.

I have been led to write these few lines about this new food because I believe that physicians will find in it a scientific means towards enriching the diet of dyspeptics, and of patients who require to supplement their stores of proteids without digestive embarrassment or induction of nausea.

PROFESSIONAL BEHAVIOUR.

Abstract of an Inaugural Address delivered in St. Vincent's Hospital, Dublin, Oct. 1899.

By R. F. TOBIN, M.R.C.P., F.R.C.S.I.,
Surgeon to the Hospital.

AFTER some introductory remarks, Mr. Tobin said:—If there is one man more than another who has my sympathetic good-will, it is he who, fresh from the schools, full of enthusiasm and first principles, is boldly joining the battle of life. He has yet to learn how little mere enthusiasm will avail him in the struggle, and how many are the exceptions to every rule that has been given him for his guidance. The complexity of life, with its difficulties and interests, is yet a distant cloud about which he does not materially concern himself.

It is of this cloud as it affects the practice of medicine that I purpose speaking to you; and since money may be said to be its electricity, I shall, at the outset, ask you to consider some of the social and economic questions that influence the payment of the profession. First, why should we not have free trade in medicine? Free trade I will define as unrestrained competition—in other words, as regards our relations with one another and our patients, each man for himself, and the Devil take the hindmost. It will take very little consideration to show that it will be an evil day for the public when this rule prevails. For, in the first place, the public have no means of estimating the value of the goods we offer them. On matters medical their ignorance is only equalled by their gullibility. You will not ask me to prove this proposition. Times and times again you have heard your uncles, aunts, and cousins lay down the law on difficult points in physiology, a subject in which, perhaps, you, after much study, have been plucked two or three times. You have seen Sequah, on a prairie horse, ride into public favour; you have known men of intelligence pin their faith and their lives to the teachings of homœopathists and Christian scientists. The difference between the knowledge which the man in the street has of the inside of his watch and his own inside is this—he knows nothing of the inside of his watch; he knows a great deal of his own inside, but all that he knows of the latter is wrong. I may, therefore, take this proposition for granted, and pass to my second, which is equally clear. It is that the patient, who in this matter represents the public, is not in a position, when he is most a patient, to test experimentally the quality of what we offer him.

What I have now to submit to you makes our pecuniary relations with the public unique. To preserve our status and attract suitable men to the profession, we have to put a high price on our services, but (here comes in the difficulty) these services are required as much by the poor as by the rich. This difficulty has been met, and I think properly met, by giving gratuitous service to all whose ability to pay does not reach a certain standard. You must either do this, or you must in some cases take a copper for your services.

The wisdom of our professional ancestors is embodied in the etiquette of the profession, and although they may not have known much of science, they knew a great deal of the world, for conjointly they lived in it a long time. I would therefore advise you in being slow in departing from it. Their usage, as regards fees, as far as I know it, was this—they fixed on what they considered a suitable fee, and they rarely deviated from it, meeting the requirements of those who were not wealthy by gratuitous visits. Against a graduated scale of fees there is much to be said. First, there is the tendency of all patients to gravitate to the lowest scale; secondly, there is the fact, which, however we may explain, your experience will, I believe, confirm, that men educated as doctors do, as a rule, better work for no fee at all than for one disproportioned to the occasion. The graduated fee somehow introduces into the profession an element of trade that is disastrous alike to doctor and to patient.

But the first difficulty that you will meet—you, the youth full of enthusiasm and first principles whom I am addressing—is not the fixation of the amount of your fees, but the earning of any fees at all. Now in this connection the bit of advice I have to give you is, before entering for any event take stock of your own capabilities and qualities. It is well known that to be successful on the turf a horse must not only be a good one, but he must be properly placed. It is better to be first in small events than second in big ones. Therefore, don't enter for a race in which you will be outclassed, or which calls for qualities other than you possess. To work hard is the great pleasure of life, but the work must be congenial and not beyond one's powers. One man will be happiest in the routine life of military service; another in country practice where the strain is rather physical than mental; a third will delight in the keen contest of the metropolis, and in its difficulties find wholesome stimulation. Having selected the line you mean to take, get under weigh at once. It is often fatal to interrupt a habit of work by a lengthened dawdling at home or at sea, or on any road that leads nowhere.

The lazy drifting I have warned you against is usually done by men in search of what they call a vacancy. Now let me tell you there are no vacancies in the medical profession. It abhors a vacuum. You cannot book a place in it. Having selected your theatre you must join the crowd that is waiting, and with a steady pressure hold your own, or perhaps a little more—when a door is opened you must put forth all that's in you, and try and gain a front place. This you may then occupy with complacency, and perhaps after a while turn round and ask, "Who are these fellows that are crushing behind?"

I now propose to say a few words on the difficulties you will find in your way. The first is the necessity of keeping up appearances. We have already seen that the public can gauge in only a very uncertain way our professional skill, and consequently we have to make ourselves loom as large as possible in their eyes. The painter, the musician, the litterateur, even the pure scientist may live and dress very much as he likes—his work goes forth and speak for itself; the shop-keeper has to advertise, but he cries up, as a rule, goods that are the work of other hands than his own; for the medical practitioner is reserved the temptation—I was about to say the necessity—of crying up himself.

You may advertise yourself by your hat, by the play of your facial muscles, by titles, equipages, mansions in fashionable squares, reports of cases, inaugural addresses—in a word, by every action which a man may play. Advertisement with us may be described as a keeping up of appearances, for, of course, it is by appearances the public are mainly guided in their estimation of us. I am not going to run full tilt against advertisement. On the contrary, I hold that a doctor often cannot do better than put his money into his own business—first, by making himself as efficient as possible; secondly, in properly setting forth such efficiency. But, at the same time, I would like to warn you against overstepping the limits outlined by the experience and good sense of the wise men who have gone before us.

Before beginning let me ask you to consider the following points:—First, that it is often contrary to a

man's interests, his pecuniary interest, to be forced too rapidly into practice. It is one thing to make the public think highly of you while you are still behind the scenes, it is another thing to act up to that opinion. The proper practice of the profession is a thing slowly acquired, and although you may have much medical knowledge and skill your reputation in a district may be irrecoverably ruined by your ignorance of the world and its ways.

Secondly, success so attained is not like success honestly won, it leads seldom to happiness. Thirdly, success may not be reached as early as you calculated on, and thus, by the necessity of keeping up appearances that you have made for yourself, you may be landed in monetary difficulties that will darken your whole life.

The second of the difficulties I have referred to arises from the impossibility of steering a bee-line in your dealings with your patients. "Life," it has been said, "is one of compromise, and what we chiefly compromise is the truth."

Now, unhappily in the practice of medicine the truth at times requires careful handling. I have known a patient's pulse intermit one beat on every five on being told the truth, and I have also known a rash use of that virtue cause a doctor's fees to intermit in an even greater degree.

You must see that this constitutes a most dangerous situation. The patient gains by our economy of the truth we also gain, and it is quite possible that what one began in the patient's interest one may almost unwittingly continue in one's own. But lest I should be misunderstood, perhaps I ought here remark that I am not now in any way reflecting on the general veracity of the profession to which we belong. That you and I can hold our heads high is due to the fact that the great majority of the men who have gone before us have steered their way safely through the dangers I am pointing out to you. They were helped in doing so, no doubt, by a cognisance of them. If you value truth, be particularly on your guard on those occasions when you feel yourself called upon to win a patient's confidence. If you do not you will find yourself in time doing, under the cloak of this supposed necessity, what would be amazing things to your present eye. In the first case you are called to you will, perhaps, meet the following situation: You will find your patient in his trouble expecting of you two things—a definite diagnosis and active treatment. I need not point out to you that the latter of these should wait upon the former. Now the lamp of science, much as it has been trimmed of late, does not burn brightly, and as you are anxiously and slowly trying to find your way by its light, the only thing you clearly discern is an expression of doubt on the face of yovr patient and his friends as to your competence.

In concluding this address I am not sorry at having to omit reference to professional shortcomings, that being the way one usually teaches professional behaviour. For a man not to be envied or imitated is he who takes pleasure in cavilling at the conduct of his neighbours, and constituting himself the unofficial guardian of the honour of the profession. When you feel yourself in that mood ask yourself what would be your true feelings if the rival practitioner you are abusing was seen drunk about the streets. If such news would be, excuse the word, "nuts" for you, it will help you to gauge how much you have really at heart the honour of the profession.

Clinical Records.

TWO CASES OF ABDOMINAL HYSTERECTOMY FOR CHRONIC FIBROID THICKENING OF THE UTERUS.

By Charles Ryall, F.R.C.S.,

Surgeon to the Cancer Hospital, Brompton; Surgeon to the Gordon Hospital for Diseases of the Rectum; Surgeon to the Out-patients, London Lock Hospital.

A.B., æt. 37, governess, unmarried, was sent to me by Dr. Chas. Heaton on August 14th, 1899, and complained of the following symptoms:—

For the last two years she has suffered from dysmenorrhœa and menorrhagia, and of such a grave nature that she is periodically quite incapacitated from following her vocation. The menorrhagia persisted usually from about seven to ten days, and during that time the amount lost was excessive, with the frequent passage of clots. She also suffered from severe sacral and abdominal pain.

The catamenia has always been copious, and with a considerable amount of pain, but two years ago she suddenly became worse, and since then has been continually under treatment. Drugs, rest, and repeated curetting had been tried but without affording her any relief. She was, therefore, not only willing but most anxious to undergo any surgical treatment which would make her sufficiently well to earn her living.

On examination there was a good deal of tenderness in the hypogastrium, the uterus was found to be enlarged, and reaching just above the pubes, and a small myoma could be distinguished in its anterior wall. The length of the uterine cavity was four inches, and the organ was movable but tender to the touch.

Hysterectomy was recommended, and met with the patient's approval.

Operation, September 5th, 1899.—On opening the abdomen the enlarged organ was drawn out of the wound, and on examination proved to be very hard and paler than normal, which was due to an excess of fibrous tissue, which could be distinctly seen beneath its peritoneal investment. Hysterectomy was performed, leaving a cervical stump, and the operation was finished in the ordinary way.

The patient made an uneventful recovery.

E. B., æt. 50, married, was sent to me by Dr. R. H. King, and admitted to the Cancer Hospital on Sept. 11, 1899, and was said to be suffering from a uterine tumour.

Two years ago she had a miscarriage, and since then she has not been well. She complains of constant sacral pain and pain of a throbbing nature, which she refers to the rectum, and which is worse on defæcation. There is a thick vaginal discharge, usually yellow in colour, but occasionally brown, and sometimes fœtid. Menorrhagia of a severe nature is a great source of trouble to her; it lasts usually a week, and the loss is very excessive. Drugs, rest, and repeated curetting had also been tried in this case, and with a negative result.

On examination the uterus was found to be retroflexed and fixed in Douglas' pouch, and the fundus enlarged to about the size of a cricket ball, and apparently the site of a small myoma. The os uteri was patulous, but no tumour could be felt within.

Operation, September 12th, 1899.—On opening the abdomen the uterus was found firmly adherent in the pouch of Douglas from which it was liberated, and also from some adhesions of the sigmoid. On exposing it to view no tumour could be detected, and the enlargement was the result of a process of fibroid thickening which was found in the previous case. Hysterectomy was performed in a way similar to the other case. The patient made an uneventful recovery.

Remarks.—These two cases were brought forward to show what the operator considered the proper treatment for trouble of such a nature. The patients were chronic sufferers, and drugs and repeated curetting had been tried to relieve them but in vain, and needless to say the patients were therefore only too anxious to have anything done that would restore them to health. The disease was a fairly common one, was inflammatory in origin, and was frequently traced to septic endometritis. The pathology of the affection consisted in a thickening of the uterine wall by fibrous tissue and a partial disappearance of the muscle elements. A marked thickening of the endometrium was also a feature of the disease. He considered hysterectomy as the proper treatment for these two cases and as the only means that would effectually restore the patients to health.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, OCTOBER 12TH, 1899.

The President, DR. MACNAUGHTON-JONES, in the chair.

SPECIMENS.

DR. MACNAUGHTON-JONES showed:—

TWO UTERI REMOVED BY VAGINAL HYSTERECTOMY FOR INTRACTABLE PROLAPSE.

CASE 1.—The patient was æt. 38, 5-para. The uterus, with a fibroid in the fundus, was removed for procidentia of 15 years' standing. The bladder was firmly adherent to within half an inch of the os uteri, and there was extensive ulceration of the cervix. The operation was a difficult one. The patient made an excellent recovery and is now more than a year after the operation, in perfect health and comfort.

CASE 2.—The uterus was removed recently from a patient, æt. 74, for a large procidentia of over 25 years' standing. There was disease of the cervical endometrium and attendant ulceration of the sac externally. She had had both pain and great discomfort. Both bladder and rectum were in the sac. The former viscus was firmly adherent to the entire sac-wall, reaching to the os uteri. Hysterectomy was performed, the adhesions were slowly cleared, and the ureters, being exposed, were avoided. The rectum had also to be freed posteriorly from the sac-wall. The vagina was subsequently curtailed by circular incisions, the bladder and bowel were returned into the pelvis, and the wound closed by the union of the peritoneal edges and adaptation of the vaginal flaps. The patient was making an excellent recovery.

FIBRO-MYOMA REMOVED BY SUPRA-VAGINAL HYSTERECTOMY.

This was a large, stony, hard fibroid tumour that filled the pelvis and reached to the umbilicus. The difficulty in removing consisted in the pelvic adhesions, reaching posteriorly to a level with the coccyx. The patient was anæmic, emaciated, and extremely nervous. Myo-hysterectomy was performed. The delivery of the tumour was a matter of considerable difficulty, but was eventually safely accomplished and the patient made a perfectly satisfactory recovery.

Dr. HEYWOOD SMITH observed that in one of the first two cases the uterus was myomatous, and so could not be considered as a case simply of prolapse; and he thought that the term should be restricted to cases of prolapse pure and simple. For cases of simple prolapse he thought that ventrofixation was better than hysterectomy. In the second case it appeared to him that it would have been sufficient to amputate the cervix.

Dr. MANSELL-MOULLIN recalled the fact that not long ago a case was reported at the Society in which hysterectomy was done for prolapse, and the procedure was somewhat severely criticised; but the question of justifiability need not now be dwelt upon. As to method, there had been suggested a plan which he thought would have done well in these cases, viz, extraperitoneal hysterectomy by means of the serre-nœud. This had the advantage of conserving the pelvic floor; and in Dr. Macnaughton Jones' cases would have avoided the difficulties attendant on the operation. He had adopted this plan in several cases with very good results.

Mr. FURNEAUX JORDAN (Birmingham) stated that he had done vaginal hysterectomy twice for prolapse, which could not be relieved by pessaries. Both operations were done about ten months ago; and both patients had since returned to hospital with inversion of the vaginal walls, for which he had to perform plastic operations. Consequently he did not feel inclined to try this treatment again. He hoped that Dr. Macnaughton-Jones' results would be more satisfactory. The question arose, What were they to do in such cases? In the case of the first specimen shown it appeared to him that the best plan would have been removal of the appendages and ventrofixation; but he would not advocate ventrofixation in a patient who might yet bear children. As to the most satisfactory treatment of Dr. Macnaughton-Jones' second case, he thought it was a very difficult question to decide.

Mr. BOWREMAN JESSETT said that in the second case he would have preferred ventrofixation because of the difficulty in getting the uterus away; and now that the uterus was away, the patient had lost some of the support of her pelvic floor, and prolapse of the rectum or vagina might follow. Such risks would be avoided by ventrofixation.

Mr. CHARLES RYALL remarked that prolapse of the vaginal walls was very rare after vaginal hysterectomy for tumours; but it was rather more common after hysterectomy for prolapse. He did not agree with Mr. Furneaux Jordan's view that the appendages should have been removed in the first case; in his opinion the best plan would have been amputation of the cervix and ventrofixation.

Dr. MACNAUGHTON-JONES, in reply, said that one of the chief reasons for not doing a simple hysterectomy in the first case was the fact that the cervix was unhealthy. He might have amputated the cervix, but this would have had the disadvantage of leaving an unhealthy body of the uterus, which would probably have resulted in a return of the patient's trouble to its original condition. With regard to the second case, he hesitated between ventrofixation and hysterectomy, but decided on the latter as likely to be the less severe. If the bladder had not been so adherent it would have been a very simple operation, but he was deceived as to the bladder attachments. Nevertheless, he did not think that the patient would suffer later on from prolapse, either of the rectum or of the bladder.

Mr. CHARLES RYALL showed uteri with fibroid thickening removed by abdominal hysterectomy, which will be found under the heading of "Clinical Records."

Mr. BOWREMAN JESSETT said that these cases raised two or three questions:—(*a*) Was it desirable to do any serious operation for this condition? (*b*) If so, should the uterus be removed or the appendages? (*c*) If the uterus required removal would not vaginal hysterectomy be better than abdominal? (*a*) With regard to the first point he had himself adopted with good results in such cases a milder plan of treatment—viz., curettage followed by burning out the endometrium with strong nitric acid, plugging with iodoform gauze and washing out with bicarbonate of soda to counteract excess of acid. He would always try this plan before resorting to hysterectomy. (*b*) Removal of the appendages was a less severe procedure than hysterectomy, and would probably be followed by cessation of hæmorrhage. On the other hand he recognised that after such treatment the nervous system of the patient might be affected. (*c*) He would like to know why Mr. Ryall did not operate by the vagina in preference to the abdominal route.

Dr. WALKER SMYTHE asked whether, if the uterus had been left in these cases, any great harm would have resulted to the patient. Not long ago, he had a case of a woman with a myomatous uterus larger than those shown by Mr. Ryall; she was anxious to be operated on, but he persuaded her to wait; and the fibroid had now got decidedly smaller. It did not appear to him that there was any great necessity for the removal of the uterus in such cases.

The PRESIDENT said that the question in these cases had been admirably summarised by Mr. Jessett. The most common cause of this condition was hyperplasia of the connective tissue of the uterus followed by formation of fibroid tissue therein. He should not himself remove the uterus for such a condition, unless there were also some indication of malignant changes; he concurred in what Mr. Jessett had said about removal of the appendages, but this was the course which he would have been disposed to adopt in the present case. He would recall to Mr. Jessett's recollections the fact that it was over 30 years since Dr. Lombe Atthill advocated the use of strong nitric acid for this very condition. This was the only treatment which he himself carried out for many years, until curetting became more frequent, and he doubted whether they had gained much by giving up the use of nitric acid in favour of curetting in every case, in view of the arrest of hæmorrhage

and the reduction in the size of the uterus which the nitric acid brought about. He had heard the treatment adversely criticised, but this was because it was not carried out in the manner prescribed by Lombe Atthill.

Mr. Ryall, in reply, said that he adopted the abdominal route because he preferred it for two reasons: in the first place it enabled them to deal much more readily with adhesions; and in the second place they could see much better what they were doing. He had not used nitric acid in these cases because he did not regard the condition as a disease of the endometrium, but as a fibroid thickening of the uterine wall. He did not wait before operating, as Dr. Walker Symthe suggested, because the patients were anxious to be put into a condition in which they could earn their living; and from this they were debarred by their complaint. Everything had been previously tried, in the way of palliative measures, but without result. As regards removal of the appendages, he thought it was always better to remove the diseased organ and leave the healthy ones; and hence he considered it preferable in such cases to remove the uterus.

Mr. J. Furneaux Jordan (Birmingham) read a paper "On the after results of operations for the removal of the uterus and appendages," which we hope to publish in full, with the discussion thereon in our next.

France.

[from our own correspondent.]

Paris, October 22nd, 1899

Essential Hæmaturia.

At the Fourth Session of the French Association of Urology, M. M. Malherte and Leguen read a very interesting report on Essential Hæmaturia.

Up to late years, the papers read on hæmaturia were divided into two classes, essential and symptomatic. This latter, the more frequent and the better known, depended on some well-defined cause; while the former seemed independent of any lesion of the urinary apparatus and appears to constitute simultaneously symptom and malady. To distinguish that affection from the other the term, "essential hæmaturia" was invented. But could hæmaturia really exist independently of a lesion of the renal organ or of a more or less established disease? Such was the question the authors proposed to treat, after passing in review the different causes of symptomatic hæmaturia, which were of two orders—general and local.

Infectious Maladies—Hæmaturia was frequently observed in the course of infectious maladies, and more especially in those cases where the fever ran high; it constituted, generally the ultimate period of the affection and rendered the prognosis very grave. The blood could come from any position of the urinary tract, but it was probable that the seat of the hæmorrhage was the kidney. Where the cause was local the hæmaturia could derive from the urethra, the prostate, the bladder, the ureter, or the kidney. Abundant hæmaturia had its cause exclusively in the bladder or the kidney, and was provoked habitually by calculi, tuberculosis, neoplasms, or retention, more rarely by traumatism, inflammation (nephritis) or parasites (hot climates). Such were the principal causes of hæmaturia resulting from a manifest lesion of urinary apparatus and notably of the renal organ. Whether it were a case of traumatism (calculus), of inflammation (nephritis), or of a neoplasm there was a factor which in the pathological physiology of hæmaturia intervened at each stage; it was *congestion*. Congestion played in urinary pathology a very effective rôle. M. Guyon had frequently insisted on that point. It was it which determined frequently the hæmaturia modifying the clinical aspect of the symptom, and troubling the practitioner by a disconcerting paradox.

Essential Hæmaturia.—After having passed in review the great causes of symptomatic hematuria, the authors treated of essential hæmaturia, which, in its clinical characters they said did not present any particular sign. It was frequently very abundant, so as to produce anæmia, and was rebellions to all treatment. What was in reality essential hematuria? In pathology every phenomenon had a cause, and although the cause could not be determined, it did not follow that it did not exist. When hæmaturia occurred it should in some way have its *raison d'etre*. If it was not found it was because the insignificant lesion had passed unperceived, and that lesion was almost in every case to be found in the kidney, consequently *essential hæmaturia did not exist in fact.*

The predominating character of pseudo-essential hæmaturia was that it did not resemble any of the forms habitual to that of calculus, neoplasm, or tubercles. Abundant and continual, it was not influenced by rest or motion, and appeared at first as renal hæmaturia, but other symptoms were sought for in vain. The treatment of that kind of hæmaturia depended on the cause, but the cause was unknown; therefore an exploratory incision became necessary to complete an imperfect diagnosis. It was only in the course of that incision that nephrotomy or nephrectomy could be best decided upon.

Total Abdominal Hysterectomy.

At the first meeting of the Surgical Congress held in Paris last week the subject of abdominal hysterectomy was discussed. M. Ricard, in a review of the question, said that abdominal hysterectomy for fibroma was practised there last year according to very different methods, but it might be said that there were only in reality two principle methods according as the operation was done with or without previous ligature of the arteries. The latter method of operating belonged exclusively to M. Doyen, who removed fibroma from the abdomen without paying any attention to possible hæmorrhage.

Ligature of the vessels, on the other hand, had the advantage of being applicable to every kind of tumour. As to the operation itself, surgeons were divided as to the method. Some maintained that total hysterectomy gave most successful results, while others, and the speaker was one of them, considered that a great point was gained in not opening the vagina and leaving a stump of the os behind. To this operation they gave the name of subtotal supra-vaginal hysterectomy. The advantages of the method were considerable; the operation was more quickly and more easily done, less hæmorrhage took place, and antisepsy was easier to effect. The mortality was also one-half less than that of total hysterectomy.

Germany.

[from our own correspondent.]

Berlin, October 21st, 1899.

Tuberculin Soap.

(*Continued from page* 400.)

Another important advantage of treatment by

tuberculin soap was the painlessness, especially as contrasted with salicylic creosote gauze plaster and caustic paste. There were some very sensitive lupus patients, in whom the first parts of the treatment were, on account of their sensitiveness, very prolonged, and for whom an entirely painless application was very desirable. There were also regions of the body that in all patients were exceedingly sensitive; among these he reckoned the internal ear. In these parts the acquisition of the tuberculin soap was a true gain.

The new preparation had proved its value in those parts where, under certain circumstances, no application could be made, the mucous passages. For here gauze, plasters, caustic vapours, green salve, and caustic paste were very difficult to apply. For the auditory passages, the nasal openings, the eyelids, lips, and angles of the mouth the tuberculin soap was better than the other remedies during the first stage.

It was a natural step to extend this treatment that had answered for the mucous entrances to lupus of the mucous surfaces, first to the mucous surface over the gums, the cheek, the palate, and nasal cavities. The daily application was less painful than in the case of other remedies. If other applications were not rendered altogether unnecessary, the field for their employment was much restricted. In the mucous surfaces the resorption of remedies was much easier than in the external skin, and under the simultaneous action of the soap was still further facilitated. Here, as in the skin, the most striking results were obtained where a fibrous new growth was present, as in snout-like projections of the lips, narrowing of the mouth-opening, and the nasal entrance.

Finally, he would mention as suitable for tuberculin soap treatment those cases where healing was nigh at hand, where a small remnant of lupus remained, but which resisted treatment. These were mostly small circumscribed reddenings, with scale formation, and which diascopically did not allow any distinct lupus centres to be recognised. In many cases there was only a post-lupus eczema-like skin affection, which healed rapidly under zinc sulphate paste. In other cases these punctiform remnants were present. Here, it was more agreeable to the patient, and instructive to the attendant, to make use of the tuberculin soap. A positive reaction, as well as a rapid healing, both pronounced in favour of the tuberculous nature of the affection. But occasionally a distinct brown lupus centre first appeared, which could be quickly needled out.

No surprising new fact was brought to light by this treatment. He had, however, gathered the impression, in seven of the cases treated, that the tuberculin soap had achieved more under certain circumstances than a simple tuberculin vehicle should achieve, and than he had expected. When following the analogy of the tuberculin injection treatment, he had expected an unusually large number of lupus centres for needling out; he was surpriseed to find that the number was unusually small. A case of symmetrical lupus of the nose and cheek showed this fact in a striking manner. One side was treated with green salve, the other with tuberculin soap. Should it be shown by further observation that tuberculin soap did more than tuberculin itself in the treatment of lupus, it would not be surprising, as the potash soap, forced in along with the tuberculin, doubtless had a destructive influence on the tubercle bacillus, and the more so as the tuberculin at the same time removed the reaction wall set up by it. In that case they had indeed in the combination of tuberculin and potash soap a happily selected antilupous remedy.

Although at first tuberculin soap was only intended for tuberculous affections of the skin, after its success the limits of its application were naturally extended. That it exerted a rapid and favourable action in two cases of scrofuloderma he only mentioned as something that might be expected.

It was more interesting to him to use it in various leprous affections. Up to the present he had used it in six cases of leprosy, with the noticeable result that a direct therapeutical result was obtained by subcutaneous infiltration in neuroleprous cases only (2), and not in the cutis lepromata (4 cases). In the two neuroleprous cases by the due application of the tuberculin soap alone he had obtained a striking improvement, until the whole spur had gradually taken on the appearance of a thin white atrophied skin free from leprosy. In cutis-lepromata it only hastened complete resorption after previous destruction of the surface with caustic paste; but for this subordinate rôle we possessed so many other good remedies, that the tuberculin soap need not be considered. A good result was, however, obtained in the fibromata and cheloids of lepromata, that had been burned with caustics.

After lepra the behaviour of tuberculin soap in the treatment of ulerythema Antrifugum (improperly so-called lupus erythematosus) interested him. Up to the present he only had the opportunity of employing it in two cases. The result was not so favourable as in lupus, a severe acute inflammation took place with swelling, and to some extent profuse serous exudation, but after its disappearance the ulerythema showed itself no better.

The remarkable effect of tuberculin soap on fibrous sclerotic lupus, and the healing of cauterised lepromata led the speaker to use it on the firm sclerotic patches of tertiary syphilitic origin. Here also the result corresponded to the expectation (three cases). One was a case of extensive gummatous swelling near the knee, in a woman who could not bear iodide, and on whom mercury, long continued, had no effect.

The local application of mercurial gauze plaster had a decidedly good effect, but a rapid and permanent cure was only obtained when this treatment was combined with the tuberculin soap applied twice daily. The extremely firm tissue mass melted away, or became ab orbed. Particularly striking was the effect of the tuberculin soap on the firm sclerotic cords passing through the skin, and attached to the fascia and periosteum. In another case of obstinate periosteal gumma of the tibia, sudden softening and rapid absorption took place.

After those experiences, he had recently tried the tuberculin soap on cicatricial cheloid (two cases; burns and surgical operations). The result was a slow, but an unmistakable improvement. First of all softening of the cords took place, and then resorption.

He had also tried it in lichen and glandular tumours, but without special result; but he had never seen any harm result, event when the 20 per cent. strength had been used for months. He could, therefore, recommend the tuberculin soap to specialists and practitioners for the dermatoses mentioned as a form of tuberculin as agreeable as it was active.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, October 21st, 1899.

ACUTE LYMPHÆMIA.

At the Medical Club, Pineles recorded a case of lymphæmia of some interest owing to the great age (73) of the patient; she had never been ill and confined to bed at any time before, and could do her house-work actively up to three months ago, when she was suddenly attacked with headache and high fever. She recovered in a week or fourteen days, but was not strong enough for her domestic duties, and finally had to return to bed with pain in head, breast, &c., when she was removed to hospital complaining also of a "discharge of matter from her chest," dulness in the head and general confusion On her reception the muscles were observed to be lax, and the adipose tissue fairly retained, with pain over sternum when pressed, as well as in both legs. Temperature 37·2 degs., pulse 100. The radial artery had a serpentine movement; vesicular sounds in upper part of lung; cardiac sounds dull; liver enlarged downwards with rounded edges. The spleen extended three fingers' length below the ribs, and was not painful on pressure. The glands of the throat, axilla, and groin were all enlarged. The flexor side of the forearms had small hæmorrhages' ranging from the size of a linseed to a sixpence, gums swollen and bleeding, as well as lower surface of the tongue, fundus of the eye normal, urine much nucleo albumin, but no serum-albumin.

The next day consciousness became dulled with tetanic spasms in both arms. On the lower extremities several small hæmorrhages; highest temperature, 38·7 degs. After this the weakness and delirium increased, and she died nineteen days later.

The enlargement of the liver and spleen with hæmorrhage from the teeth and skin pointed to leucæmia. Examination of the blood gave 3,550,000 erythrocytes and 550,000 leucocytes in the millimetre of blood. The proportion of white to red being 1 to 6½. The red blood corpuscles had nothing special in size or form; rouleaux in small masses, and the fibrin slightly netted. White corpuscles somewhat small; preparations with eosin hæmatoxylin and Ehrlich's tri-acid mixture gave 92 per cent. of large leucocytes ungranulated and small lymphocytes, 3·8 per cent common neutrophile polynuclear leucocytes, 0·0 per cent. polynuclear eosinophile cells; poikilocytosis was not present, nor were there any nucleated red cells. When coloured with fuschine none of the cells showed basophile granulation. The post-mortem revealed skin white, no œdema, lymph glands of neck enlarged, as well as those of axilla and groin, but nowhere adherent to the skin. In the left pleura slight fibrinous deposits, lungs full of blood, both upper lobes lobular pneumonia Pericardium slight fibrinous deposit, heart enlarged containing blood of light colour. Liver one and half times normal size, of a yellow. brown colour, friable, numerous white spots with interlobular division. The spleen was eight times its normal size, and had a reddish grey colour, in section and lymphatic glands, white patches. The kidneys were bleached and soft; retro-peritoneal glands swollen while the marrow of the bones was red and almost free of fat. Microscopically the lymph glands were hyperplastic but normal in structure. The lymphoid cells had nothing peculiar, and nowhere were there any abnormal conditions except a deposit of lymphocytes from the blood. A similar condition was present in the spleen The most prominent changes were in the bone marrow, which was largely composed of lymphatic tissue, with great and small granulated lymphocytes in the form of nests. The common granulated polynuclear leucocytes and the eosinophile cells were quite separate. It was therefore concluded that the structure of the marrow and the lymphatic apparatus of the blood were the cause of the disease which might be termed acute lymphæmia. It is usual to designate chronic leucæmia as myelogenic leucæmia when the myeloid changes of the lymphatic glands and blood are at fault, while lymphæmia, according to Muller, is confined to the hæmatic organs.

Etiologically, several hypotheses are offered. (*a*) Infection, which is inferred from the rapid prostration, and in this case supposed to be latent. This was absolutely negatived by injecting two guinea pigs with 10 c.c. of the patient's blood, when no changes were produced in the animals' blood. The same negative results followed inoculation. (*b*) The second hypothesis in acute lymphæmia is attributed to the polynuclear leucocytes in the blood being greatly diminished, which is the more probable explanation in this case.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

Abscess in Connection with Appendicitis.—Mr. Anderson operated on a girl, æt. 18, suffering from pain in the right iliac fossa and fever. On examination, fulness with muscular tension was found over the position of the cæcum and along the line of Poupart's ligament as far as the internal inguinal ring. The patient had had no intestinal symptoms, but a vaginal discharge had set in on the day preceding the operation. A diagnosis of appendicitis was made with some reservation, as the symptoms might have pointed to salpingitis. An incision was made about 2½ ins. internal to the anterior superior spine and extending downwards along the upper half of Poupart's ligament and upwards for a distance of 1½ ins. On reaching the subperitoneal tissue a small abscess was found close to the internal abdominal ring apparently not communicating with the peritoneal cavity. The pus was evacuated and the cavity temporarily plugged with cyanide gauze. The peritoneal cavity was then opened. The appendix was found surrounded by inflammatory adhesions running downwards and inwards, the tip becoming adherent to the parietal peritoneum at the internal inguinal ring at the point opposite to which the subperitoneal abscess had formed. No pus was found in the peritoneal cavity. The appendix was removed in the usual manner. It was found to be in a state of catarrhal inflammation, and contained a small fæcal concretion. The peritoneal wound was carefully sutured, the lower end of the incision through the skin and muscles being left open for drainage of the abscess cavity. Mr. Anderson remarked that the symptoms were obscure, and that it was difficult to make a positive diagnosis between appendicitis and salpingitis. The condition revealed was peculiar in that the diseased appendix which ran in an unusual direction had led to

suppuration in the subperitoneal tissue, while the peritoneal cavity showed no sign of pus, although considerable inflammation had been going on around the affected structure.

A week after the operation the patient was going on satisfactorily.

WESTMINSTER HOSPITAL.

SUPRA-CONDYLOID (STOKES-GRITTI) AMPUTATION OF THE THIGH FOR MYELOID SARCOMA OF THE TIBIA.—Mr. WILLIAM TURNER operated on a man, æt. about 32, who had a large swelling in the upper end of his right tibia, which extended down the bone for at least six inches; its surface was irregular, soft in parts and hard in others, and on the outer side extended nearly to the head of the fibula, where it was soft and distinctly pulsating; the skin was unaffected, and there was no œdema, but there was marked local heat in the region of the swelling; the temperature, however, was normal, the knee-joint was unaffected, and movements were fairly good, though extension of the joint produced pain; the muscles of the leg and thigh were very wasted; the glands in the groin were unaffected. The patient stated that he had had pain for nearly ten months; that he recently had an injury, after which he noticed a swelling; the original aching pain in his leg had at first been ascribed to varicose veins, but although the subcutaneous veins all over the swelling were enlarged at the time of admission, there was no definite disease of the veins. During the week following admission the swelling had increased about an inch in circumference. A photograph by the X-rays taken of the limb showed that the upper half of the tibia was affected by a mass not so opaque as the ordinary bone. About 2 ins. from the head of the tibia there appeared to be a fracture of the compact portion of the bone as indicated by an irregular clear break in the shadow. As the diagnosis was clearly that of myeloid sarcoma, and the extent of the disease far too great to allow of excision of the growth, amputation was decided upon. After the administration of an anæsthetic, a tourniquet was applied about the middle of the thigh, and, the usual antiseptic precautions being taken, a horse-shoe shaped incision was made from the posterior part of the internal condyle of the femur downwards, and then across the head of the tibia just above its tubercle and up on the outer side to a corresponding situation at the external condyle; the skin and subcutaneous tissues were dissected up in this flap to the upper border of the patella; the posterior flap was made by joining the ends of the first incisions by a straight cut at the centre of the popliteal space, this flap was dissected up about ¾ of an inch in all. The ligamentum patellæ was then divided close to the head of the tibia, and the knee-joint opened at the same spot. The ligaments and tendons on the inner side were next divided, and the same procedure adopted on the other side; the knee-joint being then flexed the crucial ligaments were next cut across, and all the structures in the popliteal space finally divided by one sweep of the knife, care being taken not to injure the posterior flap. The patella was then held up, and the condyles of the femur cleared for the saw, which was put on just at the junction of the condyles, and the shaft, *i.e.*, just above the position of the adductor tubercle. The sides of the patella were then cleared, and the ligamentum patellæ being firmly held upwards by a pair of lion forceps, the cartilaginous portion of the bone was removed by a fine saw. The patella was then fitted against the sawn ends of the femur, to which it adapted itself perfectly, and was fixed in its new position by means of two stout pieces of kangaroo tendon passed through the patella and through the femur twice on either side in the same manner as a Halstead's stitch. The part of the ligamentum patellæ that had been held in the forceps was removed. The large vessels were then picked up, and the popliteal nerves cut short, the tourniquet was then removed, and all bleeding arrested. The wound was stitched up by means of three fairly thick silk sutures, and then a continuous fine silk suture brought the edges of the skin into apposition; a drainage tube was inserted in the centre of the incision to drain what remained of the popliteal space, and a dressing applied. Mr. Turner said that the reasons for which he chose this operation in preference to any other were: that a Stephen's Smith amputation through the knee-joint was in this instance impossible as the growth was so superficial, and had so evidently penetrated the periosteum of the tibia that the flaps required could not have been made without going through sarcomatous tissue. There was also the danger that the knee-joint itself might be involved (but this proved at the operation not to be the case), the other amputations through the condyles, namely, Carden's or Lister's modification of it have, he pointed out, the disadvantage that the end of the stump is much larger than the rest of the femur, and the bone is only covered by the skin flap, and it is generally stated that patients are often unable to bear weight on the end of the stump; the disadvantage of Gritti's amputation is that the patella does not fit on to the lower end of the femur, and in the majority of cases tilts forward, and so bony union does not occur between these bones. Stoke's modification of this operation consists in the removal of the condyles, so that the patella when affixed to the end of the femur forms a complete covering to the end of the bone, and on account of this slight decrease in length of the femur, the liability to the shifting is reduced to a minimum if the bone is firmly stitched in position. The scar is posterior, and well out of the way of all pressure. The only disadvantage he pointed out to the operation consisted in the fact of the surgeon having to leave the sub-crural pouch of synovial membrane behind which might give rise to some trouble if it became inflamed; he also added that if by any chance antiseptic precautions were not complete in such an operation this pouch would be a source of great difficulty to the surgeon and danger to the patient.

It is satisfactory to state that the patient was discharged convalescent three weeks after the operation, although he had rather severe oozing from the wound for the first 24 hours, this was controlled by pressure and elevation of the limb. The drain tube had to be kept in longer than usual owing to the space it was draining being filled with blood clot. During the second week the patient was able to have the end of the stump knocked with the flat of the hand without feeling any pain.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 25, 1899.

THE SCIENCE AND ART OF EDUCATION.

"Doctrina vim promovet insitam." In these four words the great principle of education is stated; doctrina, or teaching; promovet, promotes or developes vim insitam, the inherent energies or qualities of the pupil. And if we make Doctrina a predicate, as probably Horace, philosopher as well as poet, would have allowed, we should say that any system of education that does not follow this principle is not doctrina at all, but is dangerous and injurious in its exercise. If we limit ourselves now to the consideration of how to carry out this principle in respect to the education of those who intend to devote themselves to the profession of Medicine and Surgery, we may assist both the teachers of the young and their parents, in the development of the vim insitam. We should advise both to examine carefully whether this exists, and is of such a nature as probably to repay the culture bestowed upon it, when the object in view is the practice of medicine. What are the qualities which fit a man to be a good doctor? They differ much from those required for a good lawyer or a good man of business. We won't say for a good clergyman, for in the character of such a man as the late Bishop of Bloemfontein we see the doctor and the clergyman may be combined in one person. The moral and mental and physical qualities require each of them to be carefully studied before the system of teaching is commenced. A good hand and a good eye, and a firm but gentle nature, are necessary for the profession of medicine. Those peculiar mental qualities which distinguish the classical scholar from the mathematical, are neither of them of special value to the physician or surgeon. In the study of such a complex organism as the human body but little assistance is gained from the study of the language and literature of the past; and if we look back to the lives of those who have been distinguished in the profession we find no evidence of great mathematical power. Indeed, where it did exist, as in such men as Thomas Young, Woollaston, and a few more, the tendency they showed was to leave the science and art of medicine for the more exact and satisfactory subjects included in the general term mathematics, or to some branch of exact science. The question of education is one really in which the Profession ought to take a great interest, for none are so well qualified to analyse the vim insitam of the young as those that have had to treat them, and their parents, professionally. There is an idea which to some, indeed, to many, seems very clear, and that is, that in education the chief point to keep in view is the "training of the mind." At most of our schools it is considered "bad form" for a boy to say what he is going to be, or for the masters to have anything to do with this. Even at our universities the same spirit prevails, and the Doctrina mentis in college is conducted very much on the same principles as the doctrina Corporis on the rivers. A young fellow when in training has no idea of ever making anything in the way of earning a living from it. Thus the training of the mind and the body are separated, and to some extent are opposed to one another; at least, they used to be so more than during this last half century. But when we ask what is meant by training the mind, we are generally met with a placid and somewhat contemptuous refusal to go into such a matter. To ask such a question is regarded as an evidence of the greatest ignorance. One naturally feels disposed when the expression is used to ask what's to be done if there isn't any mind to train, so far at least as Greek, Latin, and mathematics are concerned. There is no use in arguing this question with the mind-trainer, and the best plan is to leave him alone. It is very important for us to consider to what extent knowledge of various kinds is learnt from books and words. Classics and mathematics can be learnt from them; but when we come to deal with the teaching of any arts where technical skill is required it is a very different matter. It is not by words or books that music, painting, engineering, surgery in all its branches, and, lastly, medicine, will be learnt. On what "vim insitam" will the "doctrina" of any such sciences as chemistry, geology, or astronomy depend except on the organ of sight. For a classical master to treat the subjects generally classed under the term natural science with indifference, is to disqualify him completely from directing the education of those whose vis insita justifies them to excel in the study of science. This is the point to which great attention ought to be given; and it is chiefly, we believe, because our American cousins have not neglected it that we find they have been making progress in those improvements which attract the attention of visitors from this side of the Atlantic. In the interests of the

young, who will have to support themselves by their work and have no capital to fall back upon, the profession ought to exert itself in providing for better education than is at present afforded in the great middle class of this country.

THE CONTROL OF NIGHT SHELTERS.

DURING recent years the attention of sanitarians has been repeatedly drawn to the presence of a new danger that has arisen in the midst of the community, namely, the establishment of charitable or pseudo-charitable night shelters for the vagrant and destitute poor. The absolute necessity of stringent control in the case of the common lodging-houses has been recognised by the legislature, which has provided, in the Public Health Act of 1875, for the registration and the enforcement of a good structural and sanitary standard by the local sanitary authorities. In the new class of shelters, founded on professedly philanthropic motives, a charge ranging from one penny to sixpence per night is almost invariably made in return for the accommodation afforded. That the majority of these institutions yield a substantial margin of profit appears to be a reasonable conclusion when we take into consideration the rents and working expenses that can be estimated with a tolerable degree of accuracy. Besides, if the common lodging-houses can carry on their business at a profit in spite of the cost of compulsory conditions of tenure, it surely stands to reason that their pseudo-charitable competitors, who have no limit and no costly sanitary standards, will also show a profit side to their ledger. The fact is that some of the Salvation and other shelters are common lodging-houses in all but name. They have kitchens and general rooms for the use of all comers, who pay in some instances a larger sum, sixpence to wit, than that required by the common lodging-house keeper. On the other hand the pseudo-charitable shelters are practically outside sanitary control. They are open to the visits of the Medical Officer of Health only in the day-time, that is to say, when the places are empty. At night, official admission can be gained only as a favour, or by virtue of a magistrate's warrant when a nuisance is suspected to exist. From these statements it will be clear that the "shelters" are free to do as much or as little as they like by way of absolute sanitation as regards their inmates, or relative sanitation so far as the outside community is concerned. There is abundant evidence that serious abuses exist in these institutions. In July, 1895, a conviction was obtained by the Medical Officer of St. George's, Southwark, for gross overcrowding in a Salvation shelter situated in his district. In the last serious epidemic of small-pox in London, no less than thirty-nine cases of infection were traced to night refuges belonging to the same body. Lastly, the London County Council has issued a report which discloses all kinds of structural and administrative shortcomings in the shelters of the Metropolis. The County Council secured a promise in April, 1898, from the Local Government Board, that a Bill for the consolidation and amendment of the Common Lodging-houses Acts would be prepared forthwith. However, the Government that has been strong enough to pass the revolutionary and retrograde measure abolishing compulsory vaccination, has apparently not found sufficient energy or leisure to bring forward an urgent and comparatively simple reform. The reason is possibly political: the anti-vaccinators are a small but clamorous and united body; the medical profession is without any organisation or voice capable of affecting Parliamentary elections. The Salvationists and other bodies that found the shelters have, as a rule, perfect union and far-reaching social influence. The day of reckoning, however, cannot be far distant, for the existence of these officially-controlled collections of vagrants in the midst of our great centres of population cannot be much longer tolerated. Unfortunately, the law dealing with them is uncertain. The London County Council recently summoned for failure to register as common lodging houses one each of the Rowton and the Victoria Homes and a Salvation Army shelter as test cases. In each instance the application was dismissed with costs. The magistrate decided that the Rowton Home was not a common lodging-house, and that both the Victoria Home and the Salvation Army premises were charitable institutions. While he agreed that there was nothing in the statute to confine its remedial action to commercial undertakings, he felt bound to decide the case on the terms of *Booth* v. *Ferrett*, in which it had been laid down that a common lodging-house must be kept for purposes of gain. It is satisfactory to know that the County Council will carry two of the cases to the High Courts. As regards the Victoria Home the magistrate was satisfied that although a profit was made, the home was not kept by a person or persons for the purposes of gain. It seems to us that before these extraordinary paradoxes are accepted by the public they have a right to demand authenticated balance sheets from all the bodies who profess themselves to be philanthropists, but who, nevertheless, made profits out of the pence of the most destitute class of the community. Well may the common lodging house-keepers call out against the partiality of the law towards his pseudo-philanthropic rival. In the interests of the public and of systematic prevention it is to be hoped that this question of the control of night shelters or refuges will be speedily settled upon a firm legislative basis.

THE HARVEIAN ORATION.

IT must be a difficult question for the Fellow of the Royal College of Physicians, London, who is honoured with the appointment to deliver the Harveian Oration, to decide how he ought to treat the subject. There is a natural tendency to exaggerate the claims of a great man of the past upon the gratitude of the present, when those claims are put forward in an address to a meeting called for the

purpose of hearing a panegyric in their laudation. At the College of Surgeons the memony of John Hunter as a surgeon and anatomist is once a year thus treated; while at the College of Physicians, the memory of William Harvey as the discoverer of the circulation of the blood, and as a physiologist, is kept alive by an oration. So much has been said about the discovery itself and the claims of Harvey to honour for discovering what was new and original that nothing can be added to what has been done in this direction. This year Dr. Poore has chosen to analyse the motives which prompted Harvey in the work he loved to do, and to hold him up as an example which now and at all times must be followed by those who desire to add to human knowledge. He dwelt upon the glorious pleasure derived from the study of Nature as being beyond that afforded by any other occupation in life, and how the value of research and experiment exercised in freedom from fancy and imagination, is of the greatest influence in raising the mind above the lowering tendencies of much that attracts and occupies the world in general. The Oration was delivered with grace and dignity, and was appreciated highly by those who listened to it. There could have been very few who regretted the change made in 1865 from Latin to English, and the support it received from Sir Thomas Watson, when he was president, may be recognised as evidence, that high scholarship may be combined with good common sense. Dr. Poore's text was, in the words of Harvey's gift, "to search and study out the secrets of Nature by way of experiment." But this was not so much the purpose for which Harvey intended the oration, as that it should be in "commemoration of all the benefactors of the said college, with an exhortation to others to 'imitate these benefactors.'" We fear that the reason why this purpose of the Annual Oration has received but little attention is because there has been little reason for its doing so. Why so few should leave anything when they could well afford to give generously, and when they must be aware how little the College possesses, it is difficult to understand. In the City we see a very different spirit prevailing, and it would be well for the Harveian orators in the future to exhort others to "imitate" far more than they do Harvey was not the man to want his name extolled to the skies, "for to do so would not be to search and study out the secrets of nature." The spirit in which he worked requires encouragement as much to-day as in Harvey's time, and we hope this will be kept in view as Dr. Poore has done, by future Harveian orators.

Notes on Current Topics.

Instruction in Dispensing.

One of the most serious arguments advanced by pharmacists in their attack upon the practice of allowing medical men to dispense their own medicines is the utter inadequacy of the instruction provided by our medical schools in that department. Some half-dozen attendances in the dispensary is usually all that is demanded of the student, and as the dispenser in chief has his hands full of other work it can easily be imagined that the future practitioner escapes with a modicum of practical teaching. Even a diligent student under the most favourable circumstances cannot be expected to obtain much insight into the practical details of pharmacy, nor do we see how it can be otherwise. To allow every tyro to educate his hand by assisting in the dispensing department of public institutions would be to court disaster. There is really only one way to learn dispensing other than by putting in time with a retail chemist, and that is in the surgery of the busy practitioner, but this unexceptionable way opportunity was virtually wiped out of existence by the General Medical Council when the abolition of the old-fashioned apprenticeship was decreed. It is still open to the senior student, it is true, in his last year, to avail himself of this opportunity, but the fact remains that but a infinitesimal proportion of the general body of students do avail themselves thereof, and as a rule the newly qualified man has to learn it as best he may on commencing practice. It seems to be forgotten that dispensing is an indispensable department of the practice of medicine, even though the practitioner may not take up a class of practice in which dispensing is admissible. A practical knowledge of pharmacy is a necessary step to writing good workable prescriptions, and the decay in the standard of presciption writing which characterises the present generation of medical men is directly attributable to their want of instruction in this department. The result is seen in the ever increasing disposition to have recourse to ready-made preparations of which the manufacturing chemist is yearly becoming more profuse. In France, where dispensing has always been more or less tabood, the empire of the specialty is absolute, and prescribing proper is a lost art. We are not concerned to deny that dispensing "pays," but that fact, if fact it be, is rather another argument in support of the contention that better provision should be made for teaching it. What with doctors who have never learned to dispense, and unqualified dispensers who have had no practical training in their duties, it is something to be thankful for that accidents are so rare, and disaster so infrequent. Room ought to be made in the curriculum for the subject, and we would appeal to the members of the General Medical Council to see that the subject receive the attention it deserves.

A Protest Against What?

Dr. W. W. Keen, of Philadelphia, is one of the rare American surgeons who do not believe in eliminating every appendix which makes its presence felt. At a recent meeting of the American Medical Association he declaimed as follows:—"I protest against the argument that every case of appendicitis ought to be operated on, and that the appendix is never to be left. Out of 300 post-mortems on as many bodies it was found that 100 of the individuals had had appendicitis at some time in

their lives and had all recovered from the disease. I dispute the assertion that through surgical operations all but 2 per cent. can be saved. I challenge any operator in the room to take 100 well persons, and operate upon them without killing more than 2 per cent. We all fail, gentlemen. I do not know why, but we all fail. I do not believe in operating on all sorts of appendicitis. I'd rather have a live man with an appendix than a dead one without. I do not believe with the witty Frenchman that no case is complete without an autopsy. If the patient is no worse after forty-eight hours of observation, let him alone, let him get well." We cannot but wonder what windmill this medical Don Quixote is tilting against. Whoever, in the land of Nicholas Senn, advocates operation unless (1) the condition is of itself serious, or (2) has recurred on several occasions? We have never heard anyone advocate removal of this intestinal tag for a first offence, unless of a very heinous description, and if it prove incorrigible—by medical treatment—there is nothing for it but to pluck it out.

The Rating of Hospitals.

WE have received a number of communications concerning the proposed exemption of hospitals from rating, a subject which we dealt with last week. It is pointed out that to exempt a hospital from the payment of rates is tantamount to making a donation to the funds of the institution equivalent to the amount which would otherwise be paid. This, then, is the first step in the direction of the municipalisation of medical charities but with this disadvantage—that whereas if the municipality voted a certain sum *per annum* to the funds the gift would convey the right to be represented on the management which mere exemption from rates does not. Then, too, it is urged that there are other charities besides hospitals, which, once the thin edge of the wedge introduced, might reasonably claim to have similar treatment meted out to them, and this would land us in a dilemma, because many of these charities are more or less denominational in character, and if any claim were admitted, the others must necessarily follow. A more practical suggestion is that a better means of helping these institutions would be to agitate for the remission of the ten per cent, legacy duty which is now levied by Government on all bequests for charitable purposes, and in this we heartily concur.

Public Health and the Profession.

DOUBTLESS the editor of the *Public Health Engineer* is wise in looking to the medical profession for aid in carrying out those reforms in all matters affecting the public health, and which require care and study. It cannot be questioned that the profession generally, particularly the younger members of it, are devoting attention to those necessary evils which arise in great towns, and which are the cause of much illness. No class of men are so well prepared to study matters of public health as those who have entered the profession and if we look back to the chief influence that has been exerted during the latter half of this century on the advancement of sanitary science, we see how much is due to our profession. The *Public Health Engineer* will be found to contain a great deal that must be of interest to all practitioners particularly those who are required to consider in their practice the maladies which arise from overcrowding and other injurious conditions common in crowded communities. Through the profession the public is more likely to be educated in such matters than in any other way, and we think that it will add to the esteem in which the public holds it if it assists in this work of education.

The New Entries at the Medical Schools.

THE returns of the new entries at the medical schools in England has just been issued, and, judging generally from the numbers, a falling off is noticeable in this respect. In the London schools St. Bartholomew's heads the list, as usual, with 115 new students for the whole curriculum; next follows the London, with 83; Guy's, with 79; St. Thomas's, with 59; St. Mary's, with 50; University College, with 35; St. George's, with 27; Charing Cross, with 26; Middlesex, with 24; King's College, with 21; Westminster, with 17; and the London School of, Medicine for Women, with 17. In the provinces; Cambridge University claims 141 new entries Owens College, Manchester, 76; University College, Liverpool, 58; University of Durham, 32. This Northern University seems to have fallen upon evil times. A few years ago it had an entry of 1,198 students for the whole course. Why, then, this retrograde record? Of the Metropolitan schools the most successful list is certainly that of the London Hospital. Apparently, the profession, as well as the public, appreciate the forward policy which has been displayed in the management of the institution, The small entries at several of the other schools is suggestive of the reflection that the authorities concerned must have a very difficult matter in making both ends meet.

What is Fibrinous Rhinitis?

A DIFFERENCE of opinion exists among throat specialists as to the real etiology of what is called fibrinous rhinitis. In a paper fully discussing the subject, Wishart, of Toronto, in the current number of the *Canadian Journal of Medicine and Surgery*, quotes Lennox Browne and Walsham in this country, and Bosworth in America, to the effect that the disease is a benign one, distinct from diphtheria, and that it is non-contagious. On the other hand, Ravenel, of Philadelphia, holds that "patients suffering from fibrinous rhinitis are always a possible source of contagion, and that they should be isolated like those affected with the more common types of diphtheria." Thus two practically divergent views are held respecting the etiology of the disease. The author, in describing his own cases, states that they were certainly diphtheritic, but of an unusually mild character. He

further adds that in a collected series of ninety-eight cases the Klebs-Loeffler bacillus was present in sixty-nine. This result is again at variance with those who affirm that this bacillus is never found in cases of the kind. From his observations, then, he submits that the accumulated evidence seems to prove (1) that fibrinous rhinitis and diphtheria are not distinct diseases; (2) that all cases of the disease need the same precautions as to isolation that diphtheria requires. It is curious that such diversity of opinion should prevail in regard to this disease.

The Guild of St. Luke.

The Annual Festival Service of the Guild of St. Luke was held at St. Paul's Cathedral on the 19th inst., and was largely attended. The Lord Mayor and Sheriffs were present in State, accompanied by the chief officers of the Corporation and members of that body. In the procession which passed up the nave the members of the Guild and their friends were robed in their various coloured gowns, and a very striking scene was thus produced. A choir of three hundred voices, furnished by the London Gregorian Choral Association, rendered most efficiently the musical part of the service. The sermon was preached by the Bishop of Stepney, the Canon in residence, his text being: "Jesus went about all the cities and villages, teaching in their synagogues, and preaching the Gospel of the kingdom, and healing every sickness and every disease among the people." In drawing a comparison between the clerical and the medical professions, the Bishop proceeded to discuss how the two professions might draw closer together, expressing the opinion that the clergy should bear more in mind the value the medical profession placed on accurate observation. If the training of doctors, he said, made them on that account more slow to accept the truths of religion, then the clergy should sympathise and appreciate that. Still, medical men should bear in mind that there was a science of medicine as well as a science of theology. The reasons, for example, for the clergy believing in baptism were based on as sound deductions as the reasons the doctor had for believing in vaccination. All the truths of religion required as much balanced thought and deep studies as anything taught in the hospitals. The Bishop incidentally mentioned that the late Bishop of Bloemfontein was the only clergyman who was a Fellow of Royal College of Physicians (London). The discourse was listened to with keen attention, and the appositeness of many of the points to which expression was given must have been forcibly impressed upon the audience which thronged the cathedral.

Leicester Triumphant.

The citizens of Leicester are triumphant, inasmuch as the official returns for the week ending October 14th showed a remarkable reduction in the local mortality. The number of deaths in the town was only 49, or a decrease of 11 as compared with the corresponding week of 1898. Thus "an almost ideal death-rate," as the *Leicester Daily Post* described it, of 12 per 1,000 was attained. Despite, however, this apparently strong proof of the salubrity of the town, diphtheria seems to be very prevalent, a condition of things which should surely be capable of improvement. The people of Leicester are, nevertheless, to be congratulated upon the lowness of the death-rate, and hence it is that regret must be felt that they cannot forego the absurdity of ignoring the vaccination laws. Of this the townspeople may rest fully assured, that by courting an epidemic of small-pox by refusing the protection of vaccination, their "ideal death-rate" is likely before long to be speedily disposed of. It is an especially dangerous and inexpedient policy to trifle with a zymotic disease as virulent as variola.

Revocation of the Muzzling Order for London.

Recent reports to the Board of Agriculture show that for some time past the Metropolis has been quite free from rabies, so that the Home Secretary is at last enabled to defer to the popular feeling in favour of rescinding the Muzzling Order in so far as that area is concerned, and its withdrawal is to take effect within the next few days. While we cannot but feel satisfaction at the excellent result achieved by this measure in the teeth of active and persistent opposition, the wisdom of allowing dogs to run loose in our large cities is one that may fairly be called in question. The crowded centres of population are ill-suited for dog life, and as the transformation of London into a city of flats proceeds this will become more and more obvious. When next the County Council requires to look round for a fresh source of income, they cannot do better than apply to Parliament for power to levy a supplementary tax on town dogs, a municipal tax as in addition to the Government tax. This would discourage people from keeping dogs under conditions which are unfavourable to the well-being of the animals themselves and dangerous to human beings. The only Muzzling Order that will remain in force is that applying to South Wales, and even this, it is hoped, may be dispensed with before the end of the year. After such a decisive experience we suppose that none will question the efficacy of this ready means of stamping out rabies. We presume, however, that the precautions with respect to imported dogs will be maintained, otherwise the respite from hydrophobia may prove but ephemeral.

Atmospheric Climatology and Health.

What we understand by climate is in the main an average of the vicissitudes which characterise the atmosphere of a given place. Some climates are described as bracing, while others are said to be enervating, but these terms are only relative because climate is but one factor in the production of physiological effects, the other factor being individual temperament. No very clear idea obtains of the physical conditions which underlie the influence of climate, but certain considerations throw light on the conventional meaning attached to these terms. A dry wind is bracing because in the healthy organism it provokes

free perspiration and evaporation and the cold thus caused stimutates the individual to muscular exertion in order to make up for the loss of heat. The physiological activity thus engendered is reflected in an increase of appetite and a heightening of functional activity. Moreover, as the air contains only a comparatively small percentage of moisture the proportion of oxygen is *pro tanto* larger. The opposite conditions obtain in a moist atmosphere, especially if a low temperature be superadded. The functions of the skin are reduced to a minimum, and the presence of moisture at, or about saturation point in the air, displaces so much oxygen, just in the same way as in administering chloroform the life-maintaining air is displaced by the vapour which, if present in unduly large proportions, leads to asphyxia. A very hot air, it is true, if dry, stimulates the excretory functions of the skin, but it acts unfavourably on the muscular system because the heat already being excessive the tendency is naturally to avoid movement which would add to the body heat. Moreover a hot air means more or less rarefied air, and as the volume of air increases with every additional degree of temperature it follows that a given bulk of hot air contains proportionally less oxygen than the same quantity of cold air. Respiration is, therefore, increased in rapidity to make up for the deficiency. With hot air which is also moist the conditions are distinctly unfavourable to health and comfort. Nature's plan of resisting the tendency of the body temperature to rise above normal, by provoking perspiration and free evaporation, is hindered by the inability of the air to take up more moisture, and a condition of discomfort supervenes. In normal health the human machine works at such low pressure that there is ample margin, but if any of the vital functions happen to be disorganised unfavourable climatic conditions may promptly turn the scale in the direction of disease.

Royal Academy of Medicine in Ireland.

THE annual general meeting of the Royal Academy will be held in the Dublin College of Physicians, on next Friday, October 27th, when the election of officers will take place. The following Notices of Motion will come up for discussion. 1. "Rule 67.—The Academy, however, shall not hold itself responsible for the payment of the printing of such papers, unless they are deemed by the General Council suitable for publication in the 'Transactions.'" 2. "That the following be elected Honorary Fellows of the Academy:—Sir J. Burdon-Saunderson, Oxford, Prof. Howard Kelly, Baltimore, Prof. Koch, Berlin, Prof. Kocher, Bern, Prof. Th. Leber, Heidelberg, Sir W. MacCormac, London, Prof. Martin, Berlin, Prof. Nothnagel, Vienna, Prof. Osler, Baltimore, and Sir W. Turner, Edinburgh. 3. "That the Council be authorised to nominate Corresponding Members of the Academy from time to time. 4. Dr. F. W. Kidd—"That any Fellow dropping his subscription for a year or more may be readmitted to his Fellowship on payment of subscription of current year, without the payment of an entrance fee, should the general council approve." The report of the Council presents the Academy in a fairly flourishing condition. The number of Fellows, for the past session was 240, of members 32, and of associates 20, and in each class there has been a slight increase. The finances are, however, not so satisfactory, inasmuch as the year commenced with a credit balance of £21 in bank, and ended it with an overdraft of £33. In other words, a loss of over £50 was sustained, which the Council attributes to the purchase of £100 worth of microscopes. This was, however, an exceptional and a necessary item of outlay, and will be readily approved, but we cannot recognise equivalent value to the Academy for the item of £172 for printing the transactions which, unless they be indispensable as a record of the work done, for preservation in libraries, are, we say, of no use whatever to the Academy. A *rechaufe* of papers read at the sections, issued as it necessarily is, nearly a year after the reading, and usually many months after interest has waned in the subject of which they treat, is not readable matter then or thereafter, and, as a matter of fact, we will undertake to assert that not one in a hundred of the Fellows makes any pretence of perusing them. We observe, also, that the Royal Colleges of Physicians and Surgeons each accept fifteen guineas a year for the gas, coal, and attendance required for the sectional meetings, and we consider it entirely beneath their dignity to accept such a tip from an institution maintained for the advancement of medicine and surgery in Ireland. If this sum of thirty guineas were added to the £172 which is wasted on printing of the Transactions the Academy would be in a position to do something handsome to advance its legitimate objects.

The Chemical Diagnosis of Gastric Disease.

IT is to be feared that the striking progress which has been effected during the last ten or fifteen years in the diagnosis of diseases of the stomach by chemical examination of the gastric contents is not reflected in the methods employed to arrive at a diagnosis in general practice. One continues to prescribe acids or alkalies more or less at hazard, in ignorance of the precious information that can be gleaned by a few examinations of the gastric contents. This aspect of gastric diagnosis was very lucidly explained in a lecture recently delivered by Dr. Vaughan Harley at University College, and subsequently published in the *Practitioner*. The lecturer insists on the importance, from a therapeutical point of view, of ascertaining by direct observation the nature of the gastric contents after a test meal, for by this means it is possible to ascertain the precise nature of the disturbance, and even to provide data for a scientific diagnosis of the physical conditions underlying that disturbance. This method, which is carefully described, furnishes the only trustworthy means of distinguishing between dyspepsia associated with excessive secretion of free hydrochloric acid and the forms in which this constituent is wanting. Without this information treatment must be empirical and may even be detrimental. The existence of a gastric ulcer and the recent

occurrence of hæmatemesis are the only contra-indications to this method of investigation, and the discomfort which the procedure entails to the patient is amply compensated by greater efficacy of treatment. The amount of mucus and the proportion of volatile acids in the gastric contents are details of considerable importance, but it is also possible to estimate the degree of dilatation in cases of gastroptosis, and by microscopical examination to define the nature of the fermentative changes going on. In short, we can trace the affection to its immediate cause and decide to what particular error of diet or function it is attributable.

Scalpel *versus* Hooked Nails.

A good deal is heard of the experiments upon lower animals necessary to carry out research upon the origin and the cure of the various diseases that affect mankind. On the other hand little is said about the barbarities every day perpetrated in the sacred name of sport. In an account of a run by the Queen's Buckhounds on October 13th it is stated that the deer failed to clear a five-foot fence with hooked nails running along the top of it, at Farnwood, and was suspended for a minute or two by one of the hind legs. After some of the nails had been pulled out by the struggles of the unfortunate creature it got away. This is the kind of experience that the Duke of Portland deliberately claimed in St. James's Hall, at a public meeting of the anti-vivisectors, was good for the deer, on the ground that they were preserved from extermination by the sportsman. We venture to say that scientific men who carry out carefully considered experiments upon the lower animals would recoil in horror from the thought of driving a deer to suspend itself by the hind leg from a barbed five-foot fence. The aims of the scientist, however, are for the good of humanity in general, whereas those of the sportsman are for the amusement of the individual. The sportsmen, if attacked by deadly disease, say the plague, gladly avails himself of discoveries that could only have been made through the agency of vivisection, that is to say by inoculation experiments. So would any anti-vivisector of them all, for that matter; but why do these sentimentalists strain at the scientific laboratory while they swallow the Queen's Buckhounds?

The "Barker" Anatomical Prize.

The Council of the Royal College of Surgeons of Ireland, with whom rests the grant of this Prize, has been unable to confer it this year upon any one. The Prize is for the best dissection of a special region, put up as a Museum preparation, and, apart from the distinction which the winning of it confers, it is worth £21 in cash. We regret to learn that the reason why it has not been awarded this year is that but one competitor entered the lists, and his dissections were not considered to show sufficient merit. It certainly seems strange that a valuable distinction like this, which is within the grasp of every assiduous anatomical student, is not sought for by more than one or two.

Irish Poor-law Doctors' Holidays.

An important legal opinion has been presented to the Guardians of the Boyle Union by the MacDermott, Q.C. He advises (a) that the Local Government Board has power not only to approve but to direct the payment of a reasonable fee for locum tenens' work; (b) that no part of this payment can be deducted from the salary of the absent medical officer without special sanction; (c) that practitioners can effectually sue the Guardians for services rendered as consultant; (d) that there are no regulations "applicable to workhouse medica officers of later date than the General Orders of October 18th, 1882, which enable guardians to give reasonable compensation to a substitute"; (e) that, under the new rules, the dispensary medical officer is not entitled to a full month's holiday if the guardians refuse to give it to him.

The Value of Glycerinised Calf Lymph.

The use of glycerinised calf lymph in vaccination has met with high approval in America. Dr. Albert C. Barnes, of Philadelphia, in an elaborate inquiry into the subject has shown that the successful inoculations amount to from 90 to 100 per cent., in the cases in which it is employed in primary vaccination. Moreover, the lymph has many other obvious advantages which experience has plainly demonstrated.

Insanitary Areas.

The London County Council is making an effort to do away with some of the insanitary areas with which London is riddled. The Working Classes Committee have recommended the Council to deal, under Part I. of the Housing of the Working Classes Act, 1890, with several areas that have been declared insanitary by their local medical officers of health. In each case it is proposed to build on the sites accommodation for more persons than it is proposed to displace. The sums that will be actually disbursed in carrying out these schemes will be enormous, notwithstanding a business-like handling by the Council of increased values and surplus lands. The first scheme deals with property in Shoreditch, where it is proposed to clear an area of two three-quarter acres in extent. Considering the value of land in these densely populated districts the contemplated net expenditure of £144,850 does not seem too extravagant. The next scheme is for the benefit of the unsavoury neighbourhood of Leather Lane, Holborn, where 1,402 persons are to be dislodged, and where rehousing accommodation for 1,400 is to be provided at an estimated net cost of £169,800. The third scheme embraces two large areas, nearly seven acres in extent, in the poor and densely crowded Parish of St. George's, Southwark. In this instance, the total net cost of clearing and rebuilding is estimated at £152,590. Lastly, there is a small scheme to carry out similar operations in Poplar at a cost of £16,500. With the general principle involved in these clearances all sanitarians will probably agree. It is to be regretted, however, that no provision has been made for converting

part of the areas into open spaces, and that some way of rehousing the displaced inmates during rebuilding has not been devised. Under present conditions they will be driven away into distant suburbs.

"Physician" and "Apothecary."

IT will be recollected that much excitement was created a couple of years ago within the ranks of the Licentiates of the London Apothecaries' Hall, by the prosecution, under authority of the General Medical Council, of Mr. Hunter, a licentiate of the Hall, for calling himself a "physician" and "surgeon." It was admitted that the terms of the Medical Acts entitled him to practise medicine, surgery, and midwifery, but the rival colleges maintained that while he could do this as an apothecary, he could not call himself by any other name, and the High Court sustained this contention. Apparently the Hall is determined to carry the dispute to the House of Lords, for it has obtained the opinion of Sir Edward Clarke, which is diametrically opposed to this decision. He urges that it is a *reductio ad absurdum* to license a man by Act of Parliament to practise medicine and surgery, but to forbid him to call himself "physician" or "surgeon."

New Use for the Irish Dispensary.

A FORTNIGHT since we referred to the fact that the Guardians of the North Dublin Union had made an order that the outdoor relief to paupers should, henceforth, be distributed at the medical dispensary house of each district, and we urged that such an arrangement was highly objectionable from the sanitary and every other point of view. We note with satisfaction that this objectionable order has been withdrawn, and in future the dispensary house will be devoted to its legitimate use.

PERSONAL.

DR. JAMES DUNSMURE has been elected President of the Royal College of Surgeons, Edinburgh.

MR. A. O. DAVIES, M.R.C.S., of Machynlleth, has been appointed a Magistrate for the County of Montgomery.

MR. T. I. BIRKIN has offered to place at the disposal of the managers of the Children's Hospital, Nottingham, a mansion known as Forest House, with an adequate amount of land, for the purpose of a larger hospital, the present buildings being quite inadequate.

MR. ARTHUR HAMILTON WHITE, Professor of Pathology and Bacteriology in the Royal College of Surgeons in Ireland, and sometime assistant in the Pathological Laboratory of University College, has been appointed Pathologist to the Meath Hospital, Dublin.

AFTER the delivery of the Harveian Oration at the Royal College of Physicians of London on Thursday last, the Baily medal was awarded to Professor Sherrington, of University College, Liverpool; and the Bisset-Hawkins medal to Dr. Burn Russell, for his services to sanitary science during the past decade.

AT the close of the mayoralty of Dr. Finny, of Kingston-on-Thames, next month, the Speaker of the House of Commons will unveil a new stained glass window in the Town Hall. After the ceremony Dr. Finny will entertain the Corporation, magistrates, and representatives of public bodies at a *déjeuner*.

DR. WALLACE, of Steventon, has recently been the recipient of a presentation by the inhabitants of Steventon in the shape of a specially constructed brougham and an illuminated address as a recognition of his valued services as medical practitioner in the town for the past thirty-eight years.

THE King of Greece having conferred the Royal Order of the Saviour, in recognition of services to the Greek wounded during the late war, on Mr. F. C. Abbott, F.R.C.S., Mr. Samuel Osborn, F.R.C.S., Mr. Hy. A. Moffatt, F.R.C.S., and Mr. R. Fox-Symons, M.R.C.S., Her Majesty the Queen has granted unto the recipients Royal licence to accept and wear the insignia of this order.

THE Home Secretary has notified the Mayor of Newcastle-on-Tyne that the Queen has been exceedingly gratified to hear of the Jubilee Commemoration for the erection of an infirmary, towards which the public have subscribed the magnificent sum of two hundred thousand pounds. It is understood that although her Majesty will be unable to lay the foundation-stone in person, she will be pleased to depute a member of the Royal family for the ceremony.

A DEPUTATION of the chief magistrate and Town Council of Berlin waited on Professor Virchow, on Friday last, and congratulated him on his fortieth anniversary as member of the Berlin Town Council. Virchow, our correspondent says, was greatly overcome by the unexpected ovation, and after thanking the deputation for the honour done him, said he regarded communal activity as the first duty of the citizen next to the care of his family, and he was proud to have been able to fulfil this duty to the satisfaction of his fellow citizens for so many years.

Scotland.

[FROM OUR SPECIAL CORRESPONDENT.]

UNIVERSITY OF GLASGOW.—At a meeting of the University Court on the 17th inst., it was announced that the trustees of the late James B. Thomson had made a grant to the University of £10,000 to be applied to the reconstruction of the anatomical department of the University. With this handsome legacy in hand we hope to see the present corrugated iron building removed before the 1901 Exhibition, which will, no doubt, bring many strangers to the city. The several medical schools and the University are very busy just now. In the University the matriculation, which began on the 18th inst., is quite exceptional this session, the numbers as yet far exceeding those of the past few years. The number of students who matriculated on that day numbered 350, and it is anticipated that this number would be exceeded on the following day. The new professors have made

their *début* amidst great acclamations of delight, the students giving each one a right royal reception. Professor Gray comes back, so to speak, to his former hunting grounds, as he is a Glasgow student, and at one time assistant to Lord Kelvin. The successors to Professor Murray and Professor Lodge are entirely new to the University, but from their initial start it is expected that the chairs will be ably filled.

Anderson's College.—The winter session was opened on the 20th, and from all appearances there is every indication of a good session, the enrolment of students with regard to numbers being considered most encouraging and satisfactory, as an unusually large number of students have already enrolled. Professor A. M. Buchanan, of Anderson's College, Professor of Anatomy, we are pleased to say is back again to duty, his health being quite restored after his serious and prolonged illness. It is a great gratification both to his colleagues, students, and to all who have the pleasure of his acquaintance that he is able to resume his professional teaching.

St. Mary's College.—Winter Session was opened on the 20th inst. with an introductory address by Professor Barlow, who took for his peroration, "How to Become a Medical Practitioner." He said, of the five intellectual professions relating to the necessities of life, the medical profession must be regarded as the most beneficial. It was always full of scientific interest. It was, however, he thought at present overstocked, but there was still plenty of room at the "top." He pointed out the advantages of the school in being attached to the Royal Infirmary, and exhorted the students to uphold the reputation of the College. Here, as in the other medical schools, a large number of students have been enrolled.

Unfounded Charge against Nurses.—For some time past complaints have been openly made by some dissatisfied parents that during the time their children were in the fever wards of the Paisley Infirmary they were cruelly treated by some of the nurses. The complaints having been submitted to the directors of the Infirmary, they have since made careful investigation regarding the charges, and have now issued an official communication denying that there are any grounds for charges made against any of the nurses.—The fever outbreak in the town shows a very serious increase in the number of cases, scarlet fever and enteric fever being the principal cause of the increase, which brings up the total to 152, 31 new cases having been admitted during the week.

MEDICAL SOCIETY OF LONDON.

The meeting on Monday evening last was devoted to a discussion on "The Infectivity of Malignant Growths," initiated by Mr. Bellingham Smith and Dr. Washbourn, in a paper which embodied the following conclusions—(1) Malignant growths may be regarded as local in origin and as possessing the power of infecting adjacent and distant parts of the individual; (2) Inoculation may take place from one part to another of the same individual apart from transmission by the natural channels; (3) There is good evidence to show that one individual may be infected with growth from another; (4) There is experimental evidence to show that growth may be transferred from animal to animal of the same species by inoculation; (5) There are found in many malignant growths bodies which have a resemblance to micro-organisms and which have been regarded as belonging either to the protozoas or the blastomycetes; (6) a new growth having the structure and also the behaviour of carcinoma has been described as occurring, and at any rate in two instances, from inoculation with a form of blastomycetes; (7) These experiments are highly suggestive that the bodies found in cancer are the cause of the disease, though evidence is wanting that the two are directly associated.

Mr. J. Jackson Clarke concurred in the views of the authors, and Dr. Symes Thompson mentioned an instance in which two men who had married two sisters, but who were not otherwise related, both developed cancer of the tongue; also a case in which an epithelial cancer of the tongue was followed by sarcomatous growths in the neck.

Dr. Heywood Smith related a case in which he felt convinced an ovariotomised woman had been infected from a patient who had been previously operated on for malignant disease of the ovaries.

Dr. Lacke combated the parasitic theory, urging that the actual cells were conveyed, and Dr. Auld thought the type of growth was dependent upon the conditions present at the site of transplantation.

Dr. MacFadyan insisted on the necessity in this discussion of clearly distinguishing between connective tissue and epithelial growths, and suggested that growths described as sarcoma might merely be the reaction of the tissues to living irritants. He urged that there was no dissimilarity between the structure of sarcomata and many bacterial growths, which would negative the possibility of some of them at any rate being due to bacterial irritation. He recalled the fact that actinomycotic tumours were formerly described as sarcomata. In respect of transplantation, he asked for examples of this sort occurring with lesions known to be parasitic.

Dr. Washbourn then replied, remarking that veterinary pathology had not yet reached a stage which would enable it to throw much light on these questions, and he anticipated that future observation would show growths of this class to be much more common in the lower animals than was at present thought.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

"ANÆSTHETICS."

To the Editor of The Medical Press and Circular.

Sir,—Under the heading "A Correction," a letter appears in your paper of to-day from Mr. E. Willett taking exception to my figures in the review of St. Bartholomew's Reports.

Had Mr. E. Willett's letter been marked "A Vindication" the heading would have been more accurate. He accurately quotes my figures, to wit:—"During the year 1897 anæsthetics were administered 4,893 times, chloroform 1,959 times, ether 201 times." But he goes on to say that gas and ether were administered 1,261 times. He, however, overlooks the fact that I distinctly stated chloroformisation and etherisation.

The fact that gas preceded ether in so many cases goes, I think, to show that etherisation pure and simple was not found suitable in those 1,200 odd cases, and that the drug of itself was seldom used even by its warmest advocates.

By the method referred to by Mr. E. Willett, many of its more dangerous and unpleasant effects are got rid of; withal, we find that even under such favourable conditions chloroformisation was adopted in more cases than etherisation and gas and ether anæsthesia by gentlemen whose partiality for ether, as against chloroform is notorious.

I thank Mr. Willett for so pointedly vindicating my statement as to the value of chloroform as a safe, efficient, and generally useful anæsthetic.

I am, Sir, yours truly,

The Reviewer.

Infectious Disease in Liverpool.

An alarming increase in the number of cases of infectious disease is reported from Liverpool. Scarlet fever has increased from 1,600 to 1,800; measles from 1,900 to 3,600; typhoid fever 718 as against 541; while in respect of diphtheria the number has risen from 327 to 575. This disquieting state of things is engaging the attention of the Sanitary Authorities, who are greatly hampered by the inadequate accommodation at present available for the reception of the sufferers.

Literature.

DISEASES OF THE STOMACH. (a)

IT was to be expected that sooner or later we should get a volume on gastric disorders from the American School. The diseases of the stomach have latterly lent themselves largely to methods of chemico-physical examination, and of late years the American school have shown a remarkable aptitude for that direction in medical work. The authors of the present work produce a volume which shows an extensive acquaintance with the work on the same lines done in Europe, while at the same time one it bears the impress of an extensive clinical experience.

The work is divided into six sections of which the first is only introductory. The second deals with general diagnosis and describes very fully the most modern methods of investigation of the gastric form and functions, without neglecting the older ones, which will never lose their importance, however the newer methods may be modified or superseded. The third section, of a hundred pages, deals with the general principles of treatment and contains much valuable matter on dieting The relative value of natural and so-called artificial foods, and their appropriateness in various conditions, are fully discussed. In Sections IV. and V. the diseases of the stomach are discussed in detail under the heads of dynamic and anatomical respectively. The dynamic affections are considered in three classes—the sensory, the secretory, and the motor; while the anatomical division deals fully with gastritis, ulcer, cancer, and displacements. We confess to being incompletely satisfied with this classification, and hardly persuaded of the diagnostic individuality of some of the diseases included in the dynamic group. Thus, adenohypersthenia gastrica (what a rattlesnake of a name!) is capable of analysis into hyperchlorhydria, digestive hyperchylia gastrica, and paroxysmal hyperchylia gastrica. No doubt, to the specialist in gastric diagnosis such names are valuable symbols for his conceptions or knowledge of morbid states, but we have no proof that they really represent morbid entities; and we are not without fear that to the easily satisfied disciple they may bring such comforting self-conviction of knowledge as is recorded of "that blessed word of grace, Mesopotamia." But the fact remains that all or almost all the phases of gastric disease are described here with a detail which has hardly any other fault than that of occasional overlapping.

The last section deals with the inter-relations of stomach disorders with those of other regions, and we could have wished that it had been fuller. The rest of the book is so complete and satisfactory that we are disappointed at not having a more extensive discussion of the relation of the morbid stomach to such conditions as chronic nephritis, gout, gall-stones, neurasthenia, and others. Perhaps, however, the authors desired to avoid the not uncommonly merited opprobrium of the specialist, that he would reduce the whole world of pathology to his own petty horizon. We can cordially recommend the volume before us as an up-to-date exposition of the diagnosis and treatment of gastric disorders.

TALBOT ON DEGENERACY. (b)

ONE rises from the perusal of this book—one of the Contemporary Science Series—with the feeling that the author has written an interesting and instructive volume, and while one may feel that he has viewed the subject too widely *qua* degeneracy, and gone over entirely to the school of wholesale degeneracy; he treats of the matter with a wide knowledge of the literature of the subject, and quotes freely, and often in a most apposite and intelligible manner the views of the many who have written on different branches of the subject. To the many authorities quoted ample acknowledgment is made, and we would merely criticise to the extent that in the historical *résumé* at the beginning of the work there is a want of chronological sequence here and there that is rather disheartening, and a closeness of quotation that at times makes the page look more like a biographical index. On the subject of causation the author is perhaps not so exhaustive as he might be, and on the heredity of epilepsy he pins his faith too much to experiments on animals. His frank confession that in America, as late as the date of the Guiteau trial, a school of eminent men existed who denied certain well ascertained facts in human degeneracy is astonishing, Alongside this we are glad to recognise as advanced men and sound thinkers many who have since made their name in American psychiatry. On the subject of heredity of acquired defects we are quite in accord with the author, and note with pleasure his repudiation of the views of Weismann. In this relation his quotations of exceptional experience on the hereditary results of circumcision are valuable. A glance at the book will satisfy the reader that the author has enhanced a wide range of topics related to the subject, but they are not all treated at length, or the volume would extend to great dimensions. None the less are we disappointed that more has not been said regarding them. Thus we should like to read more of such practical subjects as the influence of opium eating, of unequal and immature marriages, alcoholic excess, &c., on the progeny. The work is specially intended for educators and parents. Its chief aim is to state general principles and to serve a practical purpose. In a large measure it has achieved its purpose.

MAX VERWORN'S PHYSIOLOGY. (a)

PROFESSOR VERWORN'S book is already well-known to English biologists in its original German dress. Professor Lee's clear and idiomatic translation cannot fail to introduce it to a much wider circle of readers, and the time of its appearance is opportune.

For although both the student of medicine and the physiological specialist are already well provided with text-books of physiology in the ordinary sense, it is not possible that in any of these, the general problems of life and the general phenomena of living things, should be so exhaustively dealt with as in a treatise exclusively devoted to their consideration. Until recently, indeed, the materials for a book on general physiology were so scanty and so scattered that but little fruit might have been expected from an attempt to bring them together and to arrange them in logical order. But in the last twenty years it has become more evident that all the deepest questions of the special physiology of particular organs or organisms are in the last analysis questions of the physiology of the cells of which these organs or organisms are built up. Physiology has, therefore, in an ever-increasing degree, and with continually augmenting success "extended its inquiries to the cell." The result is the imposing and interesting body of knowledge for the first time systematically unfolded and adequately discussed in the volume before us.

Starting with a suggestive, though somewhat discursive chapter on the aims, the history and the methods of physiological research, the author next considers the general, chemical, physical and morphological properties of the living substance. His defence of the view that the living substance is of liquid rather than of solid consistence, and this exposition of the present state of opinion as to the structure of the nucleus seem to us particularly strong features of this portion of the work.

The elementary vital phenomena are then passed in review. Under this head are included the phenomena of metabolism, the changes of form that occur in development (with discussions on heredity, cell-division, and

(a) "Diseases of the Stomach." By Van Valzah and Nisbet. Imperial octavo. Pp. 674. London: Rebman Publishing Co. 1899.

(b) "Degeneracy: Its Causes, Signs, and Results." By Eugene S. Talbot, M.D. London: Walter Scott, Limited.

(a) "General Physiology, An Outline of the Science of Life." By Max Verworn, M.D., Ph.D., A O., Professor of Physiology in the Medical Faculty of the University of Jena. Translated from the Second German Edition, and edited by Frederic S. Lee, Ph.D., Adjunct Professor of Physiology in Columbia University. Pp. 615, with 285 illustrations. London: Macmillan and Co., Limited. New York: The Macmillan Co.

fertilisation), and the phenomena of the transformation of energy within the cell, including the production of movements in plants and animals. The general conditions of life are dealt with in a separate chapter, which embraces also a criticism of the theories of the origin of life on the earth, and a discussion of the phenomena and the causes of death.

The nature of stimulation, and particularly the phenomena of the stimulation of unicellular organisms, are expounded at great length. While in general the treatment of this section is fresh and interesting we cannot help thinking that it would be improved by condensation, and especially by the omission of a good deal of matter which convention has assigned to the ordinary text-books of physiology.

In the last chapter, entitled "The Mechanism of Life," an attempt is made to "construct a bridge between the vital phenomena and the vital process, and so far as the present condition of our knowledge allows, derive the former mechanically from the latter." It is hardly necessary to say that this is the most unsatisfactory portion of the book, and although the author grapples manfully with his self-imposed task, the "bridge" which he "constructs" has as many broken arches as the famous structure of the Vision of Mirza. This is inevitable in the present state of our knowledge. And not even the plentiful use of such terms as "biogens," "axial orientation" and "bistons" (even when "expressed by the factor $\frac{A}{D}$ or expanded into the formula $\frac{a + a_1 + a_2 + a_3 + \ldots}{d + d_1 + d_2 + d_3 + \ldots}$") nor the deftest manipulation of Pflüger's theory of the *role* of cyanogen radicals in the living proteid molecule, nor the subtlest conjuring with the magic words "assimilation" and "dissimilation" will at present suffice to tell us why the molecules of the relaxed muscle or the resting gland cell slip at the signal of the nervous impulse into the configuration and motions that characterise the contracted muscle and the active gland cell. The bridge is not yét built. We know only dimly the depth and the breadth of the chasm.

METHODS OF STAINING. (*a*)

It may be thought by not a few that literature in this department of histology is sufficient; but while this might be true a few years ago, it is not so now, for the army of workers in neurological laboratories has increased, there is greater activity in the investigation of microscopic methods, and new results have been reported worthy to appear in an up-to-date text-book. This little volume, therefore, comes to hand very opportunely, and the author and the translator are to be congratulated on its appearance in the English language. It deals briefly with methods of brain section, hardening for preservation, and preparations of models of pathological specimens. It gives directions for all the minutiæ of hardening, staining, labelling, embedding, &c. The chief part is devoted to the method of staining, and while the new is amply referred to, the old is also described in so far as it is necessary, and where it has not been entirely superseded by more modern methods. Naturally the methods of Nissl, Golgi, and Ehrlich receive the largest share of attention. We have pleasure in commending this little handy guide-book to those interested in neurological work.

THE GOOD REGENT. (*b*)

It is good for medical men, if their bent that way lies, to have literary recreations, and when one has known a medical teacher and writer of distinction as such for years, his appearance in a new field of literature as poet, philosopher, or historian is a welcome revelation. In this way we regard the latest venture of Sir Thomas Grainger Stewart, the President of the British Medical Association, and to many of his old students, and many who did not enjoy that privilege, the appearance of "The Good Regent" must have been a pleasant surprise. The history of the religious life and character which has so peculiarly distinguished Scotland, is naturally well known to the author, and he has dwelt with a fond interest and understanding on the central figure of the drama as he has moved the scenes from place to place. If we might offer a faint criticism, it is this, that there is somewhat of staccato abruptness in the scenic transitions, a want of introduction which those less versed in Scottish history would find helpful to the continuity of the whole conception. This, by the way, Sir Thomas has given us a just conception of the Earl of Moray, Regent of Scotland, and in an agreeable style.

HALLIBURTON'S CHEMICAL PHYSIOLOGY. (*a*)

"The rapid advances which chemical physiology has made during the past few years has rendered a good deal of attention necessary in the present edition. The practical exercises are, however, but little modified; the changes introduced there are principally in arrangement; still it has been thought necessary to amplify a certain number of these, particularly in the advanced course. The lessons on the urinary pigments and crystallisation of egg-albumen are entirely new. The main changes in the book will be found in the large text; this has been considerably extended, and the sections relating to the proteids have been entirely re-written."

The above extract from the preface to the present issue of this conveniently-sized and handsomely printed manual contains the author's own account of the new features which the student and critic are invited to examine. As the reputation of the book in its former editions has already been thoroughly established, we will not wait on the present occasion, longer than while saying that Professor Halliburton has done everything necessary to bring the present issue thoroughly up to date. It is really a beautiful as well as reliable scientific manual, and should be in the hands of every student of physiology.

TRANSACTIONS OF THE SOCIETY OF ANÆSTHETISTS. (*b*)

Since Sir Thomas Watson founded the Clinical Society no province of medicine ever offered a more fruitful field for research than that of anæsthetics; and no Society was ever better situated for carrying on the research than the "Society of Anæsthetists."

All sorts and conditions of men pass through the principal London hospitals. They come of every race and from every climate. The anæsthetist meets with the robust dock labourer admitted for an accident, and the weary, worn-out seamstress seeking surgical relief for chronic suffering.

Above all, the great numbers that pass through the London hospitals allow of a tolerably fair estimate of the comparative values of the anæsthetics used.

Let us see how the Society commences its career, and as we open the dainty, well-printed volume before us we regret to find neither a table of contents nor an index; we are left to turn page by page without guidance of any kind.

The opening paper, "On the Addition of Ether Vapour during Chloroform Administration," by Mr. Walter Tyrrell, is a good, practical contribution to the administration of anæsthetics; and the discussion consequent on it brought out a very interesting story of prolonged anæsthesia from nitrous acid by Dr. Flux; the influence of suggestion in causing profound anæsthesia in hystero-epileptics was freely and ably discussed, and some illustrative cases given by Messrs. Braine, Tyrrell, and Starling.

(*a*) "Methods of Staining the Nervous System." By Dr. Bernhard Pollack. Translated from the Second German Edition by W. R. Jack, M.D., B.L. Glasgow: F. Bauermeister.

(*b*) "The Good Regent: a Chronicle Play." By Sir T. Grainger Stewart, M.D., LL.D. Edinburgh and London: Wm. Blackwood and Sons.

(*a*) "The Essentials of Chemical Physiology: for the Use of Students." By W. D. Halliburton, M.D., F.R.S. Third edition. London, New York, and Bombay: Longmans, Green, and Co. 1899.

(*b*) "The Transactions of the Society of Anæsthetists." Volume I. 1898. London: The Medical Publishing Company

"Resuscitation in Emergencies under Anæsthetics" is the title of Mr. Wilson's paper, in which we find no mention of the use of oxygen. Of inversion the author writes not very favourably, being influenced by theory, and withal not familiar with Dr. Chisholm's good results from it. Influenced by M. Roger's theory of the "conditions of the vascular system produced by shock," Mr. Wilson does not put much faith in the value of hypodermics of strychnine. We quite agree that if the use of the drug is too long postponed it is of no value. When death is practically present no drug is of any use. But why wait too long? Given in time, however, strychnine is of undoubted value.

"The Dosage of Anæsthetics" is an able survey of our knowledge of the subject by Dr. Waller. We think, however, that too much stress is placed on the apparatus used, and not enough consideration given to the patient and his condition. Three cases of death under anæsthetics were reported by Mr. McCardie. Administering anæsthetics through the nose was the subject of a paper by Mr. Coleman, in which he credits the late Sir B. W. Richardson with being "the first to try in an operation on the mouth the insertion of a tube, connected with a chloroform inhaler, into one nostril." If Mr. Coleman will consult the "Manual of Military Surgery" for the use of the surgeons of the Confederate States, he will find that in 1861-62 the method of chloroformising by the nostrils was adopted by Dr. J. Julian Chisholm, of South Carolina, in order to save the chloroform, as their sole source of supply was that captured from the Federals and the small quantity that ran the blockade.

Space does not allow of a more extended notice; indeed, we have gone beyond the usual limit with this one. We did so, for we felt that the good work the Society is doing should be known, and we think every anæsthetist should familiarise himself with these Transactions. They contain very useful and practical matter, much of which, although not new, is well worth retelling.

There is, withal, a fault the London members appear to be permeated with—an unreasoning fear of chloroform.

ELEMENTS OF ALKALOIDAL ETIOLOGY. (a)

IT is always refreshing, and very often highly instructive, to examine the work of a heterodox writer, who has mastered his subject, and knows how to convey his ideas to his readers. Earnest students of the history of the advancement of human thought and human research are well acquainted with the truth of the statement—which to the multitude will always appear a startling paradox—that the great bulk of our existing knowledge is due to the work of heretics, or of those who have been persecuted as such.

In the present instance our author traces disease to the accumulation of necessarily existing alkaloidal poisons—the ash of the combustion of the animal cell. He has earnestly worked out his theory; and, evidently, earnestly believes in it. "As we have seen (he tells us on page 54), the blood necessarily disposes of its poisonous accessories through the various organs of elimination, and consumes them in the circulatory current in contact with the red globules. This being the case, can the blood be regarded as otherwise than toxic?"

On p. 76, he states forcibly the position which the heroes of bacteriological pathology will dispute with most vigour. "But leaving leading germ-pathologists to exploit their new position, we must insist that the phenomena of disease, even to the most essential processes, are possible without the intervention of micro-organisms, bacillary or otherwise."

The position assumed by our author involves too many points of possible or probable dispute for discussion within the limits of a necessarily short review. But we would strongly recommend all earnest students of medicine to examine its contents for themselves. Whether they agree with his conclusions or no, his arguments will give them ample material for examination and reflection.

(a) "Elements of Alkaloidal Etiology, Introductory to the Study of Auto-Intoxication in Disease." By A. M. Brown, M.D. London: Henry Kimpton. 1899.

New Medical and Surgical Appliances.

A NEW URINE TEST CASE.

THE new Urine Test Case devised by Mr. W. Harrison Martindale, Ph.D., is certainly the most compact and complete arrangement of the kind we have yet been privileged to inspect. It is contained in a neat

mahogany cabinet, measuring 6 X 2½ X 4 inches, and the contents comprise all the apparatus and reagents for the qualitative and quantitative examination of urine in respect of albumen, glucose, and urea. These are neatly and firmly packed, so that the case, which is provided with a handle, can be safely carried about without fear of damage.

Every careful practitioner must have experienced the need of a portable apparatus of this kind which facilitates immediate diagnosis in new cases, and it obviates the necessity for taking home, or arranging for the dispatch of, samples of urine for analysis.

The picric acid test, which is the one selected as the test for the presence of albumen, is, on the whole, more convenient, and fully as delicate, as the ordinary method by boiling. If, however, the latter test be preferred, there is a spirit lamp which enables a control estimate to be made by the alternative method.

A little book of instructions, with a supply of charts, complete the equipment which could not well be made more comprehensive. It is sold by Mr. Martindale, of 10 New Cavendish Street, W., at the very moderate price of 17s. 6d.

POCKET CASES FOR DRUGS.

AMONG other novelties of recent introduction by Mr. Martindale we may note (1) a pocket case to carry one dozen nitro-glycerine tablets; (2) a similar portable case to contain three amyl nitrite capsules. These go easily into the waistcoat pocket, and will doubtless be appreciated by anæsthetists and others.

Medical News.

For the Troops in South Africa.

WE are asked to announce that Messrs. Nestlé have received several large orders from the War Office for their Swiss Milk, and Viking Unsweetened Milk, for use of the troops in South Africa.

Messrs. R. Ellis and Son, of Ruthin, have generously offered 10,000 bottles of their well-known brand of soda water for the use of the British troops engaged in South Africa, which will doubtless be greatly appreciated. Messrs. Ellis and Son are now in correspondenae with the War Office as to the shipment of this large consignment, which we hope will before long be helping to refresh many of our brave fellows in the Transvaal.

Vital Statistics.

THE deaths registered last week in thirty-six great towns of England and Wales corresponded to an annual rate of 18·7 per 1,000 of their aggregate population, which is estimated at 12,786,832 persons in the middle of this year:—

Birkenhead 13, Birmingham 17, Blackburn 20, Bolton 19, Bradford 18, Brighton 18, Bristol 18, Burnley 20, Cardiff 15, Croydon 15, Derby 13, Dublin 33, Edinburgh 16, Glasgow 19, Gateshead 18, Halifax 12, Huddersfield 17, Hull 20, Leeds 16. Leicester 12, Liverpool 25, London 18, Manchester 21, Newcastle-on-Tyne 16, Norwich 11, Nottingham 20, Oldham 19, Plymouth 20, Portsmouth 16, Preston 19, Salford 21, Sheffield 19, Sunderland 20, Swansea 15, West Ham 13, Wolverhampton 20. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles 1·1 in Hull and 1·4 in Birkenhead; from fever, 1·1 in Nottingham and in Sunderland. and 1·3 in Bolton; and from diarrhœa, 1·0 in Sheffield, 1·1 in Liverpool, 1·2 in Salford, 1 4 in Cardiff and in Burnley, 1·5 in Gateshead, 1·6 in Bolton, and 2·7 in Preston. In none of the large towns did the death-rate from scarlet fever or from whooping-cough reach 1·0 per 1,000. The 114 deaths from diphtheria included 57 in London, 10 in Sheffield, 6 in Leeds, 4 in Portsmouth, 4 in Liverpool, and 3 in West Ham. Four deaths from small-pox were registered in Hull, but not one in any other part of the United Kingdom.

Death under Chloroform.

An inquest was held last week at Hornsey on the body of a single woman, æt. 65, who succumbed to the effects of chloroform, administered for the purpose of enabling Dr. Herman to perform an exploratory operation. The chloroform was administered by the family doctor, but breathing suddenly ceased before the examination could be completed, and attempts at resuscitation failed. No information was elicited as to the method of adminstration employed or as to the amount of chloroform used. The usual verdict was returned.

Patriotic Medical Students.

The departure of the anatomical porter of Mason's College, Birmingham, to rejoin his regiment, he being a reservist, was an opportunity not to be missed by the medical students of that institution, who turned out and marched through the streets, flags flying, to see him off by train. We regret to see that "one rowdy young medical" had to be removed by three sturdy porters from the railway station, but this was the only untoward incident of a very enthusiastic demonstration.

A Good Analysis at Paris.

During September the Paris Municipal Laboratory made 653 analyses of wines, with the result that 139 were judged good, 221 passable, and 196 bad. Of beers 39 were good, 29 passable, and 14 bad. Spirits were declared good in 132, passable in 31, and bad in 23. When we turn to food stuffs proper the result is less satisfactory, for the analyses of milk gave only 121 good, with 102 passable, and 201 (!) bad; while of 73 samples of meat 53 were good, and 20 bad. One never hears much of prosecutions for alimentary adulterations in France, and one wonders what useful purpose is served by these analyses. The mere fact that 201 out of 424 samples of milk were described as bad, shows clearly enough that the delinquents are not seriously dealt with.

Civilian Medical Officers for the Army.

In order to fill the vacancies in the Royal Army Medical Corps at Woolwich, consequent upon the departure of medical officers in South Africa, recourse has been had to the employment of civil practitioners, of whom the following have been ordered to report themselves to the Principal Medical Officer at Herbert Hospital:—Messrs. C. H. Furnivall, T. Hartigan, E. S. B. Eames, R. L. Jones, A. J. Wernet, T. W. Atkins. Capt. C. E. G. Stalkartt, R.A.M.C, has this week joined at Woolwich for duty.

Lectures at the Central London Throat Hospital.

The usual winter course of lectures at the Central London Throat and Ear Hospital, Gray's Inn Road, is announced, and promises to be interesting. The first lecture is to be given by Mr. Lennox Browne on Monday next, the 30th inst., and will treat of "the recurrence of enlarged tonsils and adenoids after removal by operation," a subject of considerable importance to all practitioners.

The Mortality of Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of several of the populations:—Calcutta 28, Bombay 42, Madras 33, Paris 16, Brussels 15, Amsterdam —, Rotterdam —, The Hague —, Copenhagen 15, Stockholm 15, Christiania 17, St. Petersburg 18, Moscow 24, Berlin 18, Hamburg 16, Dresden 20, Breslau 21, Munich 23, Vienna 17, Prague 20, Buda-Pesth 19, Trieste 25, Rome 13, Turin —, Venice —, Cairo 41, Alexandria 27, New York —, Philadelphia 15.

PASS LISTS.

Royal University of Ireland.

First Medical Examination.

Pass. Anna E. Adderley, Cath. Univ. and Roy. Coll. Sci.; Lily A. Baker, Roy. Coll. Sci.; John Brady, Univ. Coll., Dub.; Michael Cagney, Q. Coll., Cork; John J. Clarke Univ. Coll., Dub.; William M. Crofton, Univ. Coll., Dub.; John Dowling, Q. Coll., Galway; Edward Fitzgerald, Q. Coll., Belf.; Maurice Fitzgerald, Univ. Coll., Dub.; Daniel Gillespie, Q. Coll. Belf.; Marie E. Hays, Roy. Coll. Sci.; Charles G. Lowry, Q. Coll., Belf.; Jonas Morris, Q. Coll., Cork; Michael J O'Flynn, Q. Coll. Gal.; Pierce Power, Q. Coll., Cork; John J. Rogers, Univ. Coll., Dub.; Francis C. Sampson, Univ. Coll., Dub.; and David H. Vickery, Q. Coll., Cork.

Recommended for Honours.—Lily A. Baker, Botany, Zoology and Chemistry; Michael Cagney, Zoology, Chemistry and Physics; John J. Clarke, Chemistry; William M. Crofton, Botany, Zoology, Chemistry, Physics; John Dowling, Zoology; Maurice FitzGerald, Zoology; Daniel Gillespie, Botany, Chemistry; Marie E. Hayes, Chemistry, Physics; Charles G. Lowry, Chemistry; Michael J. O'Flynn, Zoology; John J. Rogers, Zoology; Francis C. Sampson, Zoology; and Daniel H. Vickery, Zoology.

Second Medical.

Upper Pass.—*Sydney H. G. Blakely, Q. Coll., Belf.; Thomas Carnwath, Q. Coll., Belf.; *Robert H. Caughey, B.A., Q. Coll., Belf., *John P. J. Harty, Q. Coll., Belf.; *William R. Hayden, Q. Coll.; Belf.; *Henry M. Johnston, Q. Coll., Belf.; *Thomas Killen, Q., Coll., Belf.; *John Shipsey, Q. Coll., Cork; James K. Small, Q. Coll., Belf.; *William Warnock, Q. Coll., Gal.

Candidates marked thus * are recommended for Honours.

Pass. John D. Buchanan, Q. Coll., Belf.; Alfred A. Chancelor, Q. Coll., Belf; William Cummings, Q. Coll., Belf.; Peter F. Dolan, M.A. Cath. Univ. Sch. Med.: Roger J. Dwane, Cath. Univ. Sch. Med.: Alfred J. Foote, Q. Coll., Cork; John J. Gillis, Q. Coll., Belf.; Alfred W. Hamilton, Q. Coll., Belf.; Samuel T. Irwin, Q. Coll., Belf.; James W. Killen, Q. Coll., Belf.; James T. McDermott, Q. Coll., Cork; Thomas McFeteridge, Q. Coll. Cork; Francis A. McOstrich, Q. Coll., Cork; Patrick J. Murray, Cath. Univ. Sch. Med.; William F. O'Connor, Q. Coll., Cork; Daniel J. Roffantree, Cath. Univ. Sch. Med.; Charles E. Suffern, Q. Coll., Belf.; Thomas H. Suffern, Q. Coll., Belf.; Andrew T. Swan, Cath. Univ. Sch. Med.; John Thompson, Q. Coll., Belf.; Margaret Toner Q. Coll., Belf.; James W. A. Wilson, Q. Coll., Belf.

The examiners have recommended that the following candidates be adjudged to have passed the undermentioned examinations.

M.B., B.Ch., and B.A.O. Examinations.—Upper Pass: Isaac M Byers, (a) John E. Clements, Belf.; James Good, William Hartnett, Cork; (a) William M. Hunter, (a) David Kernohan, Q. Coll. Belfast; Wm. Lapsley, Q. Coll., Cork; Thos. J. McDonogh, B.A., and (a) Bernard A. O'Flynn, Cath. Sch. Med.; and (a) John W. West, Q. Coll., Belf.

Pass.—Annie H. Crawford, Arthur W. Crawford, Henry L. Craig, Emily M. Crooks, and John H. Davis, Q. Coll. Belf.; Bertram R. Dinnis, Q. Coll., Cork, and Univ. Edin.; Hugh Donnelly, Q. Coll., Belf.; Frances A. Dreaper, B.A., Cath. Sch. Med; David Finnegan, John R. Gillespie, M.A., Galbraith H. Grills, Samuel Hill, Alexandrina C. Huston, and George Jefferson, Q. Coll., Belf.; Charles Kidd, Q. Coll., Gal., and Sch of Med., Edin.; Kathleen F. Lynn and Samuel M'Cann, Cath. Univ. Sch. Med.: Edwin W. S. Martin, Douglas C. Moore, and Patrick J. Morgan, Q. Coll., Belf.; Thomas F. O'Keefe, Q. Coll., Cork, and Cath. Univ. Sch. Med.; Patrick M. Quinn, Cath. Univ. Sch. Med.; James Ritchie, Q. Coll., Belf.; Frederick Ryan, Cath. Univ. Sch. Med.; and Joseph J. Waters, Q. Coll., Gal., Cath. Univ. Sch. Med., and Sch. Med., Edin.

M B. Degree Examination. Ignatius J. Flynn, M.B., B.Ch., B.A.O., Cath. Univ. Sch. Med.; Thomas Houston, B.A., M.B., B.Ch., B.A.O., Q. Coll., Belf., and Robert Watson, M.B., B.Ch., B.A.O., private study.

(a) Indicates that the candidate may present himself for the further examination for honours.

Royal College of Surgeons, Edinburgh.

At the annual meeting of the College on the 18th inst., Dr. James Dunsmure was unanimously elected President for the ensuing year, and the following gentlemen, having passed the requisite examinations, were duly elected Fellows of the College:—

Francis Horatio Amner, L.R.C.S.E., Tongkah, Siam; Nathaniel Thomas Brewes, F.R.C.P.E., Arthur Mayers Connell, M.R.C.S. Eng., George Aubrey Jelly, M.R.C.S.Eng., Robert Holbourne William Johnson. L.R.C.S.E., John Norman Macleod, M.B., C.M. Glasg., Robert Henry Parry, L.R.C.S.E.Glasg., Henry Carden Pearson, M.B., C.M Edin., John Connel Ramsay, L.R.C.S.E., Donald Ferdinand Schokman, L.R.C.S.E., John William Struthers. M.B., Ch.B.Edin., and Andrew Hutton Watt, M.B., C.M.Edin.

Notices to Correspondents, Short Letters, &c.

☛ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

WHERE THE CHAMPAGNE GOES.

ACCORDING to a recent report the total number of litres of champagne exported attains the respectable dimensions of close upon twenty millions, representing about £3,500,000. England stands first on the list of customers with 10,600,000 bottles, then Belgium with 2,778,700, Germany with 1,859,200, and the United States (with Canada) 1,419,000. Russia only absorbs 498,500 bottles, but these are of the very first brands, and Holland follows closely with 468,400. Sweden buys 259,200 bottles, Denmark 188,700, Austria 152,300, Switzerland 141,400, Italy 129,700, Australia 125,600, Norway 106,200, and India 100,000 bottles. The price *en gros* of the wine is four or five francs, showing what an enormous profit is made on champagne when sold *en detail*.

SPES.—Since 1882 venereal disease in the British army has increased 15 per cent., as shown by the official records.

IRISH POOR-LAW MEDICAL OFFICER'S RESIGNATION BEFORE SUPERANNUATION.

A. A. asks to be informed if it is necessary for a Poor-law medical officer to resign *before* applying for superannuation allowance, and if so, please state authority for your answer.

[The resignation must be a completed transaction before the guardians can consider the question of pension. It is essential that a month's notice should be given by a guardian to move the grant of a pension, but it is *not* essential—as was formerly supposed—that the resignation should be handed in at same time. It may be withheld until five minutes before consideration of the motion, and may, therefore, be withheld altogether if the motion does not seem likely to pass.—ED.]

I. V. R. (Birmingham).—Our correspondent cannot improve upon the course which he has decided to adopt.

OMEGA.—The disease depends upon the toxin generated by the action of the baci li.

THE LATE SIR WM. GULL ON "DON'TS."

In his recent address at Mason University College, Professor Chiene repeated, for the benefit of his audience, the oft-quoted "don'ts" accredited to the late Sir Wm. Gull:—Don't talk to your patients about your patients. Don't hesitate to ask for a consultation if you are in doubt. Don't refuse a consultation if a patient desires it. Don't give two prescriptions, with the remark, "If the one fails try the second:" it savours of experiment, and no patient likes to be the subject of experimental research. Be silent when in doubt. Take careful notes of your cases. Have a hobby as a means of losing time wisely."

NUCLEUS.—It is possible that a plastic operation would be of service.

SPASM OF LEVATOR ANI.

H. S. M. asks for information about the treatment of spasm of the levator ani. Cause of the disease in this case unknown, and heat the only thing of use.

Meetings of the Societies and Lectures.

WEDNESDAY, OCTOBER 25TH.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20 Hanover Square, W.).—4 30 p.m. Informal Exhibition of Cases. 5 p.m.—Ordinary meeting.

HUNTERIAN SOCIETY.—8.30 p.m. Clinical Evening. Cases will be shown by Sir H. Beevor, Dr. F. J. Smith, Dr. Ross, Mr. Barnard, and other Fellows.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square).—4.30 p.m. Dr. Eddowes: Sycosis (Post-Graduate Course).

THURSDAY, OCTOBER 26TH.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (20 Hanover Square, W.).—8.30 p.m. General Meeting. Dr. J. I. Murray (President): A Retrospect and a Forecast.

NEUROLOGICAL SOCIETY OF LONDON (Medical Society's Rooms, 11 Chandos Street, W.).—8.30 p.m. Clinical Meeting. The following cases will be shown:—Dr. F. E. Batten: Unusual Form of Muscular Atrophy.—Dr. T. Buzzard: Myasthenia Gravis.—Dr. J. Taylor: Myopathy of Landouzy (Déjérine Type).—Dr. W. Harris: Myopathy of Landouzy (Dejérine Type), and other cases.

FRIDAY, OCTOBER 27TH.

CLINICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8.30 p.m. Clinical Evening. The following cases will be shown: Dr. Guthrie: Cerebellar Symptoms relieved by Trephining. — Mr. G. R. Turner: (1) A Case of Actinomycosis in Process of Cure; (2) A Case of Ostitis Deformans.—Mr. J. Jackson Clarke: A Patient in whom Kraske's Operation was performed (with specimen).—Mr. Watson Cheyne: Old-Standing Dislocation of the Hip, with Fracture of the Acetabulum, reduced by Operation.—Other cases will be shown. Patients will be in attendance at 8 p.m.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION (11 Chandos Street, Cavendish Square, W.).—4 p.m. Meeting.

MONDAY, OCTOBER 30TH.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL.—5 p.m. Mr. Lennox Browne's lecture on "The Recurrence of Enlarged Tonsils and Adenoids after removal by operation.

Vacancies.

Bethlehem Hospital, London.—Two Resident House Physicians. Apartments, complete board, and washing provided, and an honorarium at the rate of £12 12s. per quarter. (See advt.)

Birmingham City Asylum.—Senior Medical Officer unmarried. Salary £150 per annum.

Carrickmacross Union.—Medical Officer. Salary £100 per annum, together with the Vaccination and Registrations Fees. Application to Clerk of Union.

County Asylum, Prestwich, Manchester. — Assistant Medical Officer, unmarried. Salary to commence at £125, with board, apartments, and washing.

County Borough of Great Yarmouth.—Medical Officer of Health, Medical Officer for the Borough Isolation Hospital, and Port Medical Officer of Health. Salary £400 a year. Apply to the Town Clerk, Town Hall, Great Yarmouth.

County of York, West Riding Asylum, Wakefield.—Junior Assistant Medical Officer. Salary commencing at £100, with furnished apartments, board, washing, and attendance.

Hospital for the Insane, the Coppice, Nottingham.—Assistant Medical Officer, unmarried. Salary £150 per annum, with apartments, board, attendance, and washing.

Manchester, Chorlton-upon-Medlock Dispensary.—Resident House Surgeon, unmarried. Salary £120 a year, with furnished rooms and attendance.

Nottingham General Dispensary.—Senior Resident Surgeon, unmarried. Salary £180 a year, increasing by £10 annually to £200. Special arrangement for board, &c.

Parish of Fulham.—Assistant Medical Superintendent for the Infirmary, St. Dunstan's Road, Hammersmith, unmarried. Salary commencing at £120 per annum, with board, apartments, &c. —Applications to the Clerk, 75 Fulham Palace Road, Hammersmith, W.

Pontefract General Dispensary and Infirmary.—Resident Medical Officer. Commencing salary £130 per annum, rooms, fire, lights, and attendance.

Stoke-upon-Trent Union.—Resident Medical Officer for the Workhouse. Salary commencing at £130, with board, washing, &c. —Applications to the Clerk, Union Offices, Stoke-upon-Trent.

Appointments.

BAILEY, REGINALD THRELFALL, M.R.C.S., L.R.C.P.Lond., Resident Medical Officer to the (Lock Dept.) Royal Infirmary, Liverpool, and House Surgeon to the Ophthalmic Laryngological and Aural Dapartments.

COOMBE, RUSSELL, M.A., M.D.Cantab., F.R.C.S.Eng., M.R.C.P. Edin., has been appointed for duty in connection with the medical charge of troops at Exeter.

DAVIDSON, W., L.R.C.P., L.R.C.S Edin., Medical Officer for the Sixth Sanitary District of the Beverley Union.

DUNN, J., F.R.C.S.Edin., L.R.C.P., L.F.P.S.Glasg., President of the Halifax and District Medical Society.

EVANS, J., M.R.C.S., Medical Officer for the Children's Homes of the Cardiff Union.

HUNTON, R., M.B., C.M.Edin., Medical Officer for the Hartlepool and Stanton Sanitary District of the Hartlepool Union.

MORSHEAD, E. G. A., M.D., L.R.C.P.Lond., M.R.C.S., an Honorary Medical Officer of the Royal Surrey County Hospital, Guildford.

MUIR, J. C., M.B.Camb., M.R.C.S., Second Resident Assistant Medical Officer for the Crumpsall Workhouse, Manchester.

OLIVER, C, P, M.D.Lond., L.R.C.P., M.R.C.S., Medical Officer of Health to the Maidstone Urban District Council.

PERNET, GEORGE, M.R.C.S., L.R.C.P., Honorary Pathologist to the Hospital for Diseases of the Skin, Blackfriars.

SISSONS, A. T., M.B., B.Ch.Vict., Junior Resident Assistant Medical Officer for the Crumpsall Workhouse, Manchester.

SMITH, W. E., M.B., C.M.Edin., has been appointed President of the Central Board of Health for South Australia.

TROTTER, EDWARD, M.B., Ch.B., House Surgeon to the Hospital for Women and Children at Leeds.

WINDSOR, C. W., M.D Camb., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Workhouse of the Royston Union.

Births.

ANDRE.—On Octobar 20th, at Sidlesham near Chichester, the wife of J. E. F. Andre, M.R.C.S., L.R.C.P., of a son.

COCK.—On October 18th, at 1 Porchester House, London, W., the wife of F. William Cock, M.D., of a son.

FAIRWEATHER. On October 18th, at "Glenesk," Wood Green, N., the wife of D. Fairweather, M.A., M.D.Edin., of a son.

REECE.—On October 16th, at Addison Gardens, London, W., the wife of Richard J. Reece, M.A., M.D., of a son.

STOCKEN.—On October 17, at Winchester House, Ealing, the wife of Leslie Maury Stocken, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

BRADFORD—ROBERTS.—On October 17th, at St. Phillip's Church, Adderley Edge, Manchester, John Rose Bradford, M.D., F.R.S., to Mary (May) daughter of the late Thomas Foulkes Roberts, J.P.

Deaths.

PALMER.—On October 21st, at Lancaster House, Lincoln, Edwin C. Palmer, M.A., M.B., B.Ch.Cantab., aged 34.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, NOVEMBER 1, 1899. No. 18.

Original Communications.

THE AFTER-EFFECTS OF REMOVAL OF THE APPENDAGES AND OF REMOVAL OF THE UTERUS. (a)

By J. FURNEAUX JORDAN, M.B., F.R.C.S.,

Surgeon to the Birmingham and Midland Counties Hospital for Women.

AT the Women's Hospital in Birmingham we have, like all other hospitals, an annual meeting at which the report of the work done in the in-patient department is next, perhaps, to the balance-sheet, the most important document produced. In this report, rightly enough, no mention is made of the previous history, or of the condition at the time of entrance, or of the after history of the patients under our care; but great stress is laid on the mortality rate. Is it under 5 per cent. or over 5 per cent.? I have never yet come away from this meeting without feeling how little light is thrown on our work by this necessarily bare report. At the time of drawing up this report, it is impossible to do more than put on record the immediate result of the operation. I am venturing then to-night to dip a little deeper into the notes of my cases to review them right up to date, to state their present condition, and to point out what lessons I have learnt from this after history of my cases.

The great difficulty in bringing the reports up to date is that some of the patients disappear altogether from observation. The poor people in the crowded parts of a Birmingham and the towns of the Black Country think far less of moving house than we or our wives do of a spring cleaning. In spite of this however—thanks largely to the Post Office—I have been able to trace all but two of them. Another drawback to such a report is that I was not born ten years earlier; none of my cases can present a post-operative history of more than a few years, since I did not begin operative gynæcological work till the beginning of 1893. There are, of course, many cases in which after recovery from an operation the patient remains, as far as the effects of the operation are concerned, in a stationary condition, but it is distinctly different in cases in which the operation involves removal of the uterus or its appendages. It is, therefore, the post-operative progress of these cases that I wish to consider to-night.

I have tabulated my cases of removal of both appendages for disease up to September of last year; the shortest after-history is thus of twelve months' duration. The number of cases operated upon is 43, of these 3 died as a result of the operation. These three deaths followed operation for removal of double pyosalpinx, and were due in each case to perforation of the bowel, and peritonitis on the second or third day after the operation. The total number of cases of pyosalpinx operated upon is 20, the mortality, therefore, of these cases is exactly 15 per cent. None of the other cases have died. It is impossible in a table to go into minute details as to the severity of the disease. I have indicated the main conditions, and you can see that some of the operations were most difficult, the appendages being buried in adhesions, that others were easy, adhesions being slight or absent, and that between the two extremes were operations of varying severity. Of the 40 cases which recovered, I have got full information of the after progress in 38. Two of them I have been unable to trace. Of these 38 in the table, the report in 35 cases is founded on a personal interview held within the last month, in two cases the report is founded on a written statement sent me by the patient in reply to my questions. One case died two months after the operation from exhaustion due to advanced tuberculous disease. We therefore have the after-history of 37 cases, and inquiries were made as to the following points:—

The severity and duration of the symptoms due to the production of the menopause, and their occurrence at fixed periods.

The continuation of menstruation after operation and the occurrence of vicarious menstruation.

The effect of the operation upon the body-weight,

The effect upon the marital functions.

The condition of the scar of the abdominal incision.

The state of the general health, and the capacity for work.

I made a personal examination of the abdominal incision, and, when I thought it necessary a bimanual examination of the pelvis. I shall neither spend your time nor weary you by reading all the details of Table I. I will try and present you with a summary.

First, then, as regards the severity and duration of the climacteric symptoms.

Taking the latter first I can only give the duration in twenty-four cases; in the other cases the symptoms are still present more or less. The duration varies between five-and-a-half years and a year. The average duration in the twenty-four cases is about three years. In examining into the severity of the symptoms I divide the cases into four classes—very severe, severe, moderate, and slight. By "very severe" I mean that the patient not only suffered from heats and flushes and attacks of giddiness, &c., but was occasionally laid up by them and prevented from working. By "severe" I mean that the patient felt them badly, was very distressed during their occurrence, but was never actually laid up by them. By "moderate" I mean that the symptoms were troublesome more than distressing, and were less frequently felt than in "severe" cases. By "slight" I mean that the patient was very little troubled by them.

Three patients, 8·1 per cent., suffered very severely; twelve, 33·2 per cent., severely; ten, 26 per cent., moderately; and seven, 19·4 per cent., slightly.

The average age, at the time of operation, of those who suffered very severely was 27, of those who suffered severely the average age was 31, of those who suffered moderately 34, of those who suffered slightly, 32. On the whole we can draw the conclusion that the younger the patient the greater will be her sufferings from an artificial menopause. A noticeable feature is the youthfulness of the patients—thirteen of them, *i.e.*, nearly a third, were under 30 at the time of operation. In ex-

(a) Read at a meeting of the British Gynæcological Society on October 12th, 1899.

planation of this we must remember that many of these cases—the majority of the pyosalpinx cases and many cases of thickened and occluded tubes with adherent cystic ovaries—are due to gonorrhœa. In the poorer classes it is the young child-bearing women who contract this disease from their husbands. Of the thirteen cases under 30 years of age seven suffered from pyosalpinx, one from thickened occluded tubes with cystic ovaries, and five from cystoma of both ovaries. This condition, which I have briefly described as "thickened occluded tubes with cystic ovaries" is one which I have no doubt you all know as well or better than I do. The patient usually has a history of old gonorrhœa, the tube is thickened and softened, the ligature cuts through it, the contents are a grumous muco-purulent fluid, and you would not be surprised if you found pus. The tube is adherent to a large cystic ovary, the two forming one swelling adherent to broad ligament, uterus and often bowel or mesentery.

To come back to my table, in seven cases the symptoms were distinctly worse every four weeks, and in two cases occurred only every four weeks. As regards the continuation of menstruation after operation I find that it ceased entirely in twenty-seven cases—*i.e.*, in 73 per cent. In ten cases menstruation occurred after operation. The particulars are as follows:—

No. 10. Menstruated regularly for six months after operation; the quantity lost diminished at each successive period.

Nos. 11 and 12. Menstruation continued regularly, profuse loss and great pain until relieved by vaginal hysterectomy.

No. 14. Menstruated every three months for a year after operation.

No. 19. Menstruated once, three months after operation; six months after operation had an attack of epistaxis, which was repeated at the ninth month, and finally in another three months had hæmorrhage from the bowel.

No. 21. Hæmorrhage from a small pile every four weeks, never at any other time.

No. 22. Menstruated every three months for two years after operation.

No. 34. Menstruated for nine months after operation, but irregularly.

No. 36. Menstruated once, three months after operation.

No. 37. Menstruated every month since operation twelve months ago, the quantity lost is diminishing.

In all the cases in which menstruation continued after removal of the appendages there were very dense adhesions, and it is quite probable that some ovarian tissue was left behind, which went on ovulating for some time until it became used up as it were. Especially is this so in the two cases, in which a double pyosalpinx was removed by post-vaginal cœliotomy. In all the cases but one, No. 37, the symptoms of the menopause were slight, and I am therefore not sure that the patients were any the worse off for a slight persistence of menstruation. They were, as it were, let down easily.

In two cases, Nos 11 and 12, the menstruation continued without any change for the better until relief was afforded by a vaginal hysterectomy.

In No. 11, after removing from dense adhesions a right tubo-ovarian abscess, I found the appendages of the left side so strongly adherent that I felt at the time I had not removed them entirely. Her condition was so bad after the operation that she begged me to do something to relieve her. I waited two years to see if there was any improvement, and then did a vaginal hysterectomy, the most difficult one without exception that I have ever done. I had to cut the uterus out of a mass of adhesions, so dense that it was absolutely immovable. The relief has been very marked, and she would, as she says, be comfortable if it were not for chronic bronchitis, as a result of which she has a hernia of the scar in the abdominal wall. This I have operated upon once, but owing to her persistent cough it is giving way again.

In No. 12, too, the appendages were very adherent, so much so that the hæmorrhage on separating them was profuse, and led me to use a drainage tube. She, too, got a hernia of the scar four months after operation, which I operated upon immediately with a permanently good result. Twelve months ago she contracted gonorrhœa, and following this her menstruation became more profuse and acutely painful. I did a vaginal hysterectomy for her six months ago, and already she is much better in health. I have gone more fully into these two cases because they perhaps raise the question whether I ought straightway to have done a vaginal hysterectomy, or even the radical vaginal operation. Discussion on this question I will leave for a minute till I speak of the lessons to be learnt as a whole.

As regards the effect on the bodily weight, in ten cases there was a distinct increase, in nine a slight increase, in thirteen no effect at all, and in three cases a decrease. Of these three, one is getting into a condition of chronic melancholia, one suffers from phthisis, and the cause of the decrease in the third case I cannot explain. It is difficult to speak positively as to the effect on the marital functions. The great majority at once replied that it had made no difference; of the others pain on coitus has persisted in three cases, in two cases the desire for coitus has disappeared. Three of them said that they never cared for it and were just the same now. One of the three cases in which pain has persisted is No. 11, already fully referred to Another, No 30, had a sharp attack of peritonitis after the operation and was in bed ten weeks. On examination I found the uterus tender and very slightly movable. There is no doubt that it is to a considerable extent adherent to neighbouring viscera. In the third case, No. 31, I cannot discover the cause of the pain.

We come now to the progress of the scar in the abdominal wall.

In two cases, 4 and 16, there is a little stretching and thinning in the lower part of the incision. It is quite probable that without great care a hernia will form in these cases. A drainage tube had been used in No. 4. No. 10, in which also a drainage tube had been used, developed a hernia in three months, but since I operated upon her four years ago there has been no sign of any recurrence. Nos. 11 and 12 I have already referred to. No. 28 has had a persistent sinus ever since the operation and I have no doubt that in time a ligature will come out or be removed. In the other 31 cases, *i.e.*, in 86 per cent., the scar has never given any trouble and shows no sign of weakness.

Lastly, as regards the general condition of the patient and her capacity for work, I find that, often after a stormy time, good and even robust health has come back to her. I have in many cases put the exact words of the patient into my table, if not in her own words, I have endeavoured briefly to give you an idea of her condition.

Are the results, on the whole, as good as one would wish? Not quite, for I can see now how I might have done better in some of the cases. It is not the final results that are unsatisfactory, it is the intermediate amount of suffering. We must bear in mind, though, that in these cases where adhesions are the rule, it would be foolish to expect no pain or trouble after convalescence. Adhesions and inflammatory deposit round the stump may act for some time as a source of irritation, and may even help in producing post-operative menstruation. Although my earlier cases were free from acute peritonitis after operation, yet I had distinctly more trouble in the after-treatment than I have now. This was probably due to the fact that I did not then carry out the principles of asepsis as thoroughly as I do now.

The cases of hernia of the scar are all among the earlier numbers, for I drained more frequently then, and with a glass tube, than I do now. I believe my cases of pyosalpinx which died would have lived if I had opened and drained them freely by posterior vaginal cœliotomy. I reported a few cases treated by this route in the *British Medical Journal* a few months ago, when I said that in cases of long duration, in which the pyosalpinx, or an abscess communicating with it, can be felt filling up Douglas' pouch, the operation to be preferred is incision and drainage by vaginal cœliotomy. Further experience has only confirmed me in this opinion. In removal of pyosalpinx by the abdominal route it is necessary sometimes to drain. Would not this be better

carried out by incision into Douglas' pouch from the vagina than by a glass tube in the abdominal incision? We should then do away altogether with the chance of hernia.

In cases of bilateral suppuration in the appendages, unless there is co-existing marked disease of the uterus, I should certainly not remove the latter organ Severe cases of double pyosalpinx or tubo-ovarian abscess can be treated as I have already indicated, by the vaginal route without sacrificing the uterus. Removal of the uterus to make a way for the appendages is, under ordinary circumstances, unjustifiable. I recognise that twice I have had to perform vaginal hysterectomy after a previous removal of the appendages, and I grant that in No. 11 I should have had a better result if I had done a vaginal radical operation at first, not, however, because of any disease of the uterus, but because, with her chronic bronchitis, it would have been better to sacrifice the uterus in order to make a way to the very adherent appendages, than to expose her to the probability of a ventral hernia. In the second case the patient contracted a gonorrhœa, subsequently to the original operation.

I operate less frequently than I did for inflammatory diseases of the appendages, for I am more persistent in insisting on rest; unfortunately in many cases one is compelled in the end to operate in order to render the patient capable of doing her necessary work. In spite of the severity of the symptoms of the menopause I have been struck by the almost universal restoration to health in these cases. With this return of health comes a corresponding capacity for work. Unfortunately, coincident with this is inability of the woman any longer to bear children. In view of this we have already begun to be more conservative in our operations, preserving whenever possible the appendages of one side, or if not the entire appendages then sufficient to give the woman a chance of becoming pregnant. These cases do not enter into the scope of my paper to-night, pleasant thought it would be to dwell upon them. At least, I may say this, that this conservative spirit, preserving what is healthy, sacrificing what is harmful, has already caused a considerable diminution in the number of cases of removal of the appendages for chronic salpingo-oöphoritis. Everything that will tend still further in this direction should engage our earnest attention, and it is for that reason that I think we cannot value too highly Mr. Taylor's recent contribution on the treatment of gonorrhœal salpingitis. If we can succeed, as he has succeeded, we shall still further reduce our number of cases of "removal of the appendages." Another thing, too, which will, I think, tend to render the post-operative time more tolerable is the adoption of the vaginal route in suitable cases. I cannot compare the results of the two routes to-night, for nearly all my cases operated upon by the vaginal route have been either for the removal of disease of one side only, or are too recent to present an after history. The more I use this route the better I like it, and the less troublesome do I perceive the after history to be.

One other word I wish to add is this, that we see to it that the patients after these operations get good advice and treatment during the artificial menopause. Two or three of those who suffered most had had little or no treatment. Especially does this apply in the tuberculous cases. With one exception they have done well, but have required constant constitutional treatment. The exception never pulled up, but slowly sank two months after operation.

To sum up, then:

The final result in cases of removal of the appendages for inflammatory diseases is uniformly good.

The severity of the artificial menopause is most marked in young women.

The mortality in severe cases of pyosalpinx treated by abdominal section is higher than one would wish.

The use of the drainage tubes involves a weak spot in the scar.

The likelihood of leaving behind some portion of ovarian tissue is great in cases of very dense adhesions. The effect of this passes off in time.

If the appendages are fully removed, menstruation ceases entirely.

The necessity for, and the advantages to be derived from, removal of the uterus will rarely occur.

I may now add—

Be as conservative as possible, especially in young women, and in "conservative" I include not only operative, but also non-operative measures.

Treat the severe cases of pyosalpinx, if possible, by the vaginal route.

Do not drain unless absolutely compelled to, and then consider the possibility of draining by the vagina.

Do not get disheartened if the patient does not get the full benefit of the operation for some little time.

We come now to a consideration of the cases of myoma for which I have either done a hysterectomy or removed the appendages. I have done one or other or both of these operations on twenty-four patients with myoma of the uterus. Details of the cases are given in Table No. II.

I removed the appendages seventeen times, but from two of these seventeen I subsequently had to remove the uterus.

I did a hysterectomy in the other seven cases, but in one of them the appendages had been previously removed by another surgeon.

No. 1 of the cases in which I removed the appendages died the day after operation with symptoms of hæmorrhage, but I was unable to get a post-mortem examination.

One of my cases of hysterectomy died. This case I shall refer to later on, since it taught me a lesson I shall, I hope, never forget.

The chief points I wish to investigate are:—

(*a*) The effect on the myoma of removal of the appendages.

(*b*) The severity of the menopause following this removal as compared with—

(*c*) The severity of the menopause following hysterectomy.

(*d*) The general health of the patient subsequent to the operation.

(*a*) The effect on the myoma of removal of the appendages: Since one of the cases died there are sixteen into whose subsequent history we can examine.

You will see that I had to perform hysterectomy later on in two of these cases, but in one (No. 2) it was, I think, a mistake to remove the appendages. The patient, æt 56, suffered intense pain from a myoma at the back of the uterus, which was almost as hard as a stone. The pain on defæcation kept her in a condition of chronic constipation and its attending discomforts. There was no hæmorrhage. I might have known that removing the appendages would have no great effect on such a fibroid. Although it diminished slightly in size for nearly three years, yet in 1896 the uterus as a whole began to enlarge, the pain got worse, and I thought it best to remove it entirely. This I did on December 4th, 1896, and found not only the posterior hard myoma, but a largish interstitial one, becoming submucous, in the body of the uterus. Whether this was present, in embryo as it were, at the time of the first operation, I cannot say.

The other case in which I had to do a second operation was No. 11. The fibroid was a large single one, reaching some way above the umbilicus. The patient was very anæmic from the hæmorrhage. For a few months the tumour diminished in size and the hæmorrhage ceased, but then it began to grow again rather rapidly accompanied by severe hæmorrhage. I then did an abdominal hysterectomy, for which she is very much better, although she has had a great deal of pain. With the exception of these two cases, the effect of removal of the appendages has been most satisfactory. The tumour has disappeared entirely except in two cases where it has hardly had time to undergo this process, and in these two, Nos. 23 and 24, it is distinctly smaller.

(*b* and *c*) The severity of the menopause following removal of the appendages: I find that the sufferings of the artificially created menopause are here much less on the whole than in cases of removal of the appendages for disease. But then compare the average age of the

two classes of cases. In the latter it was about 30, while in these cases of myoma it is 37·5. The menopause following hysterectomy is a little less severe than in cases of removal of the appendages, but again the average age of the patients at the time of operation is higher than that of the patients who underwent the operation of removal of the appendages, it is as high as 40. On looking over both tables I cannot help noticing that, as a rule the younger the patient the more she suffers from the artificial production of the menopause, and since the difference in the severity of the symptoms between the cases of hysterectomy on the one hand, and the removal of the appendages on the other hand, is not any more marked than the difference between the average ages would lead you to expect, I cannot put down the comparative immunity of the hysterectomy cases from severe symptoms to the fact that the ovaries were left behind instead of being removed. I think it is of the utmost importance that we should find out for certain if, taking all the cases of hysterectomy, the patients suffer less after the operation than they do after removal of the appendages. I wish that my cases were more numerous so that I could speak with more certainty. At the same time I think that, if every operating gynæcologist were carefully to place on record the after condition of all his cases, we should not be long in arriving at a definite conclusion. Possibly it would be different to mine, viz., that the variations in the severity of the symptoms are due mainly to the relative ages of the patients Certainly I do not see that the difference is such as to warrant us bringing forward the preservation of the ovaries as a strong argument in favour of hysterectomy. I equally certainly believe, though for other reasons, that in some cases of myoma, hysterectomy will give us a better result than any other operation. I recognise that there are cases in which the artificial menopause is felt slightly in young women and severely in older ones. These, however, are exceptional, and we must always bear in mind the many conditions which influence the course of the menopause, as the degree of susceptibility of the nervous system to stimuli, the surroundings and the habits of the patient, the original cause of the illness and the continuance or not under treatment, judicious or otherwise.

(*d*) The general health of the patient after operation: On the whole the final result is very good, with the exception of Nos. 3 and 4 they are all in excellent health, and express themselves as feeling better than they have been for some years past.

From a consideration of these cases, and of the cases I have not operated upon, I have come to one or two conclusions as to the treatment of myoma of the uterus.

First, I find that cases do occur in which no operation is immediately called for, which under the continuous administration of ergot and hydrastis combined with rest, may be safely kept under observation for some time, provided always that they do not steadily increase in size.

Secondly, that there are cases which distinctly call for removal of the appendages in preference to hysterectomy. Every now and then we meet with cases where the hæmorrhage has been so severe that the patient is absolutely blanched, where her life has been placed in jeopardy from the hæmorrhage, she lies in bed, white as a sheet, with a small quick pulse, and so feeble that she can hardly speak or move, certainly raising her up will probably cause her to faint. I have had three such cases. Nos. 14, 16, and 24. However skilfully, or by whatever method, a hysterectomy may be done, and however favourable the conditions are, it takes longer, and inflicts more shock upon the patient than removal of the appendages. The extra time and the extra shock, which in an ordinary case will not affect the ultimate result, may in these blanched and almost bloodless patients I have referred to, be just the last straw that breaks the camel's back. In Nos. 14 and 24 I removed the appendages and the result has been even better than I expected, in No. 16, because the tumour was not quite so large, and was situated more in the pelvis than the abdomen, I did a vaginal hysterectomy. I had to slit up the uterus and remove the tumour in pieces and finally complete the removal of the uterus. I did it fairly quickly, she lost no blood at the operation, and I took every possible precaution against shock, but she never rallied from the operation, dying the same afternoon. I shall never, if I can possibly help it, do hysterectomy again in cases of this kind. Thirdly, for large, unwieldy tumours, dangerous from their very size as much as anything else, and for tumours blocking up the pelvis, rendering life miserable from intrapelvic pressure symptoms I believe hysterectomy is the treatment. I have had, I think, an undue proportion of these intrapelvic fibroids. The operation is not an easy one, but it is well worth all the trouble involved since the relief to the painful symptoms is immediate and complete. This hysterectomy is, I think, done most easily by the combined method, and in mentioning this I do not wish in any way to raise the question as to the choice of the abdominal or vaginal route. To my mind the route does not enter into this question. In doing a hysterectomy unless you leave a subperitoneal stump you are obliged to open the vagina into the abdomen. In the combined method you deliberately do all you can from the vagina, cleansing the vagina easily, and separating the vaginal attachments of the uterus with the greatest ease, and if possible ligaturing the uterine arteries and opening the anterior and posterior peritoneal pouches Having done all this extraperitoneally you can easily complete the removal of the tumour from the abdomen.

Lastly, for small myomata demanding interference from their rate of growth, from the hæmorrhage and from the pain I confess frankly that I should hesitate between vaginal hysterectomy and removal of the appendages. I think I should be guided by the stoutness of the patient or by the capacity of the vagina, a stout patient leading me to prefer the vaginal hysterectomy, a small vagina leading me to prefer removal of the appendages. Each case must be judged for itself, it being impossible to lay down any hard and fast line.

Before concluding this consideration of the effects of removal of the uterus, I must refer to three cases in which I have been compelled to perform vaginal hysterectomy for intractable uterine hæmorrhage. The hæmorrhage had only been slightly relieved by curetting, and no treatment that I could think of had the slightest effect on it. The uterus in each case was enlarged, apparently by a general fibrous thickening of its wall. In each of these cases I left the ovaries alone, but they have all three suffered, two of them very severely, and one moderately, from the menopause, but now four years, two years, and eighteen months respectively since their operations, they are over the worst of their troubles. The two who suffered very severely were 23 and 27 years old, the third one was 43. I fail, therefore, to see that if you remove the uterus you save a woman from all trouble by leaving the ovaries. I would save the ovaries by all means if they can help a woman towards ordinary menstruation or child-bearing, but that I ought to prefer to remove the uterus rather that the appendages in a case of myoma, because the woman will suffer less from the former operation than from the latter; I will not say I do not believe, but certainly my own experience does not justify me in believing. I have already indicated what I believe to be the operation best suited to each case, and while believing that a large number, if not the majority, of cases are best and soonest cured by hysterectomy, yet I hold that there are cases which can be best and most safely, if not most quickly, cured by removal of the appendages.

Lastly, there is one case which I overlooked until too late to insert in the table, but which would render my results incomplete if left out. On September 14th, 1897, I removed the appendages in a case of myoma, reaching about half way to the umbilicus, growing rapidly and causing profuse menorrhagia. She went on very well for about thirteen months with no hæmorrhage and diminution in size of the tumour, when she became insane and committed suicide just about this time last year. Whether the insanity was a case of *post hoc proctor hoc*, I cannot say. The suicide should certainly have been prevented,

TABLE I. REMOVAL OF THE APPENDAGES FOR DISEASE.

Number.	Date.	Age.	Condition for which Operation was done.	Severity & Duration of Climacteric Symptoms.	Post Operative Menstruation or Vicarious Menstruation.	Effect on the Body-weight.	Effect on Marital Relations.	Condition of Scar.	General Health.
1	5/8/93	29	Appendages very adherent. Tubes swollen, indurated and occluded. Contents—cheesy pus.	Severe. Lasted 3 years.	None.	None.	Coitus always painful before operation. Quite free from pain since.	Good.	"Stronger than she has ever been."
2	22/11/93	36	Double pyosalpinx. Both tubes contained over two ounces of pus. Universal and strong adhesions.	Moderate. Chiefly felt every 4 weeks. Lasted over 2 years.	None.	Slight increase.	(Widow.)	Good.	"Very good."
3	8/2/94	24	Very adherent pyosalpinx on the right side and adherent appendages on the left. Three months pregnant.	After safe delivery of full term child, suffered very severely. Especially every 4 weeks. Still suffers slightly.	None.	None.	None.	Good.	Suffers from severe migraine, and attacks of pain in both groins after hard work. On examination uterus was found to be tender and fixed by adhesions.
4	11/5/94	34	Appendages buried under very dense adhesions. Chronic pyosalpinx of left side and blood cyst of right ovary.	Slight. For nearly 3 years.	None.	Increase.	None.	Thin and stretched in the lower part.	Recovery delayed by abscess breaking into bladder and passage of silk ligature per urethram. Health now very good.
5	25/5/94	22	Right pyosalpinx and left hydrosalpinx.	Severe, Lasted 4 years.	None.	Increase.	None.	Good.	Still occasional pain in the groins after hard work, otherwise good.
6	29/5/94	49	Double hydrosalpinx.	Overbefore operation.		None.	None.	Good.	"Very good."
7	14/6/94	32	Large double tuberculous pyosalpinx. Tuberculous peritonitis with ascites.	Very slight.	None.	Increase.	None.	Good.	Much improved. "Feels very strong and well."
8	29/6/94	29	Cystoma of both ovaries.	Slight. For over 3 years.	None.	None	None.	Good.	"Is very well indeed."
9	22/8/94	30	Both ovaries enlarged and in a condition of cystic-ovaritis.	Moderate. Not over yet.	None.	Slight increase.	Pain on coitus.	Good.	No examination made, as patient lives a long way from Birmingham. She writes that she has improved considerably in general health.
10	4/10/94	32	Tubes thickened, occluded and adherent to cystic ovaries.	Moderate. Lasted nearly 4 years.	Regularly (but diminishing) for six months after operation.	None.	None.	In three months developed a hernia of the scar. Operation in Feb., 1895. Condition now very good.	"Excellent."
11	9/10/94	42	Densely adherent right tubo-ovarian abscess and inflamed left appendages. Some ovarian tissue on left side left behind.		Regularly; pain severe; only relieved by a subsequent hysterectomy (vaginal).	None.	No relief to pain on coitus until after second operation.	Hernia of scar gradually developed. Operation two years ago, but is returning.	Has been a "chronic bronchitic" for years, with very severe cough which is very troublesome, and probably accounts for her hernia.
12	16/10/94	36	Inflamed adherent tubes with cystic ovaries. Adhesions very dense and free hæmorrhage on separating them.		Regularly. Not so painful or free as before operation till twelve months ago when the pain increased. Relieved by vaginal hysterectomy.	Increase.	None.	In a few months hernia of scar. Operation, 1895. Condition of scar now very good.	History of attack of gonorrhœa 12 months ago. After a great deal of suffering is now getting steadily better.
13	5/12/94	42	Both tubes dilated, occluded and adherent to large cystic ovaries.	Severe — worse every 4 weeks.	None.	Decrease.	No pain, but dislikes having coitus.	Good.	Is almost in a condition of melancholia. Appetite bad, and slowly losing flesh. Was very depressed before operation.
14	10/12/94	43	Appendages adherent. Tubes thickened and dilated.	Moderate, Lasted nearly 2 years.	Every 3 months for the year after operation.	Slight increase.	None.	Good.	"Has not felt so well for years."
15	27/2/95	23	Chronic salpingo-oophoritis with adhesions.	Severe for 12 months, slightly for two years more.	None.	None.	None.	Good.	In Sept. of same year as operation contracted syphilis. Have lost sight of her for last twelve months.

TABLE I. REMOVAL OF THE APPENDAGES FOR DISEASE—(*Continued*).

Number.	Date.	Age.	Condition for which Operation was done.	Severity & Duration of Climacteric Symptoms.	Post-operative menstruation or Vicarious Menstruation.	Effect on the Body-weight.	Effect on Marital Relations.	Condition of Scar.	General Health.
16	19/4/95	32	Chronic salpingo-oophoritis with adhesions.	Moderate—just over now.	None.	Increase.	Freedom from pain on coitus.	A little thinning in the lower part.	Good.
17	17/7/95	32	Both tubes enlarged, occluded, very adherent to cystic ovaries.	Severe for 18 months.	None.	Increase.	None.	Good.	Fair. Suffers from chronic dyspepsia.
18	28/9/95	37	Cystoma of both ovaries.	Moderate. For 2 or 3 years.	None.	None.	None.	Good.	"Very good."
19	24/2/96	34	Adherent tubes and small cystoma of both ovaries.	Moderate. Exactly every four weeks, just getting over them.	3 months post op 6 months epistaxis. 9 months epistaxis. 12 months after hæmorrhage from bowel.	Slight increase.	None.	Good.	Is very well and strong
20	5/6/96	32	Hard cystic ovaries.	Severe. Especially 4 weeks Lasted nearly 3 yrs.	None.	None.	None.	Good.	Is not very strong. but on the whole "enjoys good health."
21	29/7/96	34	Pyosalpinx of right side.	Severe for 12 months. Gradually ceasing.	Hæmorrhage from small pile every four weeks.	Slight increase.	None.	Good.	Good.
22	9/1/97	25	Double pyosalpinx and adherent ovaries. Removed by posterior vaginal cœliotomy.	Slightly. Very nearly over.	Every 3 months for 2 years. Nothing for last ten months.	None.	None.		Is in better health than she has been for some years.
23	8/2/97	38	Cystoma of both ovaries.	Severe and not yet over. Worse every four weeks.	None.	Slight increase.	None.	Good.	Is quite well, except for some pain from a movable kidney on the right side.
24	23/2/97	40	Cystoma of both ovaries with ascites.	Moderate for over a year. Not over yet.	None.	None.	None.	Good.	Good.
25	8/4/97	24	Double tuberculous pyosalpinx.	Severe. Every 4 weeks attack of migraine.	None.	Very slight increase.	None.	Good.	Has chronic phthisis. Suffers from cough and shortness of breath.
26	16/8/97	34	Double pyosalpinx. Very strong adhesions.	Moderate. For 18 months. Worse every 4 weeks.	None	None.	None.	Good.	Very good.
27	13/10/97	33	Cystoma of both ovaries.	Very slight.	None.	Increase.	None.	Good.	Very good.
28	6/11/97	31	Chronic salpingo-oophoritis.	Very severe. Still present.	None.	Slight increase.	(Single.)	Good.	Suffers from the heats and flushes and giddiness. Is quite free from her old pain.
29	7/12/97	24	Double pyosalpinx. About 15 and 5 ounces of pus in right and left tubes respectively.	Moderate.	None.	Increase.	None.	Persistent sinus explored twelve months ago with no result Still present.	Very good. Sinus troubles her very little.
30	11/1/98	28	Adherent appendages, with thickened and occluded tubes.	Severe, but getting much less so	None.	Increase.	Slight pain on coitus.	Good.	Fair. Has had scarlet fever since the operation, and has not long been convalescent.
31	18/2/98	29	Cystoma of both ovaries.	Severe exacerbations every 4 weeks.	None.	None.	Pain on coitus diminished. but not gone.	Good.	Is very well except at the monthly exacerbations.
32	10/3/98	25	Cystoma of left ovary, with twisted pedicle. Small cystoma of right ovary.	Moderate.	None.	Slight increase.	None.	Good.	Occasional attacks of pain in left groin, otherwise is well. On examination can find nothing wrong
33	23/5/98	21	Double tuberculous pyosalpinx.	Very slight, nearly over.	None.	None.	None.	Good.	Very good.
34	6/7/98	35	Adherent double pyosalpinx. Removed by posterior vaginal cœliotomy.	Moderate. Every 4 weeks only.	Continued for nine months irregularly.	Slight increase.	None.		"Fee's better in every way for her operation."
35	13/7/98	40	Double tuberculous pyosalpinx, universally adherent. Tuberculous peritonitis. Extreme emaciation.						Died two months after the operation from exhaustion. Never began to "pick up" after the operation.

TABLE I. REMOVAL OF THE APPENDAGES FOR DISEASE—(*Continued.*)

Number.	Date.	Age.	Condition for which Operation was done.	Severity & Duration of Climacteric Symptoms.	Post-operative menstruation or Vicarious Menstruation.	Effect on the Body-weight.	Effect on Marital Relations.	Condition of Scar.	General Health.
36	27/7/98	40	Double pyosalpinx, also three small subperitoneal fibroids o' the uterus.	Slight. Still present	Once, 3 months after operation.	Increase.	None.	Good.	"Feels very well."
37	9/8/98	34	Hæmorrhagic cystoma of both ovaries and right hæmatosalpinx.		Regularly. Loses too much.	Decrease,	None.	Good	Except for losing too much at her periods, is very well.
38	15/8/28	27	Cystoma of both ovaries.	Very severe. Still present.	None.	Decrease.		Pain in the scar from coughing.	Suffers from phthisis, with severe cough and profuse night sweats.

TABLE II. CASES OF MYOMA OF UTERUS.

Number.	Date.	Age.	Size and Position of Myoma.	Chief Symptoms for which Operation was done and Nature of Operation.	Effect on the Myoma.	Severity of the Menopause.	Subsequent History.
1	5/11/93	29	Median tumour of uterus. Softish to the feel.	Hæmorrhage. Removal of appendages.			Died the day after the operation.
2	16/11/93	56	Hard rounded mass size of an orange in posterior wall of uterus.	Pain, especially on defecation. Removal of appendages.	Slight diminution.		In 1896, increase in general size of uterus and increase of pain. Vaginal hysterectomy on December 4th, 1896. Large submucous fibroid and small hard one in posterior wall. Well up to 2 years ago. Cannot trace her since.
3	23/4/94	36	Small fibroid—interstitial expanding uterus upwards.	Severe pain and hæmorrhage. Increase in size during 6 months under observation. Removal of appendages.	Disappeared.	Severe. Lasted 3 years.	Never very strong. Is better than she was, but easily tires.
4	4/4/94	30	Two fibroids — one sub-peritoneal and a largish interstitial one.	Increasing size of tumour and bearing down pain in pelvis. Removal of appendages.	Disappeared.	Moderate for 12 months, then gradually ceased.	Suffers from headaches. Is anæmic. Is very poor and has to work hard.
5	27/10/94	45	About the size of an orange. Central in anterior wall.	Continual desire to micturate. Intra-pelvic pain. Increasing hæmorrhage. Removal of appendages.	Disappeared in about 12 months.	Moderate, but over in a few months.	Is very well Small hernia of scar appeared in 1898. Operation, April 15th, 1898. Condition of scar now is very good.
6	5/11/94	28	Nearly filling up pelvis.	Increasing in size with severe hæmorrhage. Removal of appendages.	Disapneared.	Moderate, only just getting over it.	Has steadily gained in health since the operation.
7	20/12/94	34	About the size of two fists.	Severe hæmorrhage. Also ovarian cyst present. Removal of appendages.	Disappeared.	Moderate—lasted about 18 months.	In excellent health.
8	21/1/95	42	Nearly up to umbilicus. Interstitial.	Hæmorrhage for a year. Removal of appendages.	Disappeared.	Slight and soon over.	Has kept in very good health.
9	26/4/95	25	About the size of an orange, and expanding right side of uterus,	Acute pain and pressure in pelvis for 4 years. Removal of appendages.	For 6 months menstruation continued, then ceased, and tumour has disappeared.	Moderate.	Health very good. Dislikes having coitus.
10	5/6/98	29	Small and low down in the uterus.	Severe hæmorrhage for 9 months. Relieved for a time by curetting Removal of appendages.	No sign of tumour to be felt. No hæmorrhage since operation.	Severe for 2 years, only lately ceased.	Is very well and able to work hard.
11	31/8/95	35	Large—3 inches above the umbilicus.	Profuse hæmorrhage. Very anæmic and weak. Removal of appendages.	For 9 months no hæmorrhage, and slight diminution.	Severe after the susequent hysterectomy Not quite over.	At the end of 9 months renewed hæmorrhage and increase in size of tumour. Abdominal hysterectomy May 10th, 1896. General health fair. Has had a great deal of pain.
12	20/11/95	36	Small hard fibroid in posterior wall of uterus,	Pain and hæmorrhage. Gradually getting worse for 5 years. Removal of appendages.	Disappeared.	Moderat for 3 years.	Has slowly but steadily gained in health.
13	10/7/96	43	Insterstitial. Nearly filling pelvis. Three distinct fibroids.	Had had appendages removed in 1883. Pain ever since Hysterectomy by combined method.		Slight, ever since first operation.	Distinctly better in health. Is troubled by a small sinus in vaginal roof, which I have explored but without result.
14	15/9/96	36	Interstitial myoma up to the umbilicus.	Absolutely blanched with hæmorrhage. Pulse small and quick. Removal of appendages.	Disappeared in less than two years.	Slight.	Is in excellent health.

but spreading its dire influence throughout the world. No men know better than medical men the need of the deserving poor, and no men minister more tenderly or more mercifully to them in their hours of sickness; but they should not be expected to extend that gratuitous aid to those who can well afford private medical attendance.

My contention is that for a population like Brighton and Hove of 156,761, for 1898, we have far too many hospitals. and that much could be saved by some, at least, of these institutions being housed under one roof. For 1898, the West Street Lying-in Institution, which dealt with only 83 in-patients and 920 out-patients, spent £541 15s. 4d. for wages and salaries, whereas the Sussex County Hospital, with 1,699 in-patients and 6,986 out-patients, expended £2,844 5s. 3d. Of the Throat and Ear Hospital, which has only just moved into new quarters, I can give no accurate account for 1898, but I contend that both these institutions might be under the roof of the Sussex County Hospital, occupying not more than two extra wards, and that both in clerical staff, nursing, outlay of building, &c, a vast sum might be saved. The Eye Hospital allows eight tickets for one guinea, and for three guineas sixteen out-patients and one in-patient letter, and so on in proportion. The Throat and Ear Hospital requires each patient to present a "Subscribers' free letter," or to pay at the first attendance the sum of five shillings, presenting at the same time a (pink) letter of recomendation for paying patients. (N.B.)—I want you, my friends, to think over this "Nota Bene." Letters for "Paying Patients" are supplied to subscribers, who can give an unlimited number away. There is no foot-note begging the subscriber to be careful to see that the "Pink Letter" is only given to the necessitous poor. A patient suffering with the troublesome defect of impacted wax in the ear, and under the impression that it is of a worse nature, may pay his five shillings and go to the hospital and have it syringed out, whereas if he had gone in the first instance to some young and struggling practitioner, he would quite as skilfully have performed that simple operation for half-a-crown. The Royal Alexandra Hospital for Sick Children takes sums varying in amount from parents who can afford to pay. Then, again, look at the privilege given to annual subscribers to the Brighton, Hove, and Preston Free Dispensary, who are allowed the outrageously large amount of twelve letters of recommendation for one guinea. No wonder that the numbers attended are enormous, and that the letters are distributed without discretion. Patients have to pay the sum of sixpence for each letter. These letters are supposed to last only one month. Now, some patients get as many as six, or even eight letters in a year, and there are cases where the same patient has been known to get as many as twelve letters. Why should not these patients have been encouraged to join a provident dispensary? We have in Brighton an exceptionally well-to-do working class who should be induced to pay into provident dispensaries upon a graduated scale according to weekly earnings. Surely, if they can pay the money when sick they can pay it when in health, and have, in addition, the feeling that they are not being pauperised. For those who are really too poor to pay anything there is our Poor-law system to meet their case. I object to free dispensaries altogether as having an evil tendency, and I object still further to the system of hospitals and dispensaries taking any payment as entering into unjust competition with the medical practitioner. I contend that if any money is taken, it should go towards a fund for paying the, at present, honorary staff. I will give in a few words the method I would adopt to help remedy this evil, for evil it is. I would establish in every town, at convenient distances, "bureaus," to which the necessitous poor could apply for tickets, and if there should be any doubt about the case let the inquiry officer make an immediate investigation. These "bureaus" would be a blessing to the poor, who would at once know where to apply in case of sickness, instead of rushing, as I have known them to do, in all directions to find some one with a ticket to spare. I know that this is met by the objection that the subscribers do not like to give up their privilege of distribution. I would reply that by all means let the subscribers have the power of recommending to the officer in charge of the "bureau" any case they choose. to the extent of their subscription. I know that there are many subscribers who wish to be relieved of the nuisance of being applied to for tickets. and who frequently hand them over to the clergy of their parish, or to the parish visitors, who do not always act with discretion. Whether this question is settled now, or deferred, as many important matters are, to some future day, depend upon it, it is an evil that must eventually be checked.

MODERN AND CELTIC MEDICINE.

Abstract of an Inaugural Address delivered at the Mater Misericordiæ Hospital, Dublin.

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WITHIN the period covered by this address the vital importance of thoroughly aseptic conditions in all that appertains to the care and treatment of the sick has become universally recognised. With this view therefore our operating theatres have been reconstructed, ventilation and drainage improved, and a most efficient and well-trained nursing staff provided for our public and private wards as well as for the necessities of general practice throughout every part of the country wherein the services of the Mater nurses are in constant requisition.

Whilst such consideration has been given to the primary purpose of these institutions, those entrusted with their administration have in nowise been oblivious of their secondary and almost equally important function, viz.: that of serving as a centre of clinical medical education and scientific teaching, and the influence of such clinical teaching has been dispersed abroad and at home, *orbi et urbi*.

Thus in every clime, or place, or circumstance, when medical men have faced death to save the lives of others, from the fever-stricken districts of our own land, to the malarial swamps of Africa, the plague-infested cities of the Far East, or the battle fields of the Soudan or of the Indian frontier, there have they been found discharging their mission of mercy to humanity.

Turning for a moment from the work of the hospital to that of the healing art, of which it is the clinical theatre, we find here, as elsewhere, the most distinct imprint of recent progress in every department of practical medicine, surgery, and gynæcology, as well as in ophthalmology, dermatology, and the other special branches of modern medico-chirurgical science. The rapidity of this advance has been such that the highest professional accomplishments attainable twenty years ago, have already become almost as obsolete for a student as the knowledge of Hippocrates in physic, or the skill of Ambrose Paré in surgery, might prove, could either be now tested by a modern Conjoint, or Royal University Medical Examination.

So many and complex are the factors in that revolution in medicine, that it would be useless to attempt any survey, however brief, over a field of such extent.

In the domain of surgery the evidence of rapid advance since my former address is yet more apparent than in that of medicine, as may be exemplified by a moment's reference to the upgrowth and development of antiseptic chirurgical practice within that period. The fruits of this are, perhaps, most conspicuous in the successful operations now resorted to in countless cases—such, for instance, as tuberculous peritonitis, renal, intestinal, gastric, and other diseases and lesions within the peritoneal cavity from any effective interposition with which our predecessors were almost necessarily debarred.

These procedures, with many others of equal importance that need not be here enumerated, which in my earlier days were either altogether undreamt of, or which, if occasionally attempted, were then associated with such fatality as to preclude their general performance, are now daily accomplished with smaller risk than might have attended the opening of a whitlow in pre-antiseptic days.

I cannot altogether refrain from alluding to the branch of medicine with which I am most intimately concerned, but however tempted I may be to dilate on the progress of modern gynæcology, I shall confine, within the narrowest possible limits, my reference to a subject that, however interesting to myself, would probably prove intolerably wearisome to the majority of my present audience. It will, therefore, be enough to say here that this youngest of the tripart divisions of the healing art has exhibited a progressive development fully equal to that of either of its medico-chirurgical parent sciences, and that this specialism, the very name of which was unknown in my youth, has within the past few years advanced by leaps and bounds to its present prominence in the foreground of medical progress.

The diseases and abnormalities of what was formerly the *terra incognita Australis* of pathology, viz., the region of the uterus and its appendages, have now become as accurately differentiated and as successfully treated as those of any of the external structures of the body. Thus, for instance, fibromyomata and carcinoma of the uterus, the various displacements of that organ, the affections of the ovarian and tubal adnexa, with numberless other gynæcological disorders, the victims of which were formerly in many instances, abandoned to lives of hopeless misery, have now been brought within the reach of accurate diagnosis, and generally successful treatment.

Gentlemen, on entering the medical profession, you must assume many responsibilities as well as gain some privileges. On you, therefore, it will devolve to support the reputation of your calling by a conscientious zeal in the honourable discharge of your great mission to the poor and suffering. Moreover, it will be your duty to add your mite of experience and of knowledge to that cairn of medical science which has been brought up to its present height by the aggregation of the individually minute contributions of your predecessors—and so maintaining the great traditions of Irish medicine, to hand it down to your successors improved and perfected by your labours.

Celtic Medicine, its History and Lessons.

Lastly, I may for a moment refer to the too generally forgotten fact that Irish medical men can lay claim not only to the traditions they inherit from their more immediate predecessors, but also to a history deserving of larger consideration than is commonly given to it. For, as I have elsewhere shown, the practitioners of the healing art in this country are, in truth, the legitimate heirs of the oldest professional culture of which there are in existence the records in the living language of any European nation. Let me, therefore, remind you that in distant ages when the lamp of medical knowledge was unkindled in most other countries, its light shone with comparative brilliancy in this remote *Ultima Thule*. Thus, there are still extant and accessible in the libraries of the Royal Irish Academy and Trinity College in this city as well as in other similar collections elsewhere, a vast body of ancient Gaelic MSS. documents in which the distinguished history and character of early Irish medicine are well illustrated.

From these sources we find that from the oldest period of authentic history the classic literature of Greek and Roman medicine as well as a still more ancient native leechcraft, was cultivated in our own country. Nay more, we have clear evidence that the marvels of modern hypnotism and the employment of anæsthetics on which we plume ourselves as the most beneficent discovery of the present age, were, although in cruder forms, here anticipated by our remote predecessors.

Among the numerous collegiate centres of professional as well as of ecclesiastical learning with which this *Insula Sanctorum et Doctorum* was studded over between the sixth and sixteenth centuries, one, at least, is of special interest to us as of a distinctly medical origin and character, viz: *Tuaim Brecain*, near the present town of Belturbet, which was established by a medical practitioner of no little eminence, viz., Saint Brecin, whose chirurgical skill is celebrated in our oldest annals. From these institutions were sent forth men such as Alcuin, the founder of the University of Pisa, Johannes Scotus Erigina, who in the eighth century was professor of philosophy in Paris, and countless others to diffuse the lights of learning and science as well as of faith to the ends of the earth.

To the destruction of those Celtic monastic universities, may be dated the origin of the disabilities in the matter of higher education that for three centuries have pressed, and still press heavily on the majority of the Irish people, and on none more forcibly than on those of them belonging, as so many here do, to the medical profession.

The latter, during all these generations, have been thus unfairly handicapped in the race of existence by the impossibility of securing, in accordance with their conscientious convictions, that full measure of academic training within the halls of a University which is so conducive to success in the higher walks of professional life or public employment, and which is accessible to their compeers of every other persuasion.

We may, however, rest well assured that in this, as in all other matters, justice, although long delayed, must like that truth on which it is founded, eventually prevail. And therefore can we confidently anticipate that this last vestige of the dark shadows cast o'er our land by the successful intolerance of a bye gone age may for ever be swept away in the near day-dawn of the Twentieth century which we trust will usher in the final and equitable adjustment of the Irish University Question. Whether in our day this long-cherished hope be realised or not, will, we are equally confident, in no wise affect your kindly relations and zealous co-operation in the mission of medicine with your brother practitioners of all other schools and denominations. Nor need we attempt to stimulate your esteem and respect for men among whose professional ancestors were included names such as those of Cusack, Carmichael, Graves, or Stokes, which at home and abroad are as imperishably engraved on the annals of our science—as those

of their Catholic compeers—Corrigan, O'Reilly, Lyons, or Hayden. Or who, like the Anglican founder of Sir Patrick Dun's Hospital, or Bartholomew Moss, to whom Ireland owes her great school of midwifery, the Rotunda; have left in our city enduring monuments of a medical benevolence as far above all sectarian considerations as that of the founders of the four Catholic hospitals which are so largely supported by Irish charity in Dublin.

In conclusion, I would only venture to express my trust that in the fulness of years, you, gentlemen, may one and all leave behind you such imprints on the sands of time as those I have just named did. Thus will you not only honour yourselves and your calling, but also perchance reflect some of your well-won credit on your clinical *alma mater*, and on those who were once your teachers in the Mater Misericordiæ Hospital.

Clinical Records.

ST. MARY'S HOSPITAL.

A Case of Paresis of both External Recti Muscles of the Eyes, with Retinal Hæmorrhages and Staggering Gait Simulating Intracranial Disease. (a)

Under the Care of HENRY JULER, F.R.C.S.,

President of the Harveian Society.

WILLIAM B——, æt. 35, fishmonger, on October 4th, 1899, was suddenly attacked with diplopia and vertigo. There was no history of syphilis. Seven years ago he was laid up from a blow on the head caused by a fall of fourteen feet and followed by delirium. Has been a hard drinker, chiefly of beer. Has been treated for some time for "kidney disease."

On admission to St. Mary's Hospital on October 13th, his right vision was $\frac{6}{12}$ and J 1, left vision $\frac{6}{9}$ and J 20.

He had paresis of both externi and consequent convergent strabismus. On fixing with right eye the left eye turned inwards from 10 to 15 degrees. The movements of both eyes are good in all directions except outwards; each eye on attempting abduction becomes nystagmic and cannot be moved beyond the middle line. He is unable to walk with both eyes open on account of diplopia. With one eye closed he can walk better but still unsteadily. Both pupils active to light and accommodation.

Both optic discs hyperæmic and slightly blurred in outline. One or two torch-like hæmorrhages in the right retina.

Knee-jerk present and equal. Grasp good on both sides. Urine sp. gr. 1018, containing more than a trace of albumen.

On October 12th he had a kind of fit. His sister, who saw it, says that it lasted about half an hour. It began with convulsive movements of the feet and legs and then passed over the whole body. He was delirious and talked incessantly, but he does not remember the attack.

Dr. Caley saw the case and admitted him to the wards, and found the pulse of slightly increased tension; the heart hypertrophied on the left side; the urine still albuminous, and presenting signs of chronic nephritis in the shape of slight granular casts. After admission, there was rapid improvement of the ocular symptoms, so much, indeed, that to-day, six days later—the ocular palsy has almost disappeared, there being only slight paresis of the right ext. rectus appreciable. The diplopia also has nearly disappeared, although he still prefers to shade one eye.

There has been no return of the ataxic symptoms which were present at first, nor are there at the present time any positive indications of organic intracranial disease or of a nuclear lesion.

This fact taken in conjunction with the rapid subsidence of the ocular paralysis, strongly suggest a *toxic* origin for the latter. The toxæmia in this case might either be alcoholic or uræmic. It is very unusual to find ocular palsy of alcoholic origin without evidence of alcoholic multiple neuritis. On the other hand, had it been due to uræmia we should have expected unequivocal uræmic manifestations, but inasmuch as he was at the time suffering from definite nephritis we clearly cannot exclude uræmia.

The case is one of great clinical interest, and it may prove itself to be due to the alcohol *plus* nephritis.

(a) Read before the Harveian Society of London, Oct. 19th, 1899.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, OCTOBER 27TH, 1899.

SIR RICHARD DOUGLAS POWELL, Bt., President, in the chair

CLINICAL EVENING.

CEREBELLAR SYMPTOMS RELIEVED BY TREPHINING.

DR. L. GUTHRIE and Mr. STANSFIELD COLLIER showed a case of tumour of the middle lobe of the cerebellum treated by trephining and drainage. The patient was a boy, æt. 9, who at present, eighteen months after the operation, is in perfect health except for blindness due to double optic neuritis. Dr. Guthrie observed that the operation ought to have been done a month earlier for in such a case he believed sight might have been preserved,

THE PRESIDENT remarked that if it were really a case of glioma, it was surprising that there were no further symptoms.

CASE OF ACTINOMYCOSIS IN PROCESS OF CURE.

Mr. G. R. TURNER showed a case of actinomycosis on the mend. The patient first came to the hospital with what looked like an abscess of the neck. This had previously been incised, leaving a fistula discharging a thin serous purulent fluid which, on examination, proved to contain the ray fungus. Iodide of potassium was given in doses of 15 grains, rapidly increased to 45 and upwards. The abcess cavity had also been scraped. The result had been most satisfactory.

Mr. SLATER, who had examined the secretion, remarked that the fungus was not readily found in man, and raised the question whether there was any actual proof of the disease being caused, as supposed, by the fungus. He suggested that it might be caused by more than one organism.

Mr. BARKER remarked that as the disease usually occurred in some sort of connection with the alimentary canal, it was reasonable to suppose that this was the channel by which the fungus entered. He admitted, however, that the disease sometimes occurred in other situations, and he mentioned a case in which the growths were located in the abdominal wall in a patient, who presumably had never come into contact with hay, he being dispenser to a country doctor.

CASE OF OSTEITIS DEFORMANS.

Mr. G. R. TURNER also showed a man, æt. 74, admitted to St. George's, complaining of swelling of the upper jaw, principally affecting the alveolar process, and most marked on the right side, of about eight weeks' duration. There was also general enlargement of the head, evidenced by inability to put on his hat. The tibiæ and ribs were also affected, and the breathing was principally daphragmatic. No venereal history. The nervous system appeared normal, but he walked with a shuffling gait. He had improved under iodide of potassium.

Dr. EWART asked if accurate measurements had been taken. He himself had often failed with the iodide.

The PRESIDENT asked whether there had been any loss of weight?

Mr TURNER replied in the affirmative and admitted the possibity of malignant disease.

KRASKE'S OPERATION.

Mr. J. JACKSON CLARKE showed a man, æt. 56, on whom he had performed Kraske's operation for the removal of a cancerous growth of the rectum. He remarked that

with patients not too old, and whose general health was good, he much preferred this operation to colotomy.

OLD DISLOCATION OF THE HIP WITH FRACTURE OF ACETABULUM.

Mr. WATSON CHEYNE showed a man æt. 60 who six weeks before had sustained a severe injury, for which he was treated at a hospital. When first seen by him he was quite unable to stand, and when assisted into the erect posture on one leg, the right thigh was flexed and the foot everted. Flexion and adduction, with extension, were possible, but abduction was very limited. Nine weeks after the injury he cut down on the joint and found a dorsal dislocation, *plus* a fracture of the acetabulum, the cavity of which was filled with soft material. He reduced the dislocation by manipulations, and after two months he was able to get about, the legs being then of the same length.

SUPPOSED CYSTIC DISEASE OF THE KIDNEYS.

Dr. SIDNEY PHILLIPS showed a patient who, after an accident, had hæmaturia, and was supposed to have ruptured his kidney, but he soon recovered, and remained well until October 2nd when he came complaining of pain in the shoulders and in left side of the abdomen. The urine was dark. On admission into St. Mary's, there was some effusion into the joints, and on examination he discovered two previously unnoticed tumours in the abdomen, the left being the larger. The tumours were large, movable, and well defined above He presumed that the tumours were renal. The patient passed 64 ounces of urine daily, sp. g. 1011, containing 1-20 of albumen. His general health was good, and there were no symptoms referable to the tumours, which had a nodular surface and no fluctuation. Dr. Phillips suggested that the patient had congenitally cystic kidneys, which had undergone sudden development.

Dr. CODDE ADAMS referred to the case of a boy, æt. 11, who had been under his observation for two years. He had been unable to discover anything wrong. The patient was found dead in bed one morning, and post-mortem cystic disease of both kidneys found. In reply to the President he said that the heart was normal.

Dr. PHILLIPS, in reply to the President, said the excretion of urea was normal. In view of the history he did not think malignant disease was likely, especially as there were no symptoms.

UPWARD DILATATION OF THE STOMACH.

Dr. EWART showed two patients illustrating upward dilatation of the stomach and its bearing upon the heart and respiration. He showed diagrams illustrating the different directions which the dilatation might take. In one form respiration was principally interfered with, while in the other the patient suffered from severe anginal attacks. He advocated mechanical treatment from above, supplemented by mechanical treatment from below—*e.g.*, reinforcing the abdominal muscles by an abdominal belt.

RAYNAUD'S DISEASE WITH CHRONIC RHEUMATISM.

Dr. HERRINGHAM showed a young man, æt. 30, suffering from scleroderma with local syncope. Since Christmas he had complained of pains in the hands and arms, subsequently extending to the shoulders, followed in the spring by attacks of "deadness" of the hands. During the attacks the hands became white and cold, though the radial pulse was normal. Since then he had been kept in bed and the attacks had subsided. He pointed out that local syncope was one of the forms described by Raynaud, but in this case the condition of the skin was the primary and principal disease, and it involved other parts, such as the back. The flexor muscles of the wrist were contracted, and on movement the tendons grated in their sheaths. The feet were also involved. The patient had never had syphilis and was the father of two healthy children.

RECURRENT CARCINOMA OF THE BREAST TREATED WITH THYROID EXTRACT AND OOPHORECTOMY.

Mr. R. EVE showed a woman, æt. 44, who in 1892 first noticed a lump in the right breast. She came to him in 1895 with ulcerated schirrus, adherent below. Glands not obviously enlarged. He removed the breast freely and cleaned out the axilla. She continued well till the summer of 1898, when she presented herself with nodules in the skin above the scar and very definite infiltration at the centre of the scar The superclavicular glands were enlarged. He removed the ovaries and soon after put her on thyroid extract, 15 to 20 grains daily. Within three months the central infiltration had disappeared along with the glandular enlargement, so that in March last she was apparently quite free from disease At present, however, nodules had formed around the scar and the glands were enlarged in the posterior triangle. He concluded that, although the disease had been greatly delayed, it had evidently only been latent.

Mr. STANLEY BOYD observed that it was very difficult for any individual surgeon to form a clear idea of the value of oöphorectory in these cases, for while it had a marked effect in some cases, it had no influence whatever in others. Moreover, the good results were obtained in some of the most unlikely cases. He referred to a case which he had seen with Mr. Watson Cheyne, of a large recurrent ulcer over the chest in a woman of 48, who was still menstruating regularly. Oöphorectomy was performed in June, and by September the surgeon had written to say that a cure had taken place.

Mr. WATSON CHEYNE referred to two other cases of his own during the present year. The first case had improved for six months, and had then gone to the bad. The second case was that of a lady whose breast had been removed six years ago. She came five years afterwards with very extensive recurrence. This he removed, but in six months she returned with enlarged glands deep down in the neck. Oöphorectomy was done in July, and when seen the other day the whole of the disease had disappeared. He also referred to a third case which came under his notice in May. The patient had had several operations for cancer of the breast, and presented herself with a large cancerous mass impossible of removal. As she had a large fibroid, and was losing large quantities of blood, he felt justified in removing the ovaries, at the same time removing as much as possible of the cancer. That was six months ago, and since that time the fibroid has disappeared, and the cancer had not yet recurred. He agreed that it was impossible to say beforehand which cases would benefit by the operation, and which not.

Mr. EVE, in reply, mentioned the case of a lady, æt. 43, with a large schirrus, involving the skin and the axillary glands He operated, and then gave thyroid extract, but the disease recurred within two months, and rapidly spread over the chest. As a last resource he performed oöphorectomy, and continued the thyroid treatment, but without the slightest effect.

BIGG'S SPLINT FOR FRACTURED CLAVICLE.

Mr. BIGG showed a man who had sustained a severe comminuted fracture of the outer third of the clavicle, treated by his specially devised splint, and he insisted on the advantages which this splint presented in securing perfect immobility of the fractured surfaces, with consequent small formation of callus.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, OCTOBER 12TH, 1899.

The President, DR. MACNAUGHTON-JONES, in the chair.

(*Continued from page* 425.)

MR. J. FURNEAUX JORDAN (Birmingham) read a paper

ON THE AFTER RESULTS OF OPERATION FOR THE REMOVAL OF THE UTERUS AND APPENDAGES,

which will be found on page 443 under the heading of "Original Communications."

In the discussion that followed the reading of this interesting paper—

Dr. ARTHUR GILES expressed his appreciation of Mr. Jordan's excellent and useful paper. The after-result constituted one of the chief warrants for certain operations, and there was too little known about the... Hence such a contribution as Mr. Jordan's was of t...

greatest value. With regard to the operation for the removal of diseased appendages, his experience was that such patients did not suffer markedly from the effects of the artificial menopause. This was no doubt due to the fact that for some time the diseased organs had not been carrying on their functions properly, and consequently their removal had less effect than was the case with relatively healthy organs removed for myoma, for instance. This was an additional argument in favour of hysterectomy rather than oöphorectomy in the treatment of myoma. He observed that Mr. Jordan had had comparatively few cases of oöphorectomy among his later operations for myoma.

Dr. HEYWOOD SMITH said that it was very interesting to note in the second table the disappearance of the tumour in so many cases, especially among the younger women. The removal of the ovaries after the time of the menopause was, however, also followed by diminution in the size of the tumour, as he had found in many cases; but this was rather difficult to explain scientifically. He thought that even now they should consider in certain cases the advisability of removing the ovaries for myoma, as against hysterectomy; on the other side the fact was to be remembered that after oöphorectomy the uterus might go on increasing in size. The question was a large one and might profitably occupy a whole evening's discussion. He noticed that among the cases of diseased appendages, four were put down as tuberculous; probably many of these cases were overlooked in the ordinary course of things. Sixteen cases were gonorrhœal, and it was important to note that infection might be conveyed by men whose gonorrhœa was thought to have been cured years before. He would ask Mr. Jordan whether he had tried ovarian extract in cases where women had had symptoms after removal of the ovaries, and if so, with what result?

Dr. HERBERT SNOW endorsed the remarks of a previous speaker on the interest and great importance of this paper. He noticed in the second table that among 38 cases, only one was mentioned as single; were all the others married? With regard to the question of removal of ovaries or uterus for myoma, he believed that most women would prefer to have the tumour removed once for all, rather than even to watch the process of its getting smaller. The disappearance of tumours should always be received with great reservation, in the absence of a post-mortem examination; diminution in size was not uncommon, but disappearance was rare.

Mr. BOWREMAN JESSETT, referring to the treatment of pyosalpinx by vaginal drainage, said that it seemed to him a very good plan. In cases where pyosalpinx had been dealt with by laparotomy he had seen the abdomen flooded with pus. The operator would be spared much anxiety and the patient much danger if these cases were treated by vaginal drainage. For myoma he preferred to remove the uterus and leave the appendages, rather than remove the latter and leave the tumour; the risk of hysterectomy was not now much greater than that of oöphorectomy. He had treated a certain number of patients with ovarian extract, after removal of the appendages and in some cases with marked benefit. He would like to hear Mr. Jordan's experience on this matter.

Dr. R. H. HODGSON asked Mr. Jordan whether he had any experience of tubes becoming affected after curetting; and whether it might not occur in such a case that the infection travelled by direct continuity between the uterus and tubes?

The PRESIDENT thanked Mr. Furneaux Jordan on behalf of the Society for his valuable and interesting paper. Some of the questions which it raised had been discussed at the recent Amsterdam Congress; thus Doyen and Schauta had quite discarded oöphorectomy for myoma. But it was strange how the experience and teachings of Battey, Tait, and many of the American school had been overlooked. For his own part, he did not at all agree with the idea that myoma must always be treated by hysterectomy, for he thought there was a class of case in which oöphorectomy was much better. It was a growing opinion, both in Great Britain and in America, that the uterus was removed in a great number of cases in which it would be much better left alone. For instance in some Continental towns the uterus was removed in every case of adnexal disease. The radical treatment was, however, necessary in some cases; and he believed that in pyosalpinx with adhesions the classical treatment was removal of uterus and appendages and drainage through the vagina. The high mortality of operations for pyosalpinx was easily understood; for pus sacs might rupture and give rise to septicæmia, even when the most elaborate and careful aseptic preparations had been adopted; this was the reason, it seemed to him, why the best treatment was panhysterectomy and drainage. As regards removal of diseased appendages by colpotomy, he did not think the vaginal route was the easiest, but he believed that this was the operation of the future for conservative operations on the appendages, and in some cases, for their removal. As to drainage, glass drainage tubes should be relegated to museums; soft tubes were better, and iodoform gauze better still. The iodoform should, however, be sterilised before use, otherwise it might be most dangerous. He believed that in most cases sexual feelings were not affected by operations for the removal of the appendages. A patient on whom he operated ten years ago for disease of eighteen years' standing, had got married within the last year; and she had not lost sexual feeling and desire. He believed with Lawson Tait that in most cases troubles arising after the removal of the appendages were the result of incomplete operations.

Mr. FURNEAUX JORDAN, in reply, thanked the Fellows of the Society for their appreciative hearing of his paper. The main object of his inquiry was to discover whether patients suffered most after removal of the uterus or after removal of the appendages. It was a question which could be settled by careful inquiries by all surgeons as to the after-results of their operations. The conclusion to which he had come was that it was not simply a question as to which organs were removed, but also as to the age of the patient; the nearer to the age of the natural menopause, the less was the disturbance. He had found that post-operative troubles were less after oöphorectomy for myoma than after the removal of diseased appendages, but it was to be noted that patients of the latter class were generally older. He had had no experience of treatment by ovarian extract, but thought it might be worth a trial. As regards the treatment of pyosalpinx, he thought that the results were much better from vaginal incision and drainage, than from removal of the appendages through the vagina, not only on account of the diminished risk of pus in the abdominal cavity, but also because of the frequent bowel adhesions in these cases. Moreover, he saw no advantage in removal of the uterus in these cases; drainage appeared to him to be sufficient. As he had stated in the paper, he thought that in cases of myoma with much hæmorrhage and blanching it was better to remove the appendages than to attempt hysterectomy; because, after all, the latter procedure involved much more shock; and if the removal of the appendages involved a second operation later on, the latter was done under conditions of much greater safety for the patient; and was rendered all the easier by the previous oöphorectomy.

HARVEIAN SOCIETY OF LONDON.

CLINICAL EVENING.

MEETING HELD THURSDAY, OCTOBER 19TH, 1899.

The President, H. E. JULER, F.R.C.S., in the Chair.

THE PRESIDENT exhibited

A CASE OF MICROPHTHALMOS IN A CHILD, ÆT. SEVEN.

The right eye was very small, only half the size of the left, and sunken in the orbit. The cornea was clear, but only measured 6 m.m. in diameter. The iris slate coloured, no reticulum visible, pupil very ill-defined. The condition was probably congenital. The eye was quite blind, there being no perception of light. Left eye was normal and vision good. It was proposed to remove this eye on account of deformity.

In reply to Dr. Felce, Mr. JULER agreed that evisceration would be better than enucleation, and in answer to Dr. Sutherland, said there were no other congenital defects in this case.

The PRESIDENT also showed an interesting case of Paresis of both External Recti, notes whereof will be found under "Clinical Records."

Dr. JAFFE thought the symptoms were probably of uræmic origin.

Dr. CAUTLEY asked if there was further evidence of chronic interstitial nephritis in the presence of cardio-vascular changes. He pointed out that albuminuria might occur in heavy beer drinkers, apart from renal changes demonstrable either macroscopically or microscopically. No doubt the explanation put forward was the correct diagnosis of the case.

The case was also discussed by Dr. Harris, Dr. Felce, and Dr. Smart, and the President replied.

Mr. RAYMOND JOHNSON brought forward a case in which he had performed so-called arthrodesis of the knee-joint. The boy, who was æt. 16, had suffered from infantile paralysis in infancy, and was left with almost complete paralysis of the muscles moving the right knee, and partial paralysis of the muscles of the leg. The knee-joint was opened, and after the removal of a thin slice from the femur and tibia the two bones were pegged together. Bony ankylosis followed, and the boy was now able to walk with ut the use of any apparatus beyond a thick-soled boot. In a considerable number of cases of infantile paralysis this operation had been performed with advantage to the knee and ankle.

LAPAROTOMY FOR PERSISTENT VOMITING.

Dr. EWART and Mr. JAFFREY related a case in which laparotomy was resorted to for the relief of persistent vomiting with exhaustion in a woman, æt. 49, in whom a pulsating swelling, supposed to be connected with the stomach, could be felt in the left epigastrium. Mr. Jaffrey found the stomach healthy though much dilated, the pyloric end was flattened and tightly stretched across the convexity of a fusiform abdominal aneurysm, so that no fluid could pass through to the duodenum. An incision between four and five inches long was made above the umbilicus, the stomach presented in the wound. It was quite healthy, and was lying on the left side of the aneurysm. The flattening was partly due to the weight of the stomach and its contents, and of the colon and omentum. By bringing the stomach to the right of the aneurysm it was seen that the flattening was at once relieved, and as the stomach did not appear to be inclined to fall back into its former position it was thought unnecessary to fix it in any way. Silkworm gut sutures and dry cyanide gauze were used. With the exception of some vomiting, due she said, to the smell of brandy, she recovered quickly, and is now able to take solid food. She complains still of some burning sensation in the epigastrium, and has general hyperæsthesia of the abdomen. The pulsating mass is now less easily felt, no doubt due to the fundus of the stomach being between the aneurysm and the abdominal wall. The stomach in this case had been occluded by its own weight, an unusual and striking instance of the mechanism described in succession by Rokitansky, Glenard, and others, and recently studied by P. A. Albrecht (Virchow's Archives, Bd. 156, Heft 2, 1899), where obstruction is produced at the jejuno-duodenal junction by the dragging weight of the small intestine. His other female patient, æt. 59, who died from pernicious anæmia, with exhaustion and persistant vomiting, exhibited the condition described by these observers, which Albrecht believes to be a frequent cause of acute gastric dilatation, and of death after severe operations, which may lead to gastric atony, partly as a result of the prolonged administration of anæsthetics. The empty and contracted small intestine had dropped entirely into the pelvis, stretching the mesentery and superior mesenteric artery tightly across the third portion of the duodenum, which above the occlusion was inflated and contained feculent fluid. The stomach in this instance was not dilated, but empty and contracted. The possibility of treating this fatal condition without laparotomy, and by such simple methods as posture and manipulation, is the practical and important object of this communication. In all cases of persistent vomiting not traceable to some obvious cause, in marasmic and exhausted subjects the effect of the right lateral posture, of raising the foot of the bed, and of skilled manipulation of the abdomen by the medical attendant should be tried. This might, in some cases, prove successful, and obviate the necessity for surgical interference.

Dr. JAFFE asked whether the stomach had been washed out before resorting to operation for the relief of the vomiting?

Dr. EWART replied in the negative, and said the original diagnosis was carcinoma of the stomach.

Dr. WHITFIELD showed a case of Linear Lichen Planus in a married woman, æt. 34, previously in good health. The eruption had commenced about 1½ years before on the skin over the left tibia, immediately above the ankle. When shown, there was a band of the eruption, about 1¼ inches wide, extending from the front of the ankle to the inner condyle of the left femur. At the edges of the band typical lichen planus papules, about the size of a split hempseed, could be seen, but in the centre they had run together to form a solid raised ridge.

Dr. J. W. HARRIS exhibited a man, æt. 31, who was the subject of extreme myopathy of the fascio-scapulo-humeral type.

OBSCURE CASE OF EXTENSOR PARALYSIS OF FOREARM.

Dr. LEONARD GUTHRIE showed a man, æt. 38, suffering from complete paralysis of the wrist extensors and of the elbow flexors on both sides, with the exception of the long supinators. The affected muscles were much atrophied, and did not react to faradism. The intrinsic muscles of the hands, flexors of the fingers and wrists, and the shoulder muscles were unaffected. Sensation was normal, and there was no pain or tenderness of muscles or nerve tremors. The wrist drop had occurred two years previously, and both wrists were almost simultaneously affected. Twelve months later the elbow flexors of the left side had been involved, and eighteen months later those on the right side. The case was regarded as one of lead palsy. The patient was a shoemaker. He had never worked with lead, nor suffered from colic, and there was no definite blue line on the gums. But he had been in the habit of taking four or five pints of 4d. ale daily, and this beverage was said by some to be productive of lead poisoning, especially in gouty subjects like the patient.

CARCINOMA OF TESTICLE.

Mr. MOWER WHITE showed the left testicle, which he had about two years ago removed from a patient, æt. 37, on the supposition that the globus minor of the epididymis contained a deposit of "tubercle." After removal dissection showed that the nodule, which measured from ¼m. to ½rd inch in diameter, was situated in the body of the testicle immediately in front of the globus minor and entirely within the tunica albuginea of the gland proper; while the globus minor was to all appearances quite normal. And the microscope (specimen exhibited) demonstrated the growth to be a spheroidal-celled carcinoma. The upper end of the testicle contained a calcareous nodule (discovered before removal) as large as a hemp seed, and this was attached to the deep surface of the tunica albuginea. Mr. Mower White further stated that the patient was now in good health, and that he showed no evidence of recurrence in the lumbar glands or elsewhere.

Dr. CAUTLEY referred to a similar instance in a man, æt. 28. The case was at first regarded as tuberculous disease of the globus minor of the epididymis, but, on operating, a small tumour was found in the lower end of the testis. This proved to be a columnar-celled carcinoma. In view of the fact that secondary dissemination occurred in the glands about the cœliac axis and in other organs, in eight to nine months, he asked what was the variety of carcinoma in the present case, and how the variety would influence the prognosis?

Mr. WHITE replied.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING AT THE LIVERPOOL MEDICAL INSTITUTION, FRIDAY, OCTOBER 20TH, 1899.

The President, DR. DONALD, in the Chair.

SPECIMENS.

DR. STUART ROSS showed the specimen from a case of retroflexion of the gravid uterus, which terminated fatally from uræmia. The patient was pregnant 3½ months, and had retention of urine for one week. Six pints of very fœtid ammoniacal urine were drawn off and the uterus replaced readily. The patient however, became comatose, and died 48 hours later, of uræmia.

Dr. GRIMSDALE showed the specimen from a case of uretero-vaginal fistula following vaginal hysterectomy. Following this operation the patient had incontinence of urine and attacks of pain and swelling in the left lumbar region. A papilla could be seen in the vault of the vagina, and along this a sound was passed which led into an abscess cavity in the broad ligament, and into this the upper end of the ureter opened. The left kidney was much enlarged, and the seat of degenerative change with pyelitis. The exact condition of the parts was only made out after an exploratory abdominal section and the introduction of an ureteral catheter. While considering the question of a further curative operation, the patient suddenly sank from uræmia.

Dr. BRIGGS showed some gynæcological specimens.

CASES.

Dr. BUCKLEY read the notes of a case of tubal abortion associated with a parovarian cyst on the opposite side. These were successfully removed by abdominal section.

Dr. DAVIES related a case of ovarian tumour complicating pregnancy and labour. The patient had a difficult instrumental delivery, followed by severe pyrexia and signs of general peritonitis. An ovarian tumour was diagnosed, and abdominal section performed a fortnight after delivery. The tumour had undergone torsion of the pedicle, and was very adherent. The patient made a good recovery.

Dr. GEMMELL related a case of hydatid tumour of the omentum removed by abdominal section from a patient who had recently been delivered of a full term child. The tumour was first discovered during labour when it occupied Douglas' pouch and caused obstruction. It was, however, readily pushed up by manipulation, and the child delivered naturally.

Dr. WILLIAM ALEXANDER read a note on "The Treatment of Adherent Retroflexion of the Uterus by shortening the round ligaments." He pointed out that this operation was usually considered to be unsuitable for cases complicated by adhesions. In these cases he advised that posterior vaginal section should be performed and the fundus uteri liberated from its adhesions. The round ligaments could then be shortened in the usual way. He related three cases successfully treated in this manner.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY.

MEETING HELD THURSDAY, OCTOBER 26TH, 1899.

THE newly-elected President, Dr. J. Ivor Murray, J.P., of Scarborough, having been introduced by the retiring President, took the chair. He referred to the lamented death of Dr. Sinclair Coghill, of Ventnor, who died a few weeks after his election as President in June last.

Votes of thanks were passed to the retiring President, Dr. Fortescue Fox, the Editor of the "Journal," Treasurer and Auditors, the Librarian, and the Council and Secretaries.

The PRESIDENT then delivered an address, entitled:—

A RETROSPECT AND FORECAST.

Dr. Murray took a retrospective survey of the changes in medical practice during the 55 years of his professional career. Looking to the future he considered that the revival which had taken place in the value ascribed to the study of balneology and climatology, more especially in our own country and to which our Society might fairly claim to have contributed in no slight degree, was a matter of congratulation. Much was to be achieved by hygiene, baths, and mineral waters, and by the selection of the most suitable health resorts, and in the majority of cases this could be achieved as effectually in our own country as by exiling patients to foreign parts, and that with all the home comforts so imperfectly understood abroad, but which make all the difference to the invalid and to the chances of his recovery. The Fellows should bring before the notice of the society the advantages possessed by our own health resorts so that our brethren might become acquainted with the treasures which Nature has so abundantly supplied in various parts of the kingdom, and of which, in many cases, they were ignorant. It was only in this way that the prejudice which still existed in the minds of the great mass of our countrymen could be overcome. The attention which had recently been directed to the prevention of tuberculosis by rational outdoor treatment was peculiarly the province of this Society to study and encourage, and so with our prophylactics and means of treatment, of which balneology is not the least important, we might anticipate the time in the near future when human life, vastly extended, might be only limited by natural decay or accident.

Dr. SYMES THOMPSON proposed, and Dr. MCCLURE, of Cromer, seconded a vote of thanks to the President for his address.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, October 29th, 1899.

STUTTERING.

AT the Academie de Medicine, M. Jonnesco, of Bucharest, related the case of a child of thirteen who was afflicted with pronounced stuttering, in whom existed also asymmetry of the cranium, with corresponding flatening of the left side of the head. Hemicraniectomy, with resection of a portion of the bone and incision of the dura mater, was practised. The child got well at the end of a fortnight, and since then it has no difficulty in articulating. That fact seemed to prove that stuttering could originate from cerebral compression due to an arrest of development of the cranium.

CEREBRAL SURGERY.

At the Surgical Congress, M. Mondot said he had removed a bullet which had remained three years and seven months in the brain, from a man of forty-five whose mental trouble became so accentuated that he had to be placed in an asylum. The projectile was found buried in the brain tissue at a depth of an inch and a half, The man made a good recovery, and all mental disturbances completely disappeared.

The speaker practised also with success trephining in a man of twenty-three who, from a fall on the head suffered for several years from Jacksonian epilepsy, having as many as seven or eight attacks daily. The trepan was placed over the old cicatrix, and the bone was found to be twice as thick over the seat of the primary wound as elsewhere. The operator enlarged the opening to the limit of the abnormal thickness, and since the operation the epileptic seizures had not returned.

RESECTION OF THE SYMPATHETIC.

M. Vidal spoke on the indications and counter-indications of resection of the sympathetic in generalised

essential epilepsy. Resection of the sympathetic was physiologically justified when cerebral anæmia could be considered as an auxillary factor in epileptic phenomena. Certain toxic epilepsies seemed certain to derive benefit from resection of the sympathetic, for intoxication too slight to provoke an attack might be aided by mechanical irritation of the sympathetic. The operation on the other hand, was absolutely counter indicated in epilepsy provoked by cerebral compression, for it increased first the volume of the brain, and secondly the serious œdema so frequent in such cases. The difficulties in the diagnosis of essential epilepsy rendered necessary, as regards the counter indications of resections, the use of nitrite of amyl which produced temporarily the effects of resection. The operation should be reserved for subjects influenced beneficially by the inhalations made during the prodroma of the attack, and it appeared indispensable to abstain from it if the nitrite of amyl aggravated or provoked the attack.

Resection of the Ileus.

Professor Tedenat said that he operated on a man of forty suffering from tuberculosis of the intestine. He removed five inches of the last portion of the ileus, and then united the intestine to the cæcum. The patient made a rapid recovery. Two other patients were similarly treated with an equally successful result.

Treatment of Conjunctivitis.

Dr. Darier, of Paris, strongly recommends in the treatment of conjunctivitis the application of protargol, which contains only 8 per cent. of silver, while the nitrate contains 65 per cent. Consequently, the solutions employed for cauterising should be much stronger than if the latter agent were used.

For instillations the following formula might be recommended in the majority of cases: Protargol, ten grains, water 3ijss. A few drops to be instilled three or four times daily. For cauterising with a brush, the solution should be considerably more active; protargol 5j, water 3ijss. Insufflation of the powder might be employed in grave cases, such as blennorhagic ophthalmia and trachoma, followed by massage of the lids.

M. Darier treated exclusively with protargol 500 cases of different varieties of conjunctivitis without the slightest accident; it is. in fact, an inoffensive agent.

Germany.

[from our own correspondent.]

Berlin, October 21ht 1899.

Elephantoid and Ulcerative Changes in the External Genitals and Rectums of Prostitutes.

An article by Victor Bandler in the *Archiv f. Dermat. u. Syph.* treats of this subject. The author says that these changes are not infrequent on the person of older prostitutes, that they cannot be classed among the known diseases, and that their etiology is not at present clear. Such torpid, deep destructions, with hyper-plastic new formation attack by preference the posterior commissure, then the urethra and labia, the anus and rectum. In the latter-named situation they often lead to fistulæ and strictures, when they do not cause serious symptoms, are generally only discovered on digital examination. The author, who has observed a series of such cases in Prof. Pick's klinik, is of opinion that these changes are always due to syphilis; the favourable effect of mercury on them is in favour of this view, and also the circumstance that they can often be traced to a primary infection. But the syphilis is only the primary cause for their development, disturbances in the lymph current, traumata, and irritations, also bear a part.

Medical Students in Germany.

The University Calendar recently issued by Professor Aschirson, shows that in the summer term the numbers of the medical students at the different universities were as follows:—Munich heads the list with 1,398, Vienna, 1,104; Berlin, 1,093; Würzburg, 623; Leipsic, 617; Freiburg, 508; Kiel, 444; Erlangen, 388; Gratz, 376; Zurich, 350: Bonn, 337; Strassburg, 332; Griefswald, 317; Breslau, 302; Heidelberg, 298; G neva, 277; Giessen, 272; Tübingen, 271; Marburg, 267; Königsberg and Berne, 247 each; Göttingen, 233; Halle, 231. In Jena the number was 190; in Lausanne, 158; in Basle, 128; Rostock, 113: and Czernowitz, 4.

The Treatment of Phosphaturia.

Professor Klemperer treats of this important subject in the *Therapie d. Gegenwart*, 8 99. By phosphaturia is meant the excretion of a urine that is rendered milky by precipitation of earthy phosphates. Phosphate of lime is always deposited when the relations of acid phosphates are not in proportion to the alkaline, in other words, when the normal reaction of the urine changes to the alkaline. Vegetable food makes the urine alkaline, as the vegetable acids become converted into carbon salts It is clear, therefore, why phosphaturia comes on after free indulgence in vegetables and fruit. When a large quantity of hydro-chloric acid is secreted in the stomach, there is less at disposal for the urine; after a hearty meal, even if of meat, if urine is passed one or two hours after, slight phosphatic cloudiness is easily noticeable. As nervous people pass urine more frequently than others, occasional phosphaturia will probably be more frequent with them than others. It is further known that after violent vomiting and after washing out of the stomach, when a large quantity of hydrochloric acid is expelled, phosphaturia is liable to occur, and also in cases of dilatation of the stomach and motor insufficiency, when the acid contents are retained an undue length of time. All these conditions are met with in neurasthenics, and it is therefore understood why phosphaturia is frequent with this class of patient.

The treatment of phosphaturia must have the aim of increasing the acidity of the urine. Above all, Minkowiski advises albuminous foods (meat, eggs, cheese, cereals, and legumes), as they render the urine acid, and objects to potatoes, roots, and green vegetables, as well as fruit, as they make the urine alkaline. Without denying the value of dietetic treatment, the author believes that the treatment must act on the course of the phosphaturia, and that it can be successful only when it combats the nerve disease which causes hyperacidity and sleeplessness. The treatment of phosphaturia is therefore not easy, and cannot be carried out according to a rigid scheme. No dietetic and no medicinal prescription are of unusual utility. The art of the physician should select a *régime* that corresponds to the nervous energy of the patient, and a great deal will be in the moral treatment. The author has treated his patients with a free and mixed dietary, and independently of

TABLE II. CASES OF MYOMA OF UTERUS—(*Continued*).

Number.	Date.	Age.	Size and Position of Myoma.	Chief Symptoms for which Operation was done and Nature of Operation.	Effect on the Myoma.	Severity of the Menopause.	Subsequent History.
15	18 1/97	38	Myoma half way up to the umbilicus, with pyosalpinx of left side.	Hæmorrhage, pain and continual loss of flesh. Vaginal hysterectomy and drainage of pyosalpinx.		Very slight.	Is in splendid health. Better than she has been for years.
16	31/8/97	42	Large myoma, reaching to midway between umbilicus and pubes.	Severe hæmorrhage for 3 years. Blanched, almost pulseless. Vaginal hysterectomy.			Died in a few hours from shock.
17	14,9,97	40	Large median tumour, reaching above the umbilicus.	Hæmorrhage and rapid growth. Abdominal hysterectomy.		Moderate. Not over yet.	Is in very good health.
18	27/10/97	49	Tumour largely occupying the pelvis and rising two inches above the pubes.	Intrapelvic pressure symptoms and very severe hæmorrhage. Patient very anæmic. Removal of appendages.	Disappeared.	Slight and soon over.	"Feels a new woman."
19	20/11/97	37	Tumour about size of a large orange, projecting above pubes.	Severe hæmorrhage for 3 years. Removal of appendages.	Disappeared.	Severe for a few months. Diminishing now.	Is in fairly good health, but still anæmic.
20	11/3/98	40	Large nodular myoma, filling pelvis and rising into the abdomen.	Intrapelvic pressure symptoms and persistent hæmorrhoids. Hysterectomy by combined method.		Slight. Occasional fits of depression.	Is in very good health and feels greatly relieved by the operation.
21	17/3/98	45	Myoma of posterior wall of uterus; filling up Douglas' pouch.	Pressure on rectum. Severe pain on defæcation, with hæmorrhage from rectum. Vaginal hysterectomy.		Moderate every 4 weeks.	Hæmorrhage from bowel every six weeks, getting gradually less. A sinus was left in vaginal roof, from which I removed a ligature. Present health is very good.
22	4/5/98	36	Small myoma and double pyosalpinx.	Profuse hæmorrhage—great pain and emaciation. The vaginal radical operation.		Slight for a few months.	Is in perfect health, looks quite well and plump
23	4/7/98	45	Myoma, about size of a cocoa-nut: in lower part of uterus.	Pain and continuous growth of tumour. Removal of appendages.	Tumour distinctly smaller.	Severe.	Much better. Gets occasional attacks of pain.
24	14/9/98	45	Myoma, rising above umbilicus.	Severe hæmorrhage for two years. Blanched. Pulse small and very quick. Removal of appendages.	Tumour much smaller.		Twice had severe hæmorrhage at 3 and 4 months after operation. Since then no hæmorrhage and steady gain in health and strength.

and would have been, if the advice of her doctor and myself had been followed.

In conclusion, I can only wish I had had a more interesting paper to bring before you, however interesting these results may be to me, I cannot hope that they will be equally so to you. I know, too, that I have brought forward no new facts. I have not compared my figures with those of other surgeons, my object was to follow each case as well as I could to its condition to-day, and to see if we could learn anything from this investigation. If I have succeeded only in part of my endeavour I shall be glad.

THE RECOGNITION OF ENLARGEMENTS OF THE LEFT AURICLE BY PERCUSSION; AND ON OTHER CLINICAL USES OF DORSAL PERCUSSION, INCLUDING PERCUSSION OF THE PELVIS. (*a*)

By WM. EWART, M.D., Cantab., F.R.C P.Lond.,
Senior Physician to St. George's Hospital, London, and to the Belgrave Hospital for Children.

IN a recent paper read before the Cambridge Medical Society (*b*), an easy method was described of determining by percussion the left auricle dulness as distinct from the post-cordial dulness. An estimate of the size of the left auricle in mitral stenosis is an essential element, hitherto not available, in the prognosis of individual cases, and its enlargements and variations most important as guides to the possibilities and the restrictions of treatment. Tracings of great enlargements diagnosed during life and subsequently verified after death were appended to the paper, and also tracings from cases where the auricle had diminished in size under treatment.

The interscapular dull area (*a*) corresponds to the region of the posterior mediastinum, the contents of which are attracting more and more attention in the direction of diagnosis and of treatment. Its percussion is, therefore, of practical importance no less for the physician than for the surgeon, for whom an early recognition of diseases of the œsophagus in particular is a practical requirement, The resulting alteration in the percussion of this area is demonstrated in the tracings.

The fifth spine dulness (*b*) is subject to considerable variations in individual cases, particularly during the life period most liable to glandular affections. M. Fernet has endeavoured to base the diagnosis of early phthisis upon the increased size of the glandular dulness in this region, though he relies at the same time upon the association of other signs at the apex and at the base of the lung. The recognition of the extensive dulness present in some cases of lymphadenoma is easy; but with practice a recognition of smaller glandular enlargements is also within the reach of any clinical observer. For this purpose, however, it is essential that we should be familiar with the small normal dull area, which includes the dulness of the fifth dorsal spine and that of the infratracheal glands in their healthy state.

The *post-splenic dulness* (*c*) has not been lost sight of in clinical practice, although enlargements of the

(*a*) Abstract of a paper contributed to the Section of Medicine at the Annual Meeting of the British Medical Association, August, 1899.

(*b*) "On the Practical Aspects of Dorsal Percussion and in particular of the Percussion of the Spine."—*Lancet*, July 29th, 1899.

(*a*) Cf. loc. cit. (*b*) Cf. loc. cit. (*c*) Cf. loc. cit.

spleen usually extend forwards and downwards. It is, therefore, unnecessary to dwell at any length upon this part of dorsal percussion.

A determination of the *post-hepatic dulness* (*a*) is of clinical interest in all cases, but in some it is of primary importance. Two instances in point are illustrated by tracings. In a case of hydatid of the liver in a boy, considerable enlargement of the left lobe without corresponding enlargement of the right lobe, gave support to the diagnosis of hydatid disease and to its successful treatment by laparotomy. In another case of suspected hepatic abscess, the enlargement was shown by dorsal percussion to affect the right lobe. In cases of simple enlargement of the liver, the fusion of *Piorry's dull nucleus* with the anterior dulness of the liver is an important guide.

The *lower dorsal dull patch* associated with the presence of pericardial effusion, but not produced by cardiac enlargements, has been sufficiently dwelt upon elsewhere.

The *second lumbar spine dulness* has only recently been recognised by the writer as a normal feature in dorsal percussion. Its study will probably be of clinical importance since this dulness appears to be due to the head of the pancreas, to the pylorus and to the surrounding solid structures. A case illustrated by a tracing may be mentioned, in which dulness extended to the right of the normal spinal dulness of the second lumbar spine, and this was the only physical sign yielded by a mass, involving the lower end of the stomach, which was subsequently revealed by laparotomy.

The *upper sacral dulness* is of such slight degree that it may readily be overlooked. So far as the writer has hitherto studied it, this dulness would seem to be one transmitted from the bladder. The resonance of the sacral spine is normally great, but it might be modified by the presence of growths or deposits.

The renal dulness and its variations have been constantly under clinical observation, and need not be dwelt upon.

Pelvic percussion might be turned to greater clinical account than heretofore, and in gynæcology its practical usefulness must be obvious. In a case of which tracings were preserved a definite dulness over part of the right os innominatum had led to the diagnosis of a deap-seated abscess. The tumour, which could be felt anteriorly was found at the operation to consist of matted intestine, but the abscess which gave rise to the dulness was beyond the reach of the operation, though its presence was subsequently verified by post-mortem examination.

HOSPITAL ABUSE AND HOSPITAL REFORM. (*b*)

By F. J. A. WARING, M.D., L.R.C.P.I., Etc.,
Hove.

As far as "hospital abuse" is concerned, I fear that the medical men attached to such institutions are to a large extent to blame, for if they would take a firm stand, and refuse to attend cases of acknowledged unsuitability, the attention of the general and subscribing public would be more fully aroused to the evil; and instead of hearing the everlasting cry that our hospitals are in want of funds, we should find that the subscriptions were ample to meet the needs of the deserving poor. In no town in the kingdom does abuse exist to a greater extent than in Brighton. For some years past an agitation has been going on at intervals, which first originated with an investigation by the local branch of the Charity Organisation Society; and they issued a pamphlet, showing the astounding extent to which this evil existed. It was, however, in the autumn of 1895 when I first took any step in the matter. I then showed that in 1894 38,113 tickets had been issued from our various charities, and that the population of the joint towns was only 150,000. I drew particular attention to the fact that of the 3,704 births which took place in 1894, the amazing number of 1,240 were attended by the West Street Lying-in Institution, which is a little over one-third of the number; and that this relative proportion was increased when we consider that many of the remaining two-thirds were attended in the Brighton and Steyning unions, and others by a merciful society for helping young women in their first fall. Aroused as I was by this astounding fact, I drew up an address calling the attention of the governing bodies of our charities to this increasing evil, and begging them to take some steps to suppress it. I obtained the signatures of several medical men in leading general practice to this address, but little or no attention was paid to the matter, and the evil was allowed to go on.

In 1897 a further inquiry was set on foot, and we learned that in 1896 43,374 tickets were issued by our local charities, and that the population of Brighton and Hove amounted in that year to 152,000. But, at the same time, there were 14,333 persons belonging to medical aid associations, benefit clubs, and provident dispensaries. Some of these organisations receive hospital tickets, but most of the members are attended by their club medical officers. If to this we add also the asylum, the fever hospital, and Poor-law infirmary, it may be said that one-third of the population of this progressive town pay no medical fees. It is asserted that a certain number of the patients come from the country, but it must be borne in mind that all the large towns in Sussex have hospitals of their own, and nearly all the smaller towns their cottage hospitals.

There is one other matter to which I wish to draw your serious consideration, viz., that the Brighton, Hove, and Preston Provident Dispensary, which endeavours to teach the people to be a little self-reliant, should be lacking in support, Is it not incredible that in the year 1876, with a population in Brighton and Hove of 104,778, the number of members on the books of that institution was more than in the year 1896, with a population of 152,000. The cause, however, is not far to seek; it is beyond doubt due to the ever-increasing hospital abuse in the sister towns.

Children are now educated free, but are we not allowing the parents to become more and more demoralised by mistaken charity. There is, however, some ray of hope to encourage us in our efforts to press on. As I told you that in 1894, the West Street Lying-in Institution attended 1,240 women in their accouchements, being a little over a third of the births in the joint towns. Since then their figures have gone down year by year, until in 1898 they fell to only 892. In the report of that institution, the committee say:—"This probably indicates that the governors are taking additional care to restrict their letters of recommendation to suitable cases." Was I not right in my first contention that there was a gross abuse of that charity? Many of the other hospitals have also shown a marked decrease in their figures for 1898, but there still remains a great deal to be done before the evil is suppressed, which is not only demoralising England

(*a*) Cf. loc. cit.
(*b*) Abstract of Address delivered before the Conference Hospital Reform Association, October 10th, 1899.

but spreading its dire influence throughout the world. No men know better than medical men the need of the deserving poor, and no men minister more tenderly or more mercifully to them in their hours of sickness; but they should not be expected to extend that gratuitous aid to those who can well afford private medical attendance.

My contention is that for a population like Brighton and Hove of 156,761, for 1898, we have far too many hospitals, and that much could be saved by some, at least, of these institutions being housed under one roof. For 1898, the West Street Lying-in Institution, which dealt with only 83 in-patients and 920 out-patients, spent £541 15s. 4d. for wages and salaries, whereas the Sussex County Hospital, with 1,699 in-patients and 6,986 out-patients, expended £2,844 5s. 3d. Of the Throat and Ear Hospital, which has only just moved into new quarters, I can give no accurate account for 1898, but I contend that both these institutions might be under the roof of the Sussex County Hospital, occupying not more than two extra wards, and that both in clerical staff, nursing, outlay of building, &c., a vast sum might be saved. The Eye Hospital allows eight tickets for one guinea, and for three guineas sixteen out-patients and one in-patient letter, and so on in proportion. The Throat and Ear Hospital requires each patient to present a "Subscribers' free letter," or to pay at the first attendance the sum of five shillings, presenting at the same time a (pink) letter of recomendation for paying patients. (N.B.)—I want you, my friends, to think over this "Nota Bene." Letters for "Paying Patients" are supplied to subscribers, who can give an unlimited number away. There is no foot-note begging the subscriber to be careful to see that the "Pink Letter" is only given to the necessitous poor. A patient suffering with the troublesome defect of impacted wax in the ear, and under the impression that it is of a worse nature, may pay his five shillings and go to the hospital and have it syringed out, whereas if he had gone in the first instance to some young and struggling practitioner, he would quite as skilfully have performed that simple operation for half-a-crown. The Royal Alexandra Hospital for Sick Children takes sums varying in amount from parents who can afford to pay. Then, again, look at the privilege given to annual subscribers to the Brighton, Hove, and Preston Free Dispensary, who are allowed the outrageously large amount of twelve letters of recommendation for one guinea. No wonder that the numbers attended are enormous, and that the letters are distributed without discretion. Patients have to pay the sum of sixpence for each letter. These letters are supposed to last only one month. Now, some patients get as many as six, or even eight letters in a year, and there are cases where the same patient has been known to get as many as twelve letters. Why should not these patients have been encouraged to join a provident dispensary? We have in Brighton an exceptionally well-to-do working class who should be induced to pay into provident dispensaries upon a graduated scale according to weekly earnings. Surely, if they can pay the money when sick they can pay it when in health, and have, in addition, the feeling that they are not being pauperised. For those who are really too poor to pay anything there is our Poor-law system to meet their case. I object to free dispensaries altogether as having an evil tendency, and I object still further to the system of hospitals and dispensaries taking any payment as entering into unjust competition with the medical practitioner. I contend that if any money is taken, it should go towards a fund for paying the, at present, honorary staff. I will give in a few words the method I would adopt to help remedy this evil, for evil it is. I would establish in every town, at convenient distances, "bureaus," to which the necessitous poor could apply for tickets, and if there should be any doubt about the case let the inquiry officer make an immediate investigation. These "bureaus" would be a blessing to the poor, who would at once know where to apply in case of sickness, instead of rushing, as I have known them to do, in all directions to find some one with a ticket to spare. I know that this is met by the objection that the subscribers do not like to give up their privilege of distribution. I would reply that by all means let the subscribers have the power of recommending to the officer in charge of the "bureau" any case they choose, to the extent of their subscription. I know that there are many subscribers who wish to be relieved of the nuisance of being applied to for tickets, and who frequently hand them over to the clergy of their parish, or to the parish visitors, who do not always act with discretion. Whether this question is settled now, or deferred, as many important matters are, to some future day, depend upon it, it is an evil that must eventually be checked.

MODERN AND CELTIC MEDICINE.

Abstract of an Inaugural Address delivered at the Mater Misericordiæ Hospital, Dublin.

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WITHIN the period covered by this address the vital importance of thoroughly aseptic conditions in all that appertains to the care and treatment of the sick has become universally recognised. With this view therefore our operating theatres have been reconstructed, ventilation and drainage improved, and a most efficient and well-trained nursing staff provided for our public and private wards as well as for the necessities of general practice throughout every part of the country wherein the services of the Mater nurses are in constant requisition.

Whilst such consideration has been given to the primary purpose of these institutions, those entrusted with their administration have in nowise been oblivious of their secondary and almost equally important function, viz.: that of serving as a centre of clinical medical education and scientific teaching, and the influence of such clinical teaching has been dispersed abroad and at home, *orbi et urbi*.

Thus in every clime, or place, or circumstance, when medical men have faced death to save the lives of others, from the fever-stricken districts of our own land, to the malarial swamps of Africa, the plague-infested cities of the Far East, or the battle fields of the Soudan or of the Indian frontier, there have they been found discharging their mission of mercy to humanity.

Turning for a moment from the work of the hospital to that of the healing art, of which it is the clinical theatre, we find here, as elsewhere, the most distinct imprint of recent progress in every department of practical medicine, surgery, and gynæcology, as well as in ophthalmology, dermatology, and the other special branches of modern medico-chirurgical science. The rapidity of this advance has been such that the highest professional accomplishments attainable twenty years ago, have already become almost as obsolete for a student as the knowledge of Hippocrates in physic, or the skill of Ambrose Paré in surgery, might prove, could either be now tested by a modern Conjoint, or Royal University Medical Examination.

So many and complex are the factors in that revolution in medicine, that it would be useless to attempt any survey, however brief, over a field of such extent.

In the domain of surgery the evidence of rapid advance since my former address is yet more apparent than in that of medicine, as may be exemplified by a moment's reference to the upgrowth and development of antiseptic chirurgical practice within that period. The fruits of this are, perhaps, most conspicuous in the successful operations now resorted to in countless cases—such, for instance, as tuberculous peritonitis, renal, intestinal, gastric, and other diseases and lesions within the peritoneal cavity from any effective interposition with which our predecessors were almost necessarily debarred.

These procedures, with many others of equal importance that need not be here enumerated, which in my earlier days were either altogether undreamt of, or which, if occasionally attempted, were then associated with such fatality as to preclude their general performance, are now daily accomplished with smaller risk than might have attended the opening of a whitlow in pre-antiseptic days.

I cannot altogether refrain from alluding to the branch of medicine with which I am most intimately concerned, but however tempted I may be to dilate on the progress of modern gynæcology, I shall confine, within the narrowest possible limits, my reference to a subject that, however interesting to myself, would probably prove intolerably wearisome to the majority of my present audience. It will, therefore, be enough to say here that this youngest of the tripart divisions of the healing art has exhibited a progressive development fully equal to that of either of its medico-chirurgical parent sciences, and that this specialism, the very name of which was unknown in my youth, has within the past few years advanced by leaps and bounds to its present prominence in the foreground of medical progress.

The diseases and abnormalities of what was formerly the *terra incognita Australis* of pathology, viz., the region of the uterus and its appendages, have now become as accurately differentiated and as successfully treated as those of any of the external structures of the body. Thus, for instance, fibromyomata and carcinoma of the uterus, the various displacements of that organ, the affections of the ovarian and tubal adnexa, with numberless other gynæcological disorders, the victims of which were formerly in many instances, abandoned to lives of hopeless misery, have now been brought within the reach of accurate diagnosis, and generally successful treatment.

Gentlemen, on entering the medical profession, you must assume many responsibilities as well as gain some privileges. On you, therefore, it will devolve to support the reputation of your calling by a conscientious zeal in the honourable discharge of your great mission to the poor and suffering. Moreover, it will be your duty to add your mite of experience and of knowledge to that cairn of medical science which has been brought up to its present height by the aggregation of the individually minute contributions of your predecessors—and so maintaining the great traditions of Irish medicine, to hand it down to your successors improved and perfected by your labours.

Celtic Medicine, its History and Lessons.

Lastly, I may for a moment refer to the too generally forgotten fact that Irish medical men can lay claim not only to the traditions they inherit from their more immediate predecessors, but also to a history deserving of larger consideration than is commonly given to it. For, as I have elsewhere shown, the practitioners of the healing art in this country are, in truth, the legitimate heirs of the oldest professional culture of which there are in existence the records in the living language of any European nation. Let me, therefore, remind you that in distant ages when the lamp of medical knowledge was unkindled in most other countries, its light shone with comparative brilliancy in this remote *Ultima Thule*. Thus, there are still extant and accessible in the libraries of the Royal Irish Academy and Trinity College in this city as well as in other similar collections elsewhere, a vast body of ancient Gaelic MSS. documents in which the distinguished history and character of early Irish medicine are well illustrated.

From these sources we find that from the oldest period of authentic history the classic literature of Greek and Roman medicine as well as a still more ancient native leechcraft, was cultivated in our own country. Nay more, we have clear evidence that the marvels of modern hypnotism and the employment of anæsthetics on which we plume ourselves as the most beneficent discovery of the present age, were, although in cruder forms, here anticipated by our remote predecessors.

Among the numerous collegiate centres of professional as well as of ecclesiastical learning with which this *Insula Sanctorum et Doctorum* was studded over between the sixth and sixteenth centuries, one, at least, is of special interest to us as of a distinctly medical origin and character, viz: *Tuaim Brecain*, near the present town of Belturbet, which was established by a medical practitioner of no little eminence, viz., Saint Brecin, whose chirurgical skill is celebrated in our oldest annals. From these institutions were sent forth men such as Alcuin, the founder of the University of Pisa, Johannes Scotus Erigina, who in the eighth century was professor of philosophy in Paris, and countless others to diffuse the lights of learning and science as well as of faith to the ends of the earth.

To the destruction of those Celtic monastic universities, may be dated the origin of the disabilities in the matter of higher education that for three centuries have pressed, and still press heavily on the majority of the Irish people, and on none more forcibly than on those of them belonging, as so many here do, to the medical profession.

The latter, during all these generations, have been thus unfairly handicapped in the race of existence by the impossibility of securing, in accordance with their conscientious convictions, that full measure of academic training within the halls of a University which is so conducive to success in the higher walks of professional life or public employment, and which is accessible to their compeers of every other persuasion.

We may, however, rest well assured that in this, as in all other matters, justice, although long delayed, must like that truth on which it is founded, eventually prevail. And therefore can we confidently anticipate that this last vestige of the dark shadows cast o'er our land by the successful intolerance of a bye gone age may for ever be swept away in the near day-dawn of the Twentieth century which we trust will usher in the final and equitable adjustment of the Irish University Question. Whether in our day this long-cherished hope be realised or not, will, we are equally confident, in no wise affect your kindly relations and zealous co-operation in the mission of medicine with your brother practitioners of all other schools and denominations. Nor need we attempt to stimulate your esteem and respect for men among whose professional ancestors were included names such as those of Cusack, Carmichael, Graves, or Stokes, which at home and abroad are as imperishably engraved on the annals of our science—as those

of their Catholic compeers—Corrigan, O'Reilly, Lyons, or Hayden. Or who, like the Anglican founder of Sir Patrick Dun's Hospital, or Bartholomew Moss, to whom Ireland owes her great school of midwifery, the Rotunda; have left in our city enduring monuments of a medical benevolence as far above all sectarian considerations as that of the founders of the four Catholic hospitals which are so largely supported by Irish charity in Dublin.

In conclusion, I would only venture to express my trust that in the fulness of years, you, gentlemen, may one and all leave behind you such imprints on the sands of time as those I have just named did. Thus will you not only honour yourselves and your calling, but also perchance reflect some of your well-won credit on your clinical *alma mater*, and on those who were once your teachers in the Mater Misericordiæ Hospital.

Clinical Records.

ST. MARY'S HOSPITAL.

A Case of Paresis of both External Recti Muscles of the Eyes, with Retinal Hæmorrhages and Staggering Gait Simulating Intracranial Disease. (a)

Under the Care of HENRY JULER, F.R.C.S.,

President of the Harveian Society.

WILLIAM B——, æt. 35, fishmonger, on October 4th, 1899, was suddenly attacked with diplopia and vertigo. There was no history of syphilis. Seven years ago he was laid up from a blow on the head caused by a fall of fourteen feet and followed by delirium. Has been a hard drinker, chiefly of beer. Has been treated for some time for "kidney disease."

On admission to St. Mary's Hospital on October 13th, his right vision was $\frac{6}{12}$ and J 1, left vision $\frac{6}{18}$ and J 20.

He had paresis of both externi and consequent convergent strabismus. On fixing with right eye the left eye turned inwards from 10 to 15 degrees. The movements of both eyes are good in all directions except outwards; each eye on attempting abduction becomes nystagmic and cannot be moved beyond the middle line. He is unable to walk with both eyes open on account of diplopia. With one eye closed he can walk better but still unsteadily. Both pupils active to light and accommodation.

Both optic discs hyperæmic and slightly blurred in outline. One or two torch-like hæmorrhages in the right retina.

Knee-jerk present and equal. Grasp good on both sides. Urine sp. gr. 1018, containing more than a trace of albumen.

On October 12th he had a kind of fit. His sister, who saw it, says that it lasted about half an hour. It began with convulsive movements of the feet and legs and then passed over the whole body. He was delirious and talked incessantly, but he does not remember the attack

Dr. Caley saw the case and admitted him to the wards, and found the pulse of slightly increased tension; the heart hypertrophied on the left side; the urine still albuminous, and presenting signs of chronic nephritis in the shape of slight granular casts. After admission, there was rapid improvement of the ocular symptoms, so much, indeed, that to-day, six days later—the ocular palsy has almost disappeared, there being only slight paresis of the right ext. rectus appreciable. The diplopia also has nearly disappeared, although he still prefers to shade one eye.

There has been no return of the ataxic symptoms which were present at first, nor are there at the present time any positive indications of organic intracranial disease or of a nuclear lesion.

This fact taken in conjunction with the rapid subsidence of the ocular paralysis, strongly suggest a *toxic* origin for the latter. The toxæmia in this case might either be alcoholic or uræmic. It is very unusual to find ocular palsy of alcoholic origin without evidence of alcoholic multiple neuritis. On the other hand, had it been due to uræmia we should have expected unequivocal uræmic manifestations, but inasmuch as he was at the time suffering from definite nephritis we clearly cannot exclude uræmia.

The case is one of great clinical interest, and it may prove itself to be due to the alcohol *plus* nephritis.

(a) Read before the Harveian Society of London, Oct. 19th, 1899.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, OCTOBER 27TH, 1899.

SIR RICHARD DOUGLAS POWELL, Bt., President, in the chair

CLINICAL EVENING.

CEREBELLAR SYMPTOMS RELIEVED BY TREPHINING,

DR. L. GUTHRIE and Mr. STANSFIELD COLLIER showed a case of tumour of the middle lobe of the cerebellum treated by trephining and drainage. The patient was a boy, æt. 9, who at present, eighteen months after the operation, is in perfect health except for blindness due to double optic neuritis. Dr. Guthrie observed that the operation ought to have been done a month earlier for in such a case he believed sight might have been preserved,

THE PRESIDENT remarked that if it were really a case of glioma, it was surprising that there were no further symptoms.

CASE OF ACTINOMYCOSIS IN PROCESS OF CURE.

Mr. G. R. TURNER showed a case of actinomycosis on the mend. The patient first came to the hospital with what looked like an abscess of the neck. This had previously been incised, leaving a fistula discharging a thin serous purulent fluid which, on examination, proved to contain the ray fungus. Iodide of potassium was given in doses of 15 grains, rapidly increased to 45 and upwards. The abcess cavity had also been scraped. The result had been most satisfactory.

Mr. SLATER, who had examined the secretion, remarked that the fungus was not readily found in man, and raised the question whether there was any actual proof of the disease being caused, as supposed, by the fungus. He suggested that it might be caused by more than one organism.

Mr. BARKER remarked that as the disease usually occurred in some sort of connection with the alimentary canal, it was reasonable to suppose that this was the channel by which the fungus entered. He admitted, however, that the disease sometimes occurred in other situations, and he mentioned a case in which the growths were located in the abdominal wall in a patient, who presumably had never come into contact with hay, he being dispenser to a country doctor.

CASE OF OSTEITIS DEFORMANS.

Mr. G. R. TURNER also showed a man, æt. 74, admitted to St. George's, complaining of swelling of the upper jaw, principally affecting the alveolar process, and most marked on the right side, of about eight weeks' duration. There was also general enlargement of the head, evidenced by inability to put on his hat. The tibiæ and ribs were also affected, and the breathing was principally daphragmatic. No venereal history. The nervous system appeared normal, but he walked with a shuffling gait. He had improved under iodide of potassium.

Dr. EWART asked if accurate measurements had been taken. He himself had often failed with the iodide.

The PRESIDENT asked whether there had been any loss of weight?

Mr TURNER replied in the affirmative and admitted the possibity of malignant disease.

KRASKE'S OPERATION.

Mr. J. JACKSON CLARKE showed a man, æt. 56, on whom he had performed Kraske's operation for the removal of a cancerous growth of the rectum. He remarked that

with patients not too old, and whose general health was good, he much preferred this operation to colotomy.

OLD DISLOCATION OF THE HIP WITH FRACTURE OF ACETABULUM.

Mr. Watson Cheyne showed a man æt. 60 who six weeks before had sustained a severe injury, for which he was treated at a hospital. When first seen by him he was quite unable to stand, and when assisted into the erect posture on one leg, the right thigh was flexed and the foot everted. Flexion and adduction, with extension, were possible, but abduction was very limited. Nine weeks after the injury he cut down on the joint and found a dorsal dislocation, *plus* a fracture of the acetabulum, the cavity of which was filled with soft material. He reduced the dislocation by manipulations, and after two months he was able to get about, the legs being then of the same length.

SUPPOSED CYSTIC DISEASE OF THE KIDNEYS.

Dr. Sidney Phillips showed a patient who, after an accident, had hæmaturia, and was supposed to have ruptured his kidney, but he soon recovered, and remained well until October 2nd when he came complaining of pain in the shoulders and in left side of the abdomen. The urine was dark. On admission into St. Mary's, there was some effusion into the joints, and on examination he discovered two previously unnoticed tumours in the abdomen, the left being the larger. The tumours were large, movable, and well defined above He presumed that the tumours were renal. The patient passed 64 ounces of urine daily, sp. g. 1011, containing 1-20 of albumen. His general health was good, and there were no symptoms referable to the tumours, which had a nodular surface and no fluctuation. Dr. Phillips suggested that the patient had congenitally cystic kidneys, which had undergone sudden development.

Dr. Coode Adams referred to the case of a boy, æt. 11, who had been under his observation for two years. He had been unable to discover anything wrong. The patient was found dead in bed one morning, and post-mortem cystic disease of both kidneys found. In reply to the President he said that the heart was normal.

Dr. Phillips, in reply to the President, said the excretion of urea was normal. In view of the history he did not think malignant disease was likely, especially as there were no symptoms.

UPWARD DILATATION OF THE STOMACH.

Dr. Ewart showed two patients illustrating upward dilatation of the stomach and its bearing upon the heart and respiration. He showed diagrams illustrating the different directions which the dilatation might take. In one form respiration was principally interfered with, while in the other the patient suffered from severe anginal attacks. He advocated mechanical treatment from above, supplemented by mechanical treatment from below—*e.g.*, reinforcing the abdominal muscles by an abdominal belt.

RAYNAUD'S DISEASE WITH CHRONIC RHEUMATISM.

Dr. Herringham showed a young man, æt. 30, suffering from scleroderma with local syncope. Since Christmas he had complained of pains in the hands and arms, subsequently extending to the shoulders, followed in the spring by attacks of "deadness" of the hands. During the attacks the hands became white and cold, though the radial pulse was normal. Since then he had been kept in bed and the attacks had subsided. He pointed out that local syncope was one of the forms described by Raynaud, but in this case the condition of the skin was the primary and principal disease, and it involved other parts, such as the back. The flexor muscles of the wrist were contracted, and on movement the tendons grated in their sheaths. The feet were also involved. The patient had never had syphilis and was the father of two healthy children.

RECURRENT CARCINOMA OF THE BREAST TREATED WITH THYROID EXTRACT AND OOPHORECTOMY.

Mr. R. Eve showed a woman, æt. 44, who in 1892 first noticed a lump in the right breast. She came to him in 1895 with ulcerated schirrus, adherent below. Glands not obviously enlarged. He removed the breast freely and cleaned out the axilla. She continued well till the summer of 1898, when she presented herself with nodules in the skin above the scar and very definite infiltration at the centre of the scar The superclavicular glands were enlarged. He removed the ovaries and soon after put her on thyroid extract, 15 to 20 grains daily. Within three months the central infiltration had disappeared along with the glandular enlargement, so that in March last she was apparently quite free from disease At present, however, nodules had formed around the scar and the glands were enlarged in the posterior triangle. He concluded that, although the disease had been greatly delayed, it had evidently only been latent.

Mr Stanley Boyd observed that it was very difficult for any individual surgeon to form a clear idea of the value of oöphorectory in these cases, for while it had a marked effect in some cases, it had no influence whatever in others. Moreover, the good results were obtained in some of the most unlikely cases. He referred to a case which he had seen with Mr. Watson Cheyne, of a large recurrent ulcer over the chest in a woman of 48, who was still menstruating regularly. Oöphorectomy was performed in June, and by September the surgeon had written to say that a cure had taken place.

Mr. Watson Cheyne referred to two other cases of his own during the present year. The first case had improved for six months, and had then gone to the bad. The second case was that of a lady whose breast had been removed six years ago. She came five years afterwards with very extensive recurrence. This he removed, but in six months she returned with enlarged glands deep down in the neck. Oöphorectomy was done in July, and when seen the other day the whole of the disease had disappeared. He also referred to a third case which came under his notice in May. The patient had had several operations for cancer of the breast, and presented herself with a large cancerous mass impossible of removal. As she had a large fibroid, and was losing large quantities of blood, he felt justified in removing the ovaries, at the same time removing as much as possible of the cancer. That was six months ago, and since that time the fibroid has disappeared, and the cancer had not yet recurred. He agreed that it was impossible to say beforehand which cases would benefit by the operation, and which not.

Mr. Eve, in reply, mentioned the case of a lady, æt. 43, with a large schirrus, involving the skin and the axillary glands He operated, and then gave thyroid extract, but the disease recurred within two months, and rapidly spread over the chest. As a last resource he performed oöphorectomy, and continued the thyroid treatment, but without the slightest effect.

BIGG'S SPLINT FOR FRACTURED CLAVICLE.

Mr. Bigg showed a man who had sustained a severe comminuted fracture of the outer third of the clavicle, treated by his specially devised splint, and he insisted on the advantages which this splint presented in securing perfect immobility of the fractured surfaces, with consequent small formation of callus.

BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held Thursday, October 12th, 1899.

The President, Dr. Macnaughton-Jones, in the chair.

(*Continued from page* 425.)

Mr. J. Furneaux Jordan (Birmingham) read a paper

ON THE AFTER RESULTS OF OPERATION FOR THE REMOVAL OF THE UTERUS AND APPENDAGES,

which will be found on page 443 under the heading of "Original Communications."

In the discussion that followed the reading of this interesting paper—

Dr. Arthur Giles expressed his appreciation of Mr. Jordan's excellent and useful paper. The after-result constituted one of the chief warrants for certain operations, and there was too little known about the... Hence such a contribution as Mr. Jordan's was of t...

greatest value. With regard to the operation for the removal of diseased appendages, his experience was that such patients did not suffer markedly from the effects of the artificial menopause. This was no doubt due to the fact that for some time the diseased organs had not been carrying on their functions properly, and consequently their removal had less effect than was the case with relatively healthy organs removed for myoma, for instance. This was an additional argument in favour of hysterectomy rather than oöphorectomy in the treatment of myoma. He observed that Mr. Jordan had had comparatively few cases of oöphorectomy among his later operations for myoma.

Dr. HEYWOOD SMITH said that it was very interesting to note in the second table the disappearance of the tumour in so many cases, especially among the younger women. The removal of the ovaries after the time of the menopause was, however, also followed by diminution in the size of the tumour, as he had found in many cases; but this was rather difficult to explain scientifically. He thought that even now they should consider in certain cases the advisability of removing the ovaries for myoma, as against hysterectomy; on the other side the fact was to be remembered that after oöphorectomy the uterus might go on increasing in size. The question was a large one and might profitably occupy a whole evening's discussion. He noticed that among the cases of diseased appendages, four were put down as tuberculous; probably many of these cases were overlooked in the ordinary course of things. Sixteen cases were gonorrhœal, and it was important to note that infection might be conveyed by men whose gonorrhœa was thought to have been cured years before. He would ask Mr. Jordan whether he had tried ovarian extract in cases where women had had symptoms after removal of the ovaries, and if so, with what result?

Dr. HERBERT SNOW endorsed the remarks of a previous speaker on the interest and great importance of this paper. He noticed in the second table that among 38 cases, only one was mentioned as single; were all the others married? With regard to the question of removal of ovaries or uterus for myoma, he believed that most women would prefer to have the tumour removed once for all, rather than even to watch the process of its getting smaller. The disappearance of tumours should always be received with great reservation, in the absence of a post-mortem examination; diminution in size was not uncommon, but disappearance was rare.

MR. BOWREMAN JESSETT, referring to the treatment of pyosalpinx by vaginal drainage, said that it seemed to him a very good plan. In cases where pyosalpinx had been dealt with by laparotomy he had seen the abdomen flooded with pus. The operator would be spared much anxiety and the patient much danger if these cases were treated by vaginal drainage. For myoma he preferred to remove the uterus and leave the appendages, rather than remove the latter and leave the tumour; the risk of hysterectomy was not now much greater than that of oöphorectomy. He had treated a certain number of patients with ovarian extract, after removal of the appendages and in some cases with marked benefit. He would like to hear Mr. Jordan's experience on this matter.

Dr. R. H. HODGSON asked Mr. Jordan whether he had any experience of tubes becoming affected after curetting; and whether it might not occur in such a case that the infection travelled by direct continuity between the uterus and tubes?

The PRESIDENT thanked Mr. Furneaux Jordan on behalf of the Society for his valuable and interesting paper. Some of the questions which it raised had been discussed at the recent Amsterdam Congress; thus Doyen and Schauta had quite discarded oöphorectomy for myoma. But it was strange how the experience and teachings of Battey, Tait, and many of the American school had been overlooked. For his own part, he did not at all agree with the idea that myoma must always be treated by hysterectomy, for he thought there was a class of case in which oöphorectomy was much better. It was a growing opinion, both in Great Britain and in America, that the uterus was removed in a great number of cases in which it would be much better left alone. For instance in some Continental towns the uterus was removed in every case of adnexal disease. The radical treatment was, however, necessary in some cases; and he believed that in pyosalpinx with adhesions the classical treatment was removal of uterus and appendages and drainage through the vagina. The high mortality of operations for pyosalpinx was easily understood; for pus sacs might rupture and give rise to septicæmia, even when the most elaborate and careful aseptic preparations had been adopted; this was the reason, it seemed to him, why the best treatment was panhysterectomy and drainage. As regards removal of diseased appendages by colpotomy, he did not think the vaginal route was the easiest, but he believed that this was the operation of the future for conservative operations on the appendages, and in some cases, for their removal. As to drainage, glass drainage tubes should be relegated to museums; soft tubes were better, and iodoform gauze better still. The iodoform should, however, be sterilised before use, otherwise it might be most dangerous. He believed that in most cases sexual feelings were not affected by operations for the removal of the appendages. A patient on whom he operated ten years ago for disease of eighteen years' standing, had got married within the last year; and she had not lost sexual feeling and desire. He believed with Lawson Tait that in most cases troubles arising after the removal of the appendages were the result of incomplete operations.

MR. FURNEAUX JORDAN, in reply, thanked the Fellows of the Society for their appreciative hearing of his paper. The main object of his inquiry was to discover whether patients suffered most after removal of the uterus or after removal of the appendages. It was a question which could be settled by careful inquiries by all surgeons as to the after-results of their operations. The conclusion to which he had come was that it was not simply a question as to which organs were removed, but also as to the age of the patient; the nearer to the age of the natural menopause, the less was the disturbance. He had found that post-operative troubles were less after oöphorectomy for myoma than after the removal of diseased appendages, but it was to be noted that patients of the latter class were generally older. He had had no experience of treatment by ovarian extract, but thought it might be worth a trial. As regards the treatment of pyosalpinx, he thought that the results were much better from vaginal incision and drainage, than from removal of the appendages through the vagina, not only on account of the diminished risk of pus in the abdominal cavity, but also because of the frequent bowel adhesions in these cases. Moreover, he saw no advantage in removal of the uterus in these cases; drainage appeared to him to be sufficient. As he had stated in the paper, he thought that in cases of myoma with much hæmorrhage and blanching it was better to remove the appendages than to attempt hysterectomy; because, after all, the latter procedure involved much more shock; and if the removal of the appendages involved a second operation later on, the latter was done under conditions of much greater safety for the patient; and was rendered all the easier by the previous oöphorectomy.

HARVEIAN SOCIETY OF LONDON.

CLINICAL EVENING.

MEETING HELD THURSDAY, OCTOBER 19TH, 1899.

The President, H. E. JULER, F.R.C.S., in the Chair.

THE PRESIDENT exhibited

A CASE OF MICROPHTHALMOS IN A CHILD, ÆT. SEVEN.

The right eye was very small, only half the size of the left, and sunken in the orbit. The cornea was clear, but only measured 6 m.m. in diameter. The iris slate coloured, no reticulum visible, pupil very ill-defined. The condition was probably congenital. The eye was quite blind, there being no perception of light. Left eye was normal and vision good. It was proposed to remove this eye on account of deformity.

In reply to Dr. Felce, Mr. JULER agreed that evisceration would be better than enucleation, and in answer to Dr. Sutherland, said there were no other congenital defects in this case.

The PRESIDENT also showed an interesting case of Paresis of both External Recti, notes whereof will be found under "Clinical Records."

Dr. JAFFE thought the symptoms were probably of uræmic origin.

Dr. CAUTLEY asked if there was further evidence of chronic interstitial nephritis in the presence of cardio-vascular changes. He pointed out that albuminuria might occur in heavy beer drinkers, apart from renal changes demonstrable either macroscopically or microscopically. No doubt the explanation put forward was the correct diagnosis of the case.

The case was also discussed by Dr. Harris, Dr. Felce, and Dr. Smart, and the President replied.

Mr. RAYMOND JOHNSON brought forward a case in which he had performed so-called arthrodesis of the knee-joint. The boy, who was æt. 16, had suffered from infantile paralysis in infancy, and was left with almost complete paralysis of the muscles moving the right knee, and partial paralysis of the muscles of the leg. The knee-joint was opened, and after the removal of a thin slice from the femur and tibia the two bones were pegged together. Bony ankylosis followed, and the boy was now able to walk with ut the use of any apparatus beyond a thick-soled boot. In a considerable number of cases of infantile paralysis this operation had been performed with advantage to the knee and ankle.

LAPAROTOMY FOR PERSISTENT VOMITING.

Dr. EWART and Mr. JAFFREY related a case in which laparotomy was resorted to for the relief of persistent vomiting with exhaustion in a woman, æt. 49, in whom a pulsating swelling, supposed to be connected with the stomach, could be felt in the left epigastrium. Mr. Jaffrey found the stomach healthy though much dilated, the pyloric end was flattened and tightly stretched across the convexity of a fusiform abdominal aneurysm, so that no fluid could pass through to the duodenum. An incision between four and five inches long was made above the umbilicus, the stomach presented in the wound. It was quite healthy, and was lying on the left side of the aneurysm. The flattening was partly due to the weight of the stomach and its contents, and of the colon and omentum. By bringing the stomach to the right of the aneurysm it was seen that the flattening was at once relieved, and as the stomach did not appear to be inclined to fall back into its former position it was thought unnecessary to fix it in any way. Silkworm gut sutures and dry cyanide gauze were used. With the exception of some vomiting, due she said, to the smell of brandy, she recovered quickly, and is now able to take solid food. She complains still of some burning sensation in the epigastrium, and has general hyperæsthesia of the abdomen. The pulsating mass is now less easily felt, no doubt due to the fundus of the stomach being between the aneurysm and the abdominal wall. The stomach in this case had been occluded by its own weight, an unusual and striking instance of the mechanism described in succession by Rokitansky, Glenard, and others, and recently studied by P. A. Albrecht (Virchow's Archives, Bd. 156, Heft 2, 1899), where obstruction is produced at the jejuno-duodenal junction by the dragging weight of the small intestine. His other female patient, æt. 59, who died from pernicious anæmia, with exhaustion and persistant vomiting, exhibited the condition described by these observers, which Albrecht believes to be a frequent cause of acute gastric dilatation, and of death after severe operations, which may lead to gastric atony, partly as a result of the prolonged administration of anæsthetics. The empty and contracted small intestine had dropped entirely into the pelvis, stretching the mesentery and superior mesenteric artery tightly across the third portion of the duodenum, which above the occlusion was inflated and contained feculent fluid. The stomach in this instance was not dilated, but empty and contracted. The possibility of treating this fatal condition without laparotomy, and by such simple methods as posture and manipulation, is the practical and important object of this communication. In all cases of persistent vomiting not traceable to some obvious cause, in marasmic and exhausted subjects the effect of the right lateral posture, of raising the foot of the bed, and of skilled manipulation of the abdomen by the medical attendant should be tried. This might, in some cases, prove successful, and obviate the necessity for surgical interference.

Dr. JAFFE asked whether the stomach had been washed out before resorting to operation for the relief of the vomiting?

Dr. EWART replied in the negative, and said the original diagnosis was carcinoma of the stomach.

Dr. WHITFIELD showed a case of Linear Lichen Planus in a married woman, æt. 34, previously in good health. The eruption had commenced about 1½ years before on the skin over the left tibia, immediately above the ankle. When shown, there was a band of the eruption, about 1¼ inches wide, extending from the front of the ankle to the inner condyle of the left femur. At the edges of the band typical lichen planus papules, about the size of a split hempseed, could be seen, but in the centre they had run together to form a solid raised ridge.

Dr. J. W. HARRIS exhibited a man, æt. 31, who was the subject of extreme myopathy of the fascio-scapulo-humeral type.

OBSCURE CASE OF EXTENSOR PARALYSIS OF FOREARM.

Dr. LEONARD GUTHRIE showed a man, æt. 38, suffering from complete paralysis of the wrist extensors and of the elbow flexors on both sides, with the exception of the long supinators. The affected muscles were much atrophied, and did not react to faradism. The intrinsic muscles of the hands, flexors of the fingers and wrists, and the shoulder muscles were unaffected. Sensation was normal, and there was no pain or tenderness of muscles or nerve tremors. The wrist drop had occurred two years previously, and both wrists were almost simultaneously affected Twelve months later the elbow flexors of the left side had been involved, and eighteen months later those on the right side. The case was regarded as one of lead palsy. The patient was a shoemaker. He had never worked with lead, nor suffered from colic, and there was no definite blue line on the gums. But he had been in the habit of taking four or five pints of 4d. ale daily, and this beverage was said by some to be productive of lead poisoning, especially in gouty subjects like the patient.

CARCINOMA OF TESTICLE.

Mr. MOWER WHITE showed the left testicle, which he had about two years ago removed from a patient, æt. 37, on the supposition that the globus minor of the epididymis contained a deposit of "tubercle." After removal dissection showed that the nodule, which measured from ¼m. to ½rd inch in diameter, was situated in the body of the testicle immediately in front of the globus minor and entirely within the tunica albuginea of the gland proper; while the globus minor was to all appearances quite normal. And the microscope (specimen exhibited) demonstrated the growth to be a spheroidal-celled carcinoma. The upper end of the testicle contained a calcareous nodule (discovered before removal) as large as a hemp seed, and this was attached to the deep surface of the tunica albuginea. Mr. Mower White further stated that the patient was now in good health, and that he showed no evidence of recurrence in the lumbar glands or elsewhere.

Dr. CAUTLEY referred to a similar instance in a man, æt. 28. The case was at first regarded as tuberculous disease of the globus minor of the epididymis, but, on operating, a small tumour was found in the lower end of the testis. This proved to be a columnar-celled carcinoma. In view of the fact that secondary dissemination occurred in the glands about the cœliac axis and in other organs, in eight to nine months, he asked what was the variety of carcinoma in the present case, and how the variety would influence the prognosis?

Mr. WHITE replied.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING AT THE LIVERPOOL MEDICAL INSTITUTION, FRIDAY, OCTOBER 20TH, 1899.

The President, DR. DONALD, in the Chair.

SPECIMENS.

DR. STUART ROSS showed the specimen from a case of retroflexion of the gravid uterus, which terminated fatally from uræmia. The patient was pregnant 3½ months, and had retention of urine for one week. Six pints of very fœtid ammoniacal urine were drawn off and the uterus replaced readily. The patient however, became comatose, and died 48 hours later, of uræmia.

Dr. GRIMSDALE showed the specimen from a case of uretero-vaginal fistula following vaginal hysterectomy. Following this operation the patient had incontinence of urine and attacks of pain and swelling in the left lumbar region. A papilla could be seen in the vault of the vagina, and along this a sound was passed which led into an abscess cavity in the broad ligament, and into this the upper end of the ureter opened. The left kidney was much enlarged, and the seat of degenerative change with pyelitis. The exact condition of the parts was only made out after an exploratory abdominal section and the introduction of an ureteral catheter. While considering the question of a further curative operation, the patient suddenly sank from uræmia.

Dr. BRIGGS showed some gynæcological specimens.

CASES.

Dr. BUCKLEY read the notes of a case of tubal abortion associated with a parovarian cyst on the opposite side. These were successfully removed by abdominal section.

Dr. DAVIES related a case of ovarian tumour complicating pregnancy and labour. The patient had a difficult instrumental delivery, followed by severe pyrexia and signs of general peritonitis. An ovarian tumour was diagnosed, and abdominal section performed a fortnight after delivery. The tumour had undergone torsion of the pedicle, and was very adherent. The patient made a good recovery.

Dr. GEMMELL related a case of hydatid tumour of the omentum removed by abdominal section from a patient who had recently been delivered of a full term child. The tumour was first discovered during labour when it occupied Douglas' pouch and caused obstruction. It was, however, readily pushed up by manipulation, and the child delivered naturally.

Dr. WILLIAM ALEXANDER read a note on "The Treatment of Adherent Retroflexion of the Uterus by shortening the round ligaments." He pointed out that this operation was usually considered to be unsuitable for cases complicated by adhesions. In these cases he advised that posterior vaginal section should be performed and the fundus uteri liberated from its adhesions. The round ligaments could then be shortened in the usual way. He related three cases successfully treated in this manner.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY.

MEETING HELD THURSDAY, OCTOBER 26TH, 1899.

THE newly-elected President, Dr. J. Ivor Murray, J.P., of Scarborough, having been introduced by the retiring President, took the chair. He referred to the lamented death of Dr. Sinclair Coghill, of Ventnor, who died a few weeks after his election as President in June last.

Votes of thanks were passed to the retiring President, Dr. Fortescue Fox, the Editor of the "Journal," Treasurer and Auditors, the Librarian, and the Council and Secretaries.

The PRESIDENT then delivered an address, entitled:—

A RETROSPECT AND FORECAST.

Dr. Murray took a retrospective survey of the changes in medical practice during the 55 years of his professional career. Looking to the future he considered that the revival which had taken place in the value ascribed to the study of balneology and climatology, more especially in our own country and to which our Society might fairly claim to have contributed in no slight degree, was a matter of congratulation. Much was to be achieved by hygiene, baths, and mineral waters, and by the selection of the most suitable health resorts, and in the majority of cases this could be achieved as effectually in our own country as by exiling patients to foreign parts, and that with all the home comforts so imperfectly understood abroad, but which make all the difference to the invalid and to the chances of his recovery. The Fellows should bring before the notice of the society the advantages possessed by our own health resorts so that our brethren might become acquainted with the treasures which Nature has so abundantly supplied in various parts of the kingdom, and of which, in many cases, they were ignorant. It was only in this way that the prejudice which still existed in the minds of the great mass of our countrymen could be overcome. The attention which had recently been directed to the prevention of tuberculosis by rational outdoor treatment was peculiarly the province of this Society to study and encourage, and so with our prophylactics and means of treatment, of which balneology is not the least important, we might anticipate the time in the near future when human life, vastly extended, might be only limited by natural decay or accident.

Dr. SYMES THOMPSON proposed, and Dr. MCCLURE, of Cromer, seconded a vote of thanks to the President for his address.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, October 29th, 1899.

STUTTERING.

AT the Academie de Medicine, M. Jonnesco, of Bucharest, related the case of a child of thirteen who was afflicted with pronounced stuttering, in whom existed also asymmetry of the cranium, with corresponding flatening of the left side of the head. Hemicraniectomy, with resection of a portion of the bone and incision of the dura mater, was practised. The child got well at the end of a fortnight, and since then it has no difficulty in articulating. That fact seemed to prove that stuttering could originate from cerebral compression due to an arrest of development of the cranium.

CEREBRAL SURGERY.

At the Surgical Congress, M. Mondot said he had removed a bullet which had remained three years and seven months in the brain, from a man of forty-five whose mental trouble became so accentuated that he had to be placed in an asylum. The projectile was found buried in the brain tissue at a depth of an inch and a half, The man made a good recovery, and all mental disturbances completely disappeared.

The speaker practised also with success trephining in a man of twenty-three who, from a fall on the head suffered for several years from Jacksonian epilepsy, having as many as seven or eight attacks daily. The trepan was placed over the old cicatrix, and the bone was found to be twice as thick over the seat of the primary wound as elsewhere. The operator enlarged the opening to the limit of the abnormal thickness, and since the operation the epileptic seizures had not returned.

RESECTION OF THE SYMPATHETIC.

M. Vidal spoke on the indications and counter-indications of resection of the sympathetic in generalised

essential epilepsy. Resection of the sympathetic was physiologically justified when cerebral anæmia could be considered as an auxillary factor in epileptic phenomena. Certain toxic epilepsies seemed certain to derive benefit from resection of the sympathetic, for intoxication too slight to provoke an attack might be aided by mechanical irritation of the sympathetic. The operation on the other hand, was absolutely counter indicated in epilepsy provoked by cerebral compression, for it increased first the volume of the brain, and secondly the serious œdema so frequent in such cases. The difficulties in the diagnosis of essential epilepsy rendered necessary, as regards the counter indications of resections, the use of nitrite of amyl which produced temporarily the effects of resection. The operation should be reserved for subjects influenced beneficially by the inhalations made during the prodroma of the attack, and it appeared indispensable to abstain from it if the nitrite of amyl aggravated or provoked the attack.

RESECTION OF THE ILEUS.

Professor Tedenat said that he operated on a man of forty suffering from tuberculosis of the intestine. He removed five inches of the last portion of the ileus, and then united the intestine to the cæcum. The patient made a rapid recovery. Two other patients were similarly treated with an equally successful result.

TREATMENT OF CONJUNCTIVITIS.

Dr. Darier, of Paris, strongly recommends in the treatment of conjunctivitis the application of protargol, which contains only 8 per cent. of silver, while the nitrate contains 65 per cent. Consequently, the solutions employed for cauterising should be much stronger than if the latter agent were used.

For instillations the following formula might be recommended in the majority of cases: Protargol, ten grains, water ʒijss. A few drops to be instilled three or four times daily. For cauterising with a brush, the solution should be considerably more active; protargol ʒj, water ʒijss. Insufflation of the powder might be employed in grave cases, such as blennorhagic ophthalmia and trachoma, followed by massage of the lids.

M. Darier treated exclusively with protargol 500 cases of different varieties of conjunctivitis without the slightest accident; it is. in fact, an inoffensive agent.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, October 21ht 1899.

ELEPHANTOID AND ULCERATIVE CHANGES IN THE EXTERNAL GENITALS AND RECTUMS OF PROSTITUTES.

AN article by Victor Bandler in the *Archiv f. Dermat. u. Syph.* treats of this subject. The author says that these changes are not infrequent on the person of older prostitutes, that they cannot be classed among the known diseases, and that their etiology is not at present clear. Such torpid, deep destructions, with hyper-plastic new formation attack by preference the posterior commissure, then the urethra and labia, the anus and rectum. In the latter-named situation they often lead to fistulæ and strictures, when they do not cause serious symptoms, are generally only discovered on digital examination. The author, who has observed a series of such cases in Prof. Pick's klinik, is of opinion that these changes are always due to syphilis; the favourable effect of mercury on them is in favour of this view, and also the circumstance that they can often be traced to a primary infection. But the syphilis is only the primary cause for their development, disturbances in the lymph current, traumata, and irritations, also bear a part.

MEDICAL STUDENTS IN GERMANY.

The University Calendar recently issued by Professor Aschirson, shows that in the summer term the numbers of the medical students at the different universities were as follows:—Munich heads the list with 1,398, Vienna, 1,104; Berlin, 1,093; Würzburg, 623; Leipsic, 617; Freiburg, 508; Kiel, 444; Erlangen, 388; Gratz, 376; Zurich, 350: Bonn, 337; Strassburg, 332; Griefswald, 317; Breslau, 302; Heidelberg, 298; G neva, 277; Giessen, 272; Tübingen, 271; Marburg, 267; Königsberg and Berne, 247 each; Göttingen, 233; Halle, 231. In Jena the number was 190; in Lausanne, 158; in Basle, 128; Rostock, 113: and Czernowitz, 4.

THE TREATMENT OF PHOSPHATURIA.

Professor Klemperer treats of this important subject in the *Therapie d. Gegenwart*, 8,99. By phosphaturia is meant the excretion of a urine that is rendered milky by precipitation of earthy phosphates. Phosphate of lime is always deposited when the relations of acid phosphates are not in proportion to the alkaline, in other words, when the normal reaction of the urine changes to the alkaline. Vegetable food makes the urine alkaline, as the vegetable acids become converted into carbon salts It is clear, therefore, why phosphaturia comes on after free indulgence in vegetables and fruit. When a large quantity of hydro-chloric acid is secreted in the stomach, there is less at disposal for the urine; after a hearty meal, even if of meat, if urine is passed one or two hours after, slight phosphatic cloudiness is easily noticeable. As nervous people pass urine more frequently than others, occasional phosphaturia will probably be more frequent with them than others. It is further known that after violent vomiting and after washing out of the stomach, when a large quantity of hydrochloric acid is expelled, phosphaturia is liable to occur, and also in cases of dilatation of the stomach and motor insufficiency, when the acid contents are retained an undue length of time. All these conditions are met with in neurasthenics, and it is therefore understood why phosphaturia is frequent with this class of patient.

The treatment of phosphaturia must have the aim of increasing the acidity of the urine. Above all, Minkowiski advises albuminous foods (meat, eggs, cheese, cereals, and legumes), as they render the urine acid, and objects to potatoes, roots, and green vegetables, as well as fruit, as they make the urine alkaline. Without denying the value of dietetic treatment, the author believes that the treatment must act on the course of the phosphaturia, and that it can be successful only when it combats the nerve disease which causes hyperacidity and sleeplessness. The treatment of phosphaturia is therefore not easy, and cannot be carried out according to a rigid scheme. No dietetic and no medicinal prescription are of unusual utility. The art of the physician should select a *régime* that corresponds to the nervous energy of the patient, and a great deal will be in the moral treatment. The author has treated his patients with a free and mixed dietary, and independently of

meals has recommended them a large quantity of water, especially frequent acidulated drinks. He has frequently made use of electricity and hydrotherapeutics. He has sent many to the sea-side and some to mountain residences. He has impressed upon them that they suffer from a nerve disorder, the treatment of which will be materially aided by great regularity of living and self command.

The same journal contains an article by Professor Ewald, on

ORGANO-THERAPEUTICS, ARSENIC, AND THYROID PREPARATIONS (IODOTHYRIN).

The Professor, who has contributed largely to the building up of thyroid therapeuties, believes that they have gained a firm place in our materia medica. The employment of thyroid preparations would have been more extensive, but for certain bye-effects which act as a set off. To these belong the nervous disturbances, sleeplessness, pains in the head and limbs, in the lumbar region, oppression, palpitation, acceleration of pulse, loss of appetite, vomiting, diarrhœa, rise of temperature, and sometimes the appearance of albumen and sugar in the urine. As the symptoms sometimes exhibited have been alarming, and as death has actually followed the use of this preparation, the communication made by Mabille, of Rheims, that this thyroidism could be avoided, or to a great extent limited by the simultaneous employment of arsenic came as a great relief. The author has given the combination in four cases of idiopathic struma, and one case of obesity in hospital, one case of infantile myxœdema, and one case of struma in private practice. The iodothyrin tablets (Elberfelder Fabrik, Bayer and Co.) contain 0 25 grms. each. One or two were given for a dose at first, and the increase was one daily until eight or ten were given. The arsenic was given in the form of Fowler's solution or arsenious acid pill (1 mgrm), the dose of this also being increased daily. The results were good in the struma cases; that of infantile myxœdema was not long enough under observation for an opinion to be formed.

Although large doses of iodothyrin were given, no disagreeable bye-effects were observed in any case, without arsenic they might have been expected almost with certainty. With the exception of slight acceleration of the pulse (up to 110), neither objectively nor subjectively were any symptoms of thyroidism observed; so that the impression could not be excluded that arsenic was really a powerful corrective of thyroidism, more certain and more regular in its action than atropine.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, October 28th, 1899.

OPERATIVE TREATMENT OF TUBERCULOUS PNEUMOTHORAX.

AT the Gesellschaft der Aerzte, Anton Drasche related the history of 230 cases of pneumothorax which he had recently treated, 32 of which were non-tuberculous. Of the 198 tuberculous cases 168 were treated symptomatically, the other 30 surgically by puncture, aspiration, costo-section and washing out of the pleural cavity with ordinary saline solution. The surgical treatment gave 12 per cent. of satisfactory recoveries, while the expectant treatment only gave five, although the latter in no case presented grave symptoms such as cyanosis, small pulse, laboured breathing, &c. The surgical treatment is more important when prolonged suppuration is exhausting the organism, and leading to the formation of bands of adhesions in the lung. It is always important, from a surgical point of view, to know whether the lung fistula is open or closed. The differential diagnosis of Unverricht and Weil, who maintain that the open fistula in pneumothorax gives a water piping sound, is not to be relied upon as diagnostic, as other large cavities will produce a similar phenomenon. They think the most distinctive sign is the analysis of the pent-up gases, as oxygen and nitrogen are rapidly absorbed, while the quantity of CO_2 is high. A relative increase of CO_2 over ten per cent. points to a closed fistula, while below five per cent. it may be assumed to be still open. As a general rule, the fistula remained opened for two or three weeks.

MORBUS BASEDOWII.

At the Versammlung, Sitmann reviewed the history of Graves' disease since 1893, a period which he said had been barren of any therapeutical improvements. Pathological anatomy showed the thyroid gland to be the source of the disease, but Askanazy went further and attributed the disease to an alteration or fatty atrophy of the striped muscles, which would to some extent explain the various phenomena of the disease, but it failed to elucidate the tremor. Physiological examination showed a more active transformation of the nitrogenous material which might favour the muscular change. The sympathetic theory has again been revived in France, as well as the theory bearing on the central nerve-system, both of which have their advocates, but both of these theories fail to throw light on the exact morbid condition of the thyroid. Again, we have a compromise in the thyrogenic theory being combined with the central nervous system, which has a tendency to lower the nutritive supply. From this we infer that the battle is between the thyroid and the central nerve organs, but the question as to which is the primary lesion, is not yet settled. Sittmann considers that the clinical features point to a combination of factors, viz., central nerve organs, connecting links such as the sympathetic, the vagus, and the end organs which are brought into collateral sympathy with the nutritive apparatus—the hæmatic system. A lesion in any one of these three factors would probably produce a specific alteration in the thyroid gland. It is therefore necessary to consider which symptom has been the most prominent in this complex arrangement in seeking to determine the primary lesion.

Rehn thought the thyrogenic theory was proved by the results of surgical treatment. The lesion of the gland was admitted to be the principal change in the disease, though it might not always be outwardly marked. It mattered not if the whole gland or part of the gland were affected the characteristic changes are the same. The prognosis of the disease must be cautiously approached; spontaneous recovery sometimes takes place quickly, other times slowly, but this cannot be relied on as constant. The fatality of operation is due to (a) The severity of an operation entailing the removal of a large hæmatic

gland; (*b*) The low resistance of the enfeebled patient; (*c*) The presence of *thymus persistens*. The operative treatment not only effects an improvement in all the symptoms, but often brings about permanent recovery from the disease. He divided his case into three groups First, resection of the gland 177 cases, of which 57·6 were cured, 26·5 per cent. improved, 2·3 per cent. remained unchanged, while 13·6 per cent. died. Of the second class, of resection of the sympathetic there were 32 cases in all; 28·1 per cent. were cured, 50 per cent. improved, 12·5 per cent. remained unchanged, while 9·3 died. The third class, of arterial ligature comprised 14 cases, 2·4 per cent. recovered, 50 per cent. were improved, and 28·6 per cent. died. Of the 319 cases treated the average results were 51·8 cured, 27·9 per cent. improved, 4·1 per cent. unchanged, and 13·1 per cent. died. The lesson to be learned from this experience is the great danger of the method by ligation of arteries.

Every case should be first treated internally with some of the thyroid preparations. In the cachectic stage the operation gives little hope of success. Operation should be undertaken whenever the gland pressure is high or the presence of malignant cysts suspected. The existence of nodules of hard consistence will decide any doubt. Operation without narcosis is to be preferred.

The Operating Theatres.

MIDDLESEX HOSPITAL.

Amputation of the Penis for Epithelioma.—Mr. A. Clark operated on a man, æt. about 50, who was the subject of an epithelioma of the penis, which had developed on the top of a sloughing syphilitic chancre. Mr. Clark said that the patient had been under his observation three months ago, when he was admitted to the hospital on account of a rash on his body, and a discharge from a phimosed foreskin. The rash was obviously syphilitic, and a cursory examination of the penis demonstrated the fact of an indurated chancre beneath the foreskin. There were amygdaloid glands in both groins, and the lymphatic glands at the back of the neck were also enlarged. The patient was immediately put on anti-syphilitic treatment, the foreskin was slit up, and the chancre, which was found to be sloughing, exposed and actively treated. The patient began to improve at once, and in a month appeared to be on a fair way to recovery. The sore, however, did not quite heal, and in about a month and a half the induration began to recur, and the ulceration to extend to the tip of the glans. The patient's general health, however, seemed to improve, and the enlargement of the lymphatic glands decreased. The induration continuing to spread, the suspicion of epithelioma was confirmed by microscopical examination, and the patient was advised to sacrifice the organ; to this he consented after a little delay. Accordingly, nearly four months after his first admission, the patient was anæsthetised, and the penis removed by the flap operation. The root of the penis having been constricted by an india-rubber tourniquet, a broad dorsal flap, including the skin and subcutaneous tissue, was dissected up on the dorsum of the penis, and a smaller flap from below, the corpora cavernosa were then divided, and the tissues dissected off the urethra for about one-third of an inch in front of the division of the corpora cavernosa, and here the urethra was divided. The tourniquet was taken off, the vessels secured, and the bleeding stopped with very little trouble. The projecting urethra was then slit horizontally, the upper portion being sewn to the upper flap and the lower to the lower flap. The skin flaps were then joined over the rest of the wound and a catheter tied in to the bladder. Mr. Clark said that the development of epithelioma on the top of a chancre was uncommon, but in this case the recurrence of the induration which did not yield to treatment suggested the use of the microscope, which demonstrated the case to be one of epithelioma. He pointed out that the prognosis in these cases was more favourable than in most cases of malignant disease, recurrence being the exception rather than the rule, both in the organ itself and in the lymphatic glands, especially when the operation was performed at an early period, as in this patient, before the disease had extended to the lymphatic glands.

ST. GEORGE'S HOSPITAL.

Abdominal Tumour.—Serous Cyst Behind the Right Colon.—Mr. Herbert Allingham operated on a woman, æt. 30, who had a fluctuating tumour in the right side of the abdomen about, but not beneath, the kidney region. The abdomen was opened in the right linea semilunaris, when the tumour was found to be behind the colon, having no connection with the kidney or with the pelvic organs. The colon and peritoneum were turned over towards the middle line; the lump was then found to be a serous cyst; this was tapped and the cyst wall enucleated. The fluid appeared to be only ordinary serous fluid; there were no hydatids; it was more like the fluid of a parovarian cyst. After the cyst had been removed the colon and peritoneum were replaced, and the abdominal walls sewn up in the usual way. Mr. Allingham remarked on the curious fact that the patient should have such a cyst, not connected with the pelvic organs, or with the kidney situated behind the ascending colon. It shelled out easily, he said, like an ordinary broad ligament cyst. He did not think he had ever heard of a parovarian cyst being in such a region though undoubtedly this tumour was more like a parovarian cyst than anything else.

Aneurysm of the Upper Third of the Radial Artery. Removal of the Aneurysm.—Mr. Herbert Allingham operated on a man, æt. 45, a blacksmith, who had noticed about two months before admission, after a strain, a sudden pain in the upper part of the forearm followed by swelling. The swelling increased, and on admission it had all the character of an aneurysm. An Esmarch bandage having been applied, a long incision exposed the tumour which was found to extend deeply into the muscles of the forearm. The whole aneurysm was dissected out. The interesting point, Mr. Allingham said, was that, on after dissection, it appeared that the radial artery had been torn right across, and the aneurysmal sac had been formed in and about the muscles of the forearm. The removal was very difficult, as it was troublesome to free the so formed sac from the muscles. Mr Allingham remarked that it was an uncommon condition, as the aneurysmal sac was entirely formed in the muscles, no part of the wall of the vessel entering into the formation of the aneurysm. He pointed out that during removal the

large amount of blood clot made it a possibility that the tumour might be a pulsating sarcoma, it was, in fact, only definitely settled it was an aneurysm after it had been removed and carefully examined.

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WEDNESDAY, NOVEMBER 1, 1899.

THE FUTURE OF MEDICAL SOCIETIES.

THE future of our medical societies is a matter which nearly concerns all who are interested in the advancement, as distinct from the practice, of medicine. It is common knowledge that each year the task of keeping up the supply of papers for discussion is becoming more and more onerous, and we can recall divers occasions on which only the readiness of speech which characterises the honorary secretaries has prevented the collapse of the proceedings. The blame for this state of things is attributed to the medical journals which greedily absorb all the literary work with any pretensions to merit which they can lay their hands upon, but this process of absorption is rather a symptom of the disease than the disease itself. If we compare the prompt publicity which a medical journal can offer to the author of a communication with the limited and tardy publicity which the average medical society provides, no surprise can be felt at the preference which the workers in the field of medical science display for the former. This is a point of view which does not appear to have received the attention it deserves by the managers of these societies, who blindly adhere to articles of association which were evolved when medical journalism occupied a position in the medical world very different from the predominant place it has acquired during the last half century. Another cause of the dearth of papers is the multiplication of societies far beyond the requirements of any class of practitioners. The late Sir Andrew Clarke must have had an inkling of this when some years ago he devoted his waning, but still valuable energies, to the creation by federation of an Academy of Medicine for England. Whether, if he had been spared, he would have been enabled to realise his plans we know not, but his disappearance sounded the knell of the project. Something, however, has to be done, and that promptly, if scientific bankruptcy is to be averted. Existing societies look upon federation much in the same light as the British public look upon compulsory military service—*viz*, as a thing that may become unavoidable, but which for the time being is to be avoided at any price. Short of this drastic but reasonable measure it ought to be possible to devise improvements calculated to revive interest in these gatherings. The institution of clinical evenings, copied from the Clinical society, has everywhere proved an unqualified success, though the interest of the living specimens is not always on a par with their number. But clinical evenings must necessarily be the exception, and there remains the difficulty of providing subjects for discussion. It is really time that those who are responsible for the conduct of existing medical societies appreciated the fact that writers of papers resent the general rule forbidding them to publish their contributions in the medical journals under penalty of risking exclusion from the "Transactions," which are only published after a long interval of time, and when issued, only come before a comparatively limited number of readers. Even if the advancement of science alone be considered—though this is by no means the only motive which authors have in view in laboriously compiling the results of their researches, it seems absurd that possibly valuable results should be held over in deference to a mistaken and narrow idea of literary property. It may even be asked whether the interests of the debate would not be better served by the previous publication of important papers in the journals, for this measure would enable fellows to think the matter over beforehand, and to prepare observations and reminiscences worthy of the occasion. It is not given to everyone to grasp the tenour of a long paper delivered at break-neck speed by an amateur reader, nor can the majority of men prepare and deliver on the spur of the moment a clear account of what they know on the particular subject. This difficulty has been so far recognised by the Royal Medical and Chirurgical Society that the papers are printed in advance, so that intending speakers can take cognisance thereof beforehand. To publish them in a medical journal before the date of the meeting would be but a step, and would certainly fulfil the object in view vastly better as well as more economically. The so-called abstracts, which it is the custom to hand round at certain societies, utterly fail to fulfil their object. Prepared for the most part by men who have no experience of *précis* writing, they are practically worthless, and merely cumber the society reports published in the journals with a lot of matter which is not detailed enough to preface the discussion that follows. Some societies, like the Ophthamological, do not court publicity, but

in a society of specialists this is not of much importance, because the subjects treated there are far too technical for the ordinary reader

OPERATIONS UPON LUNATICS.

ALTHOUGH of late years cases have been from time to time recorded of operations upon lunatics, the series published by Mr. Paul Bush, in the *Bristol Medico-Chirurgical Journal* for September, is interesting, inasmuch as there was nothing in the nature of the cases to show that the mental condition of the patients depended upon the diseases present. In all, five lunatics were operated upon, and each made a good recovery, both mentally and physically. In one a young lady had been under restraint for three years; she was also suffering from two bad ingrowing toe-nails. These were removed and within three months she had quite recovered her normal mental condition. In another, a lunatic man, æt. 70, was a sufferer from cystitis and dysuria, caused by a stone in the bladder. A supra-pubic operation was performed, and a calculus two inches long and one inch thick was extracted. After the operation, his mental state began at once to improve, and in mind and body the patient was cured within six months. The third case was that of a woman, who had been for two years and a half in an asylum, for melancholia and severe suicidal impulses. A year after her admission she had retention of urine and intermittent attacks of menorrhagia, which continued for six months. Examination revealed a large solid growth reaching from the pubes to the level of the umbilicus. This was found to be due to a uterine fibroid and was removed *per vaginam*. The patient made an uninterrupted recovery, and in less than six months was discharged from the asylum with her mind quite restored. The fourth case was also that of a woman who, on her admission was acutely maniacal. After some weeks she complained of severe epigastric pain with temporary collapse; from this attack, however, she rallied, and for ten days appeared better. Then rigors suddenly supervened and a swelling was made out in the epigastric region. The swelling proved to be an abscess, from which a pint of pus was let out, but there were signs of septic peritonitis, and her recovery seemed almost hopeless. Nevertheless, despite everything, the patient did well, and was discharged seven months later, sound in health, and quite sane. The last case was that of a woman, æt. 32, who had been under treatment for two years, suffering from severe suicidal and homicidal impulses. A year before she was operated upon there was a history of her having swallowed needles, and complaints had been made by her of attacks of severe abdominal pain. Ultimately the pain became persistent, vomiting supervened, great loss of flesh ensued, and a hard tumour was made out in the epigastric region. The stomach was opened, and four hatpins extracted. Three months after the operation the patient was discharged from the asylum quite well, both in body and mind. The brief notes here quoted of these interesting cases all indicate that the deranged mental faculties of the patient became manifest long anterior to the time when the interference of the surgeon was demanded. That is to say, it is presumable that the conditions which showed the necessity for surgical relief were independent of the cause of the madness. In reflecting upon the fact, then, that the operations undertaken for the relief of the various conditions present should have also been followed by the restoration of the mental faculties, one cannot avoid raising the question as to the etiology of the mania. It is scarcely possible to believe that the mental disquietude could have been due to an organic cause, that is to say, to any gross change of tissue in the nerve centres. On the other hand, if this hypothesis be admitted, the only alternative to fall back upon is the assumption that the mania was functional in character, and only wanted some sudden outpouring of nerve force in order to restore the mental equilibrium. One point in these cases is certain—namely, that the operation performed not only cured the body but cured the mind, and, therefore, it is quite possible that its indirect influence for good was conveyed through the nerve system. These cases undoubtedly throw an interesting light upon the practice of surgery among the insane. Perhaps it may be that at this moment there are many persons under restraint in our asylums who only require the counteracting effect of an operation to restore them to sanity. But unless the indications for operating happened to be present it would scarcely do to experimentalise in this direction in order to test the value of the hypothesis However, the matter is one which might well claim the attention of our asylum medical officers.

THE HISTOGENESIS OF NEOPLASMS.

DURING the last few years evidence has been accumulating in favour of the view that cancer is a communicable disease, not only from site to site in the same individual, but from one individual to another. Moreover it has been shown to be possible to induce in animals by direct inoculation, growths which, clinically and microscopically, must be classed as malignant. Now that veterinary science is waking up, and is gradually being placed on a more scientific footing we may hope that the next few years will add to our knowledge in this respect. Already one class of growth formerly included among the sarcomata, actinomycosis to wit, has been recognised to be a parasitic disease and the occurrence of malignant growths in the lower animals, long a matter of doubt, has been satisfactorily established. These important points having been cleared up it remains for investigators to determine the exact nature of the *materies morbi*. No particular organism has as yet been identified in causal relationship to cancer, and all experiments made in this direction hitherto have been carried out with cells taken from an infected area in fact this

transplantation of cells must, for the present, be regarded as indispensable to infection. Hypothetically it is assumed that the exact form of the primary growth, *i.e.*, the original infection, is determined by the character of the tissues at the point where the infection gains an entry, and that the secondary infections, being caused by the transmission of the actually diseased cells, preserve the original type though their histological structure may, in a slight degree, be modified by conditions of environment. Should this secondary infection by chance take place apart from the transmission of the actual cells, there is no theoretical necessity for the secondary growths to follow the original type. It is urged that for purposes of investigation, a distinction should be made between connective tissue and epithelial growths, but it is difficult to base a distinction on purely histological variations in view of the clinical resemblances which characterise the typical growths of both forms of tumour. We are quite prepared to learn later that some of the growths at present classed as cancer are due to bacteria, in other words, that in some cases the hyperplastic process merely represents the reaction of the tissues to irritation set up by living bacteria. The tendency to unlimited multiplication of infected cells, and their ability to maintain their histological characteristics, even in other situations, constitute a very special pathological feature, for which there is no parallel in other morbid processes. It is this peculiarity which has, so far, baffled all attempts at elucidation.

Notes on Current Topics.

A Study of Anger.

IN a recent number of the *Psychological Review* Mr. G. Stanley Hall gives an interesting account of what we may call the physiology of anger. Anger may be defined as the outward and visible manifestation of emotions which have escaped control and the measure of individual civilisation is precisely the degree to which command over these particular manifestations has been acquired. The "gentleman" is conventionally one whose nervous system has been so disciplined as never to elude control in this direction. In a state of nature no control of the kind is practised except in deference to motives of a physical order, but the further we advance on the path of civilisation the more the ability to command the emotions is expected and enforced If this be so it is difficult to avoid the conviction that we have not advanced very far on that road. Each individual has his weak side, in other words everyone is more vulnerable on one point than on certain others Some people are peculiarly susceptible to ridicule, while others are more disposed to jealousy, a sense of injustice or disappointment. The manifestations of the state of anger vary according to the temperament of the individual, but in all there is grave circulatory disturbance, occasionally so marked as of itself to determine a fatal issue. Those in whom the heart is strong and prompt to react, usually flush at the approach of anger, but the less sanguine, and those whose hearts respond less readily to stimulation, or are unequal to the strain thrown upon them, become pale, though the pallor may be but momentary. In both the force of the heart beat is markedly enhanced, the heightened blood pressure accelerates the urinary and salivary secretions, while the greater demand for oxygen causes active working of the respiratory muscles. The extraordinary strain thus thrown on the nervous system is apt for the time being to disorganise the muscular apparatus, leading to tremors and unsteadiness of gait, which, however, may be promptly recovered from. Giddiness, nausea, and other functional disturbances are directly attributable to the sudden change of blood pressure. The sounds emitted by persons under the empire of anger vary, passing from the monotonous cry of infancy, through the animal like noises of childhood, to the threats and oaths of adult life. In exceptional cases there is a kind of inhibitory paralysis of the sound-producing apparatus, but in general the emission of a noise of some sort seems to be the necessary accompaniment of this state of pent-up energy. The state which we call irritability results from impairment of the inhibitory powers, and is often due to ill-health or to fatigue and loss of sleep. The irritability of convalescence is a sign that the lower reflexes are restored before the higher for the "department of inhibition" is the controlling power of the organism and the seat of the highest manifestations of the *ego*.

The Primate on Medical Training.

THE Archbishop of Canterbury, in the address with which he heralded the distribution of prizes at St. George's Hospital Medical School last week, opportunely insisted on the fact that, although accident occasionally paves the way to scientific discovery, the great mass of discoveries come from hard study. Even in the cases of so-called accidental discoveries the result in a very large number of instances has turned upon previous knowledge, without which the significance of the accident, which proved the starting point of a quasi-revelation,, would probably have been overlooked. The accident of the falling apple which started Newton thinking of the laws which govern the universe, was pregnant with meaning only to him, and so it is with the many 'accidents' which clinical experience brings before us. The uneducated or unobservant person has eyes yet sees not and the vast majority of human beings see only, and then imperfectly, what they have been trained to see, and their mental vision stops at the threshold of the unknown. By persistent study alone can we hope to acquire the knowledge which shall enable us to recognise the precious stone when chance throws it in our path. Knowledge may be described mathematically as a line, finite at one end and infinite at the other, so that our course must be ever onwards under penalty, as His Grace so pithily put it, of going back. The man, he observed, who stands still in medicine is losing ground and

is beginning to go back. The world is moving onwards, and unless we move with it we are indeed falling behind. The task is harder for each succeeding generation, for the new comer has first to master what has already been accomplised before he can apply himself to the task of adding to the store. The life of the medical practitioner is, or ought to be, one of perpetual study. His training merely teaches him to observe, and his subsequent experience should enable him to learn. Experience is not knowledge, otherwise the oldest among us would be the wisest *quod absurdum est*. As long as we practise medicine and surgery we ought to continue to study medicine and surgery in gratitude to those who have laboured on our behalf in the past, and as evidence of our desire to maintain an exalted conception of our profession.

Miscegenation.

THERE is a general impression, based on wide experience, that half-castes are necessarily inferior to the two races which produce them, but on looking into the matter the impression would seem to be fundamentally erroneous, although the observation may, in the main, be correct. The fact probably is that half-castes are usually the results of illicit connections, and are consequently brought up under conditions of environment unfavourable alike to physical and mental development. A similar remark might be made concerning illegitimate children everywhere, and obviously the deterioration so frequently observed in them must be due, not to any inherent incapacity, physical or moral, but to the influence of pernicious surroundings. There are many examples of half-caste races which occupy a high position in the scale of humanity—not to go further than the Brahmins and the clans of Rajpootana—races descended from men who left their homes before the white invader and intermarried with the dark women of the plains. The antipathy of white people towards such unions is, however, readily comprehensible for it means degradation for the offspring as compared with their white sires, while, on the other hand, the readiness with which coloured women ally themselves with whites is physiologically justified by the prospective superiority of the offspring as compared with the maternal strain.

The Reorganisation of International Congresses.

THE recent congress which took place at Amsterdam has given rise to much editorial criticism on both sides of the Atlantic of the system which prevails in the organisation of such gatherings. It seems that it was originally intended to restrict the papers and discussions to those who had been formally invited to participate in the proceedings, but this otherwise admirable idea was overruled in view of the fact that the financial success of the congress would thereby have been imperilled. Nevertheless, we are disposed to believe that some such arrangement will ultimately come into force or these huge picnics will fall into discredit. The disproportionate importance which the festive part of the programme has assumed of late years tends to minimise the real object of the gatherings which is, or ought to be, the advancement of knowledge. But even from a social point of view a measure which would tend to limit participation to those whose professional standing renders them worthy of the honour, need not react prejudicially. Municipalities and local bodies would doubtless show themselves much more hospitable if it were possible for them to keep their hospitality within reasonable bounds. It is fast becoming a physical impossibility for individuals, or aggregations of individuals, however hospitably disposed, to minister to the appetites of thousands, whereas if membership implied professional distinction, the numbers would be reduced to manageable proportions. The legitimate expenses attendant upon an assemblage of scientific men who have met for purely scientific purposes, need not be great, and the attractions which have become such a marked feature of the present-day congress are sought after and enjoyed more particularly by "everybody who chooses to attend." As the *New York Medical Journal* observes, the open door policy is the correct one if the object be to get the profession together and have a good time, but if the chief motive be to secure a consensus of opinion of the leading lights of a specialty, the side-shows should be eliminated and the membership restricted.

Gum-Paper as a Fatal Sticking-Plaster.

THE term, "stamp lickers" tongue, which the MEDICAL PRESS AND CIRCULAR was the first to use, has since become embalmed in the literature of the land. It is to be hoped that some good, from a preventive point of view, may result from the general attention that has been called to the matter, and that careful folk will, in future, wet their postage stamps by means of a moistened finger or a mechanical damper. It is clear that even were the adhesive stuff above suspicion, which it is not, that there still remains an abundance of ways in which a stamp may become contaminated. For instance, outside a post box not long ago, the present writer saw a man drop on the pavement a postage stamp, which he then picked up and applied to his tongue before fastening to the envelope, as if such things as dangerous germs were unknown in the dust of a London street. Postage-stamp paper, however, is not the only source of sticky mischief when applied to wounds. The gummed edge of an ordinary envelope may be just as fraught with evil. Only last week an inquest was held in London on the body of a clerk who used that substitute for sticking plaster to a wound in the scalp. The medical testimony was to the effect that death was due to septicæmia, and the surgeon commented upon the unwisdom of putting gum-paper on a wound. Of course, there are various ways in which the wound may have become septic, but the use of the rough-and-ready method in question opened up risks that were no less terrible than unnecessary. Nowadays

in almost every household, it is possible to find some simple anti-septic, such as weak carbolic acid or permanganate of potash, that would be available for the immediate treatment of wounds.

The Carmichael Prize Essay.

In our columns to-day will be found an announcement by the Royal College of Surgeons, Ireland, that it will, this time next year, award £120 for the best Essay on medical education as specified in the will of Richard Carmichael. This Prize has been in abeyance for some years past, because the College had found that the income of the Fund did not come near to providing the cost of carrying the trust into effect, and in fact, the College had lost heavily by the effort to do so. It was, therefore, decided to apply to the Master of the Rolls to amend the scheme for allocation of the income, and the College was anxious that the money should be applied to some professional purpose more useful than the publishing of an Essay on a subject so thread-bare as medical education, it having been found by past experience that expenditure on that object was absolutely useless. The Master of the Rolls, however, while he modified the scheme so as to make it workable, refused to change the purpose of the outlay as expressed by the testator, and it is accordingly now making a fresh endeavour to comply with a very irksome obligation, and to get some value for the heavy outlay.

The Death of General Symons.

The nation has received with deep regret the news of the death of the gallant commander of the British forces in the battle of Glencoe. General Symons was originally reported to have been wounded by a bullet in the abdomen. From the first, the wound was described as a mortal one, and, therefore, the worst was anticipated. But reassuring news arrived last week that the projectile had been extracted, and that the wounded officer was beginning to progress favourably. The improvement, however, was only of temporary duration, and the announcement of his death was received in London at the end of last week. Thus another gallant, distinguished British officer has laid down his life for his country in the cause of freedom, justice, and humanity. We may be assured that everything was done for him which British surgery could effect. So far we are in the dark as to the exact nature of the lesion, nevertheless, nothing from the first could have been more wanting in hope than the announcement conveying the intelligence that the wound was mortal. The sympathy of the nation will be with Lady Symons, whose sad bereavement has been the object of so much public condolence.

An outbreak of scarlet fever among the men of the Durham Light Infantry, who were under orders to sail for South Africa, has led to a change of plans, and it is probable that the regiment will be struck out of the list for active service.

The Care of the Sick and Wounded in South Africa.

Mr. Wyndham, in the closing meeting of the session of the House of Commons last week made some reassuring remarks concerning the arrangements for the care of the sick and wounded in South Africa. At the present moment he stated that there were in Natal 44 officers and 263 men of the Royal Army Medical Corps, with five nursing sisters. Eight more officers and 80 men were due on the 26th ult., while there would be a total of 1 100 hospital beds in Natal, and 550 near Cape Town. In addition, two hospital ships had been sent out for the conveyance of the wounded from Natal to Cape Town. Moreover, further preparations were in progress in order to provide for contingencies, such as the demand which might fall upon the British Medical department of attending to a large number of wounded Boers. We are glad to note that the American ladies in London are raising a fund of £30,000 to provide a hospital ship to go to South Africa for the succour of the sick and wounded in the war. Altogether, so far, satisfaction may be felt in the arrangements made for the care of the British troops.

A Skin Hospital for Dublin.

A meeting was held at the Hibernian Hotel, Dublin, on the 26th ult., for the purpose of promoting the establishment of a special hospital in Dublin for the treatment of skin diseases. There was an influential attendance, mostly of non-medical men, and resolutions were adopted, with acclamation, declaring the necessity for such an institution, and directing steps to be taken to organise it. Dr. C. M. O'Brien and Dr. George B. White are taking an active interest in this work.

Rehabilitation of the Ratcatcher.

Dr. Rawlings calls attention in the *Times* to an interesting paragraph in *Defoe's Journal*, written at the time of the Great Plague in 1664. He says:—"An order was published by the Lord Mayor and the magistrates, according to the advice of the physicians, that all dogs and cats should be immediately killed. . . . A prodigious number of these creatures were destroyed. . . . Forty thousand dogs and five times as many cats. . . . All possible endeavours were made use of to destroy the mice and rats, especially the latter, by laying rats-bane and other poisons for them, and a prodigious number of them were also destroyed." This is interesting in view of what is now known concerning the rôle played by these rodents in the dissemination of the plague, and it is important because rats almost invariably form part of the cargoes of ships coming from infected ports. The occupation of the professional ratcatcher bids fair to be rehabilitated in the near future, and he may even aspire to become a sanitary official. We would suggest that the time that can be spared from the hunt after the bacillus tuberculosis might perhaps be advantageously devoted to the destruction of rats.

The Local Government Board and Boards of Guardians.

THE Local Government Board are having an exceptionally busy time just now with recalcitrant local authorities. Their war with the Leicester Board of Guardians is still raging, and they have in addition several other important cases in hand. Among these must be mentioned their dispute with the St. Olave's Board of Works. The latter body recently suspended their Medical Officer of Health, Dr. W. A. Bond, for having, in conjunction with the Suffragan-Bishop of Southwark, sanctioned the removal of some human remains from the crypt of the church of St. Thomas's, Southwark, without obtaining the permission of the authority of his district. The Local Government Board, however, having had the facts brought under their notice, directed the St. Olive's Board of Works to reinstate their Medical Officer. But this the latter peremptorily refused to do. The climax in the dispute was reached by the central authority in pursuance of their legal power, giving notice that they intend to issue an order to remove Dr. Bond's suspension. However, even this decision has had no effect upon the obstinate Board of Works. They have decided to adhere to their determined action in the matter, and the result, namely, their discomfiture, can, therefore, now be only a question of a few days. Sympathy must be felt for the Local Government Board that the local authorities whose action they have to control are not more generally composed of persons gifted with common sense and more alive to their duties as public officials.

The Postal Service and Vaccination.

IN consequence of many of the Post Office employes having been called out with the reserves for active service at the seat of war, the authorities at St. Martin's-le-Grand have had to deal with a large number of vacancies, and persons willing to undertake the duties of auxillary postmen have recently been in much demand. It seems, however, a good deal of difficulty has been experienced in filling up the vacant posts. There is no lack of applicants — though the payment is only six shillings a week—and the applicants fulfil all the requirements of height, character, and education. But they decline, a contemporary asserts, to submit to the clause requiring vaccination. That is to say that their misguided conviction upon this matter prevents them from obtaining employment for which they are otherwise quite suited. All that we can say upon this matter is to express the hope that the authorities will not give way in the demand for this necessary requirement for public service. If candidates for labour cannot or will not see that it is to their own interests to conform to the regulation in regard to vaccination, it is entirely their own fault if the consequences thereof are not to their liking. It is the duty of the State to see that the work of the State is not exposed to any risk of interruption, such as would be the case were an epidemic of small-pox to break out among its servants who had been allowed to remain unprotected by Jenner's valuable prophylactic.

A Fatal Post-Mortem Wound.

LAST week an inquest was held upon the body of a medical man, Mr. W. G. Hull, M.R.C.S., who died at the London Hospital. From the evidence it appeared that the deceased scratched his hand accidentally while making a post-mortem examination fourteen days previous to his death. At the time, the injury was immediately treated with antiseptic lotion, but a fatal acute septicæmia ensued. This sad incident points to one of the dangers inseparable from the profession of medicine. Indeed, the wonder is that it is not a matter of constant occurrence, for whereas cuts and scratches are common in the course of post-mortem examinations, yet on the other hand general septic mischief is happily a rare result. For this fact the powers of individual resistance have no doubt to be credited to a great extent. There are certain prompt precautions, however, that are absolutely essential for the safety of the individual concerned. The wound had best be washed under the tap and sucked. It should then be rubbed with solid caustic, or better still with a liquid caustic, as pure carbolic acid The wound should then be dressed with an antiseptic dressing, such as iodoform or corrosive sublimate until healed. By such vigorous measures the danger of a poisoned wound sustained at the post-mortem table will be reduced to a minimum. To neglect to treat even the slightest prick under such circumstances is the veriest foolhardiness. A good precaution is to touch all slight abrasions of skin with lunar caustic.

Smoke Prevention.

THE efforts of the world to work out its own salvation go towards the formation of history, but when gauged in any one particular direction are apt to seem hopelessly slow and feeble. Take the question of smoke prevention, as to the absolute evil of which to health and to property everyone has been convinced of for generations past. The volume of smoke vomited forth into the atmosphere of our great towns is just as vast as ever it was, if, indeed, not much greater in these later days of general prosperity. The causes of this persistence are not far to seek. Apathy on the part of the local authorities to prosecute factory owners, want of supervision by overworked sanitary inspectors, and the absurd leniency displayed in these cases by police magistrates. Fortunately for the future well-being of our citizens, signs have not been wanting that the days of the offending chimney owner will soon be numbered, that is to say, unless he be prepared to put up with a system of costly fines. Last week one of those hardened transgressors, the electrical companies, was convicted of a nuisance, under the Smoke Prevention Act, and sentenced to pay the substantial sum of £45. After that experience the County of London and Brush Provincial Electric Lighting Company will probably decide to adopt one of the excellent smoke reven-

tion contrivances now on the market. There is no need for a factory chimney to smoke.

Post-Prandial Frivolity.

AT the Colchester Oyster Feast Sir Claude de Crespigny is reported to have made some extraordinary remarks concerning the unfortunate General Symons, to the effect that, "unless the general was killed by the army doctors there was every hope of his recovery." Not unnaturally this ill-timed and foolish remark has been sharply criticised, and while we do not suppose that the post-prandial orator intended any reflection on the Army Medical Service, he cannot but see that his reputation as a gentleman of sense and good taste must inevitably suffer, especially in view of the sad termination.

The Isolation of Infective Disease in Dublin.

PROGRESS has been made towards securing temporary provision for infective disease in Dublin, and establishing a *modus vivendi* between the Corporation, which desires to possess a special fever hospital under civic administration, and the authorities of the existing hospitals who fear that their institutions will be left out in the cold if this is done. Cork Street Fever Hospital has offered to expend £2,000 on enlargements if the Corporation will undertake to pay 2s. 6d. per head per day for all patients more than 40 admitted on the order of the Corporation, and Sir Charles Cameron, speaking for the Public Health Committee, has accepted the proposal, but strictly as a temporary measure, and without prejudice to the ultimate building of a sufficiently large special hospital. On the question of expense he stated that, in his opinion, a commodious hospital could be erected for £25,000, and he pointed out that the ratepayer would be amply recouped for such outlay, inasmuch as the existing slip-slop system of capitation subsidies costs him over £4,500 a year. While we welcome any temporary scheme for enlarging the available accommodation for infective cases, we certainly hope that such an expedient will not interfere with a permanent and sufficient settlement of the difficulty.

The O'Grady Memorial.

THE public memorial to the late surgeon Edward Stamer O'Grady, of Mercer's Hospital, Dublin, has been erected in Leinster Lawn, the garden in front of the Royal Dublin Society. It takes the form of a drinking fountain, the bowl being of marble mounted upon a base of Caen stone and raised by a granite foundation. When completed it will be an enduring and well-deserved testimonial to the public appreciation of his sterling qualities and surgical attainments.

New Method of Disinfecting Rooms.

THE report of the Public Health Department at Chicago informs us that an efficient and ready method of disinfection of hospital wards and other rooms is adopted in that city. The room having been prepared as for sulphur disinfection, and all contained articles exposed as freely as possible, a sheet, for every 1,000 cubic feet of space, is hung on a line, and the operator rapidly sprays each sheet with a 40 per cent. solution of Formaldehyde, the room being then locked up for five hours. The operator must not lose time, as, after three minutes, the air becomes irrespirable.

A Cyclist's Death from Tetanus.

AN inquest was held in London last week on the body of a young lady, the daughter of a medical man, who had succumbed to tetanus following a bicycle accident. The case is of interest in view of the fact that immediate thorough cleansing of the wound did not prevent infection, and, when the disease had declared itself, repeated injections of anti-tetanus serum failed to check the course thereof. This is by no means the first case during the present year of death from tetanus as the result of cycling injuries.

A SILLY paragraph has been going the round of the Press to the effect that a Judge of the Supreme Court, of Connecticut, having stated that for a physician to shorten the life of a person afflicted with an admittedly incurable disease was not a criminal offence, a certain doctor, who shall be nameless, has made it publicly known that he is willing to act on this *obiter dictum*. It is hardly necessary to point out that such an act would be deliberate murder, punishable as such in every country in the world. We are all afflicted with an incurable disease – life, to wit – and the mere question of the mean prospect of life does not affect the principle involved.

Mr. J. T. ARLIDGE, editor of the defunct *British and Foreign Medico-chir. Review* and several treatises on lunacy and hygiene, died at his residence, at Newcastle-under-Lyne, on Friday last. The deceased was a J.P. for Staffordshire, and while medical inspector of factories in the potteries was the first person to draw attention to the evils in the lead processes, and the agitation which followed resulted in the framing of special rules by the Home Office.

THE annual collection for the Dublin hospitals will be made on Sunday, November 12th.

PERSONAL.

DR. DUNCAN BURGESS has been elected President of the Sheffield Medico-Chirurgical Society, which held its opening meeting of the session on Oct. 19th.

SIR WILLIAM MCCORMAC has volunteered to go to South Africa to assist in the organisation of the Army Medical Service, and his offer has been gratefully accepted by the Government. He is to be accompanied by two civil surgeons whose names have not yet been made public. Sir William will be attached to the headquarters staff as consulting surgeon.

Dr. J. IVOR MURRAY, of Scarborough, has been elected President of the Balneological and Climatological Society, and took the chair at the meeting held on Thursday last. At the same meeting a vote of sympathy with Dr. Hyde (Chairman of Council) in his serious illness was proposed by Dr. Fortescue Fox, seconded by Dr. Symes Thompson, and passed unanimously.

The Marquess of Dufferin and the Right Hon. Mr. Asquith, Q.C., M.P, have been nominated for the Lord Rectorship of Edinburgh University. The election takes place on Saturday next.

The Earl of Rosebery was elected Lord Rector of Glasgow University on Saturday last by a large majority over Lord Kelvin. Our Glasgow correspondent informs us that the students carried "horseplay" to such an excess that it was thought probable at one time the Principal would declare the election null and void.

Col. G. J. H. Evatt, M.D., Principal Medical Officer at Hong Kong, has been ordered home at once to succeed Surgeon-General W. D. Wilson as Principal Medical Officer to the Western District at Devonport. The Colonel, who joined the Royal Army Medical Corps, in 1865, has had his full share of fighting. His war record includes the Perak expedition of 1875, the Afghan war, the expedition to the Soudan in 1885, and the Zhob Valley expedition of 1890. He has on several occasions received the distinction of despatch mention.

The following staff surgeons have received appointment on the active list in the fleet:—Percy E. Maitland, to the St. George, on commissioning; Charles Strickland, to the Juno, on commissioning; John W. Slaughter, to the Cambrian, on commissioning; William W. Pryn, to the Minerva, on commissioning (all to date October 31st). Surgeons not on the staff:—William J. Codrington, to the St. George, on commissioning; William H. Pope, to the Juno, on commissioning; John W. Bird, to the Minerva, on commissioning; Arthur W. B. Livesay, to the Thunderer; Edwyn R. Grazebrook, to the Impregnable (all to date October 31st).

Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

Re I. M. S. AND THE R. A. M. C.

To the Editor of The Medical Press and Circular.

Sir,—Your admirable paper in the issue of August 30th, p. 219, under the heading "Enteric Fever in the Indian Army," makes a mistake, perhaps not unnatural, in attributing to the "*Indian* Medical Service" the blame for the prevalence of enteric fever in Indian cantonments The Indian Medical Service has practically nothing to do with cantonments santitation beyond the fact that the Director-General of the I.M.S. is the civil sanitary adviser of Government. The sanitation of military cantonments *where alone enteric prevails*, is entirely in the hands of military medical men, and chiefly the R. A. M. Corps. The spirit of militarism which you rightly inveigh against hardly, if at all, exists in the I.M.S in spite of the titles recently thrust upon us. Moreover, the cause of the prevalence of enteric is by no means the easy matter it seems, and the water-borne theory by no means explains all outbreaks (*e g.*, the recent Quetta outbreak), but this is too big a subject to enter upon here. Much has been done, and much is being done; but difficulties are greater than appear to critics at home. Please distinguish between the I.M.S.—two-thirds of whom are in *Civil* employ, and which, in Prof. Ogsten's words, "still attracts the best graduates of the medical schools"—and the R.A.M C. *in India*. As a rule we are, and have been for long, content, and have comparatively little sympathy with recent agitation, and as practical surgeons and physicians (civil) are by no means behind the times, as anyone who has visited the large medical schools, &c., in India can testify. We invite critics to come and judge for themselves and see the work done by Indian medical officers in civil employ—see our hospitals, our gaols, our medical schools. The "intellectual sterility," the military soul-deadening system of seniority, does not exist for the civil surgeon, who is usually the sole European medical man, in charge of a district as large as Tyrone or Donegal, who is physician, surgeon, consultant, coroner, jail governor, first medical officer, meteorological observer, superintendent of vaccination, general practitioner, and specialist of his district! It is because of these responsibilities and the early independence that the I.M.S. still attracts the best men of the house-surgeon class to enter it. Please do not follow the *British Medical Journal* in confusing the I.M S. with the R.A.M.C. serving in India. I am, Sir, yours truly,

T. C. D.

The Royal University of Ireland.

The ceremonial of capping the new graduates of the University took place last Friday, and presented no feature of unusual interest. The Marquess of Dufferin, who as Chancellor of the University occupied the chair, in the course of his address referred to the great loss which the University had sustained by the recent death of Sir Christopher Redington, his Vice-Chancellor.

The degree of L.L.D. Hon. Caus. was conferred on the Right Hon. W. J. Pirrie, in consideration of his valuable services to the industrial sciences. Mr. Pirrie is one of the predominant partners in the great shipbuilding firm of Harland and Wolff, of Belfast.

Westminster Hospital Medical School.

At the meeting of the School of Medicine Committee on October 18th, the following prizes and entrance scholarships were awarded:—Epsom Scholarship, 110 guineas, to Mr. E. H. Bennett Bailey: Arts Scholarship, £40, to Mr. L. White; Oxford and Cambridge Scholarship, £40, to Mr. W. C. Hocken; Arts Scholarship, £30, to Mr. W. H. France; "Fish" Prize, £20, to Mr. W. Payne; Midwifery Prize, to Mr. W. Payne; Materia Medica Prize, to Mr. E. R. Carling; Forensic Medicine Prize, to Mr. W. Payne; Practical Chemistry Prize, to Messrs. T. B. Hickley and C. Parker; and Physics Prize, to Mr. O. P. N. Pearn.

Sheffield Medico Chirurgical Society.

The session 1899-1900 was opened on October 19th. The following are the officers for the present session:—President, Dr. Duncan Burgess; Vice Presidents, Dr. Young, Dr. Kay; members to complete council, Mr. Leach, Mr. Reckless, Dr. Porter, Dr. White, Dr. Brown, Mr. H. Lockwood, Dr. McKay, Dr. Thomson (Retford), Mr. Shea (Chesterfield), Dr. Alfred Robinson (Rotherham); treasurer, Mr. Snell; librarian, Dr. Addison; secretary, Dr. Cocking. The President, Dr. Burgess, delivered the inaugural address on "Some Recollections of Medical Cases."

Death under Chloroform.

A man died at the Southport Infirmary on the 23rd inst., while undergoing an operation for the relief of intestinal obstruction, and the usual verdict was returned. The value of these records is stultified by the lack of details concerning the method of administration and the amount of the drug inhaled.

Small-Pox at Hull.

The epidemic of smallpox at Hull has assumed disquieting proportions, upwards of 300 cases having, so far, been admitted to hospital. The problem of providing accommodation for this large number has taxed the resources of the authorities who are now actively engaged in adding to the beds available. Steps have been taken to induce people to be revaccinated, so far with a fair measure of success.

Suicide of a Medical Man.

An inquest was held at Llandudno, on the 26th inst., on the body of Lancelot B. Todel, a medical practitioner, who had died from the effects of a self-administered dose of carbolic acid. The deceased had shown mental symptoms of a disquieting nature, but unfortunately it had not been thought necessary to place him under restraint. A verdict of "Suicide while temporarily insane" was returned.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

M.D.—The Cavendish Lodge (No. 2,620) founded by the staff of the West London Hospital, in connection with the West London Medico-Chirurgical Society. The secretary is Dr. P. S. Abraham, 2, Henrietta Street, Cavendish Square, W.

THE *Public Health Journal* is responsible for the following poetical outburst:—

THE PATIENT PATIENT!

They sawed off his arms and his legs,
They took out his jugular vein,
They put fancy frills on his lungs,
And they deftly extracted his brain.
'Twas a triumph of surgical skill,
Such as never was heard of till then;
'Twas the subject of lectures before
Conventions of medical men.
The news of this wonderful thing
Was heralded far and wide,
But as for the patient there's nothing to say,
Excepting, of course, that he died.

WESTERN COUNTY.—Our correspondent's memory has failed him. The facts first appeared in this journal in the issue of October 4th, 1899.

A NEW METHOD OF CONVERTING CENTIGRADE INTO FAHRENHEIT.

DR. WHITON, of New York, has brought forward a novel method of converting centigrade scale into Fahrenheit, which he claims is much simpler and easier to perform as a mental process. To convert F into C he subtracts 32 and adds one-ninth of the remainder, dividing the total by two. Thus 104 degs. F. — 32 = 72. Add to this 8 (the ninth of 72) and we have 80. Divide by two and we have 40, which is the corresponding figure in the centigrade scale.

BICYCLE SADDLES.

IN the course of some remarks by "a leading cyclist," published in the *New York Sanitary Record*, on bicycle saddles, the writer condemns the ordinary makes on the ground that they bruise his *sternum bone*. This is after all a pardonable error in a layman, and even to medical students it seems anomalous to put the stern in front.

MEDICAL OFFICERS OF HEALTH.—The Jenner Society (Honorary Secretary, Dr. Francis Bond, Gloucester), issues a mass of useful literature upon the subject of vaccination, to which society our correspondent should make application.

BEE STINGS.

IT is stated by *Nature* that a solution of cocaine is a perfect cure for the stings of bees and wasps, being not only an anælgesic, but an antidote.

DR. CLEMENT B. SERS.—We are unable to find space for a discussion on the grounds for belief in baptism and vaccination respectively, for reasons which are obvious.

DR. JOHN HAYWARD.—Samples of the new fish food were obtained of W. R and W. Smith, 6, Hanover Street, Glasgow.

THE PATENT MEDICINE TRADE.

ACCORDING to the most recent return the trade in patent medicines is spreading. The number of licences to sell in Great Britain (excluding Ireland) was, in 1897, 32,473; and in 1898, 33,992. Again, the revenue from the sale of patent medicine stamps was last year £263,404, the highest figure ever reached. In ten years last past the Chancellor of the Exchequer has received nearly two millions and a half from this source of taxation.

Meetings of the Societies and Lectures.

WEDNESDAY, NOVEMBER 1ST.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Specimens will be shown by Dr. W. Duncan and others. Papers:—Dr. Herman: Two Cases in which life appeared to have been saved by Anti-streptococcic Serum. Dr. P. D. Turner: Notes on Tuberculosis of the Fallopian Tubes and Uterus in Cases of Phthisis.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square).—4.30 p.m. Dr. M. Dockrell: Lichen.

THURSDAY, NOVEMBER 2ND.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Dr. J. W. Washbourn: Cases illustrating the Value of Treatment with Anti-streptococcic Serum.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m. Dr. W. A. Foxwell: On the Causation of Functional Heart Murmurs. (Bradshaw Lecture.)

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL.—5 p.m. Dr Dundas Grant: Differential Diagnosis of Nasal Discharges.

FRIDAY, NOVEMBER 3RD.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich). 8.45 p.m. Paper:—Dr. A. P. Luff: Modern Views as to the Causation and Treatment of Gout.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—Papers: Mr. J. G. Pardoe: Some Modern Methods in the Treatment of Chronic Urethritis. Mr. S. Edwards: Urinary Obstruction with Cases. Mr McAdam Eccles will show an Enema Apparatus from Central Africa.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square, W.).—5 p.m Cases and Specimens will be shown by Dr. F. Poller, Dr. H. Mackenzie, Dr. St. Clair Thompson, Dr. D. Grant, Dr. W. Hill, Dr. H. Tilley, Dr. S. Spicer, and Mr. R. Lake.

SOCIETY OF ANÆSTHETISTS (20, Hanover Square, W.).—8.30 p.m. Dr. Savage: The Relationship between the Use of Anæsthetics and Insanity.

Vacancies.

County Borough of Great Yarmouth.—Medical Officer of Health, Medical Officer for the Borough Isolation Hospital, and Port Medical Officer of Health. Salary £400 a year. Apply to the Town Clerk, Town Hall, Great Yarmouth.

County of London, Manor Asylum, Horton, Epsom.—Dispenser. Salary commencing at £110 per annum, with dinner daily.

Cumberland.—Qualified Indoor Assistant. Salary £100. Apply, "Cumberland," MEDICAL PRESS Office, Dublin. (See Advert.). Apply to the Clerk to the Asylums Committee, Office, 6, Waterloo Place, S.W.

Glamorgan County Council and Cardiff Corporation.—Bacteriologist to the Joint Committee, and Lecturer on Bacteriology in the University of Cardiff. Salary, £300 a year. Apply to the Clerk, Glamorgan County Offices, Cardiff.

Hospital for the Insane, the Coppice, Nottingham.—Assistant Medical Officer, unmarried. Salary £150 per annum, with apartments, board, attendance, and washing.

Metropolitan Asylums Board.—Four appointments as Assistant Medical Officers at the Fever Hospitals. Salary £160, rising to £300, with board, lodging, washing, &c. Immediate applications to the Clerk to the Board. (See Advert.).

Royal Infirmary, Hull.—House Surgeon for two years, unmarried. Salary, 100 guineas per annum, with board and furnished apartments.

Stoke-upon-Trent Union.—Resident Medical Officer for the Workhouse. Salary commencing at £130, with board, washing, and furnished apartments. The Guardians provide the drugs, medicines, and appliances.—Applications to the Clerk, Union Offices, Stoke-upon-Trent.

Appointments.

HARRIS, WILFRED J., M.D.Cantab., M.R.C.P, Assistant Physician to the City of London Hospital for Diseases of the Chest.

KEY, DAVID T., M.R.C.S., L.S.A., Medical Officer for the Wyke Regis District of the Weymouth Union.

MARTIN, E. W., M.B., Ch.B., Junior House Physician to the City of London Hospital for Diseases of the Chest.

MOORE, E. J. F., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Workhouse, Bethnal Green, London.

O FARRELL, H., L.R.C.P., L.R.C.S., Medical and Sanitary Officer for the No. 1 Portumna Dispensary District, Co. Galway.

PARSONS, C. T., M.D.Lond., Resident Medical Superintendent for the Fulham Union Infirmary.

POTTS, W. J., M.D.Lond., L.R.C.P., M.R.C.S., Medical Superintendent for the Infirmary, Bethnal Green, London.

PRICE, F. W., M.B., C.M.Edin., Assistant Resident Medical Officer to the Brompton Hospital for Consumption.

REED, WALTER HUGO, M.R.C.S., L.S.A., Medical Officer of Health by the Westbury (Wiltshire) Urban Council.

ROBIE, G. A., M.B., Ch.B.Ed., Junior Assistant Medical Officer to the Cumberland and Westmorland Asylum, Carlisle.

ROWLANDS, WILLIAM COBDEN, M.B.C.M.Edin., Medical Officer at the Llynvi Colliery, South Wales.

STEVENS, BERTRAM, M.B., B.S.Durh., M.R.C.S., L.S.A., Senior Assistant House Surgeon to the Huddersfield Infirmary.

TAYLOR, HENRY YOUNG, M.B., C.M.Edin., Senior House Surgeon to the Huddersfield Infirmary.

THORNE, MAY, M.D Brux., has been appointed Teacher of Vaccination, and empowered to grant certificates by the Local Government Board. The Vaccination Station is at the New Hospital for Women, 144, Euston Road, London, N.W.

WILLIAMSON, O. K., M.A, M.B., B.C.Cantab., M.R.C.S., Pathologist to the City of London Hospital for Diseases of the Chest.

Births.

NEWTON.—On October 24th, at Balcombe, Sussex, the wife of Reginald Newton, M.R.C.S. and L.R.C.P., of a daughter.

Deaths.

ARLIDGE.—On October 27th, at Newcastle-under-Lyme, John I. Arlidge, M.D, F.R.C.P.Lond., J.P., age 77.

HOOLE.—On October 19th, Stephen Hoole, L.D.S.Eng., of 16, Old Burlington Street, London, W., in his 68th year.

LEWIS.—On October 26th, of scarlet fever, Frederick Henry Lewis, B.A., M.B.Cantab., M.R.C.S.Eng., and L.R.C.P.Lond., son of the late Dr. Frederick Lewis, of Gloucester Place, W., aged 32.

LIVY.—On October 24th, at Birkdale, Southport, John Livy, M.D., F.R.C.S., and J.P. of Bolton, aged 73.

PALMER.—On October 21st, at Lancaster House, Lincoln, Edwin Charles Palmer, M.A., M.B.Cantab., in his 35th year.

ROUTH.—On October 21st, after a short illness, Alfred Curtis Routh, M.R.C.S., of St. Leonards-on-Sea.

WOODWARD.—On October 17th, at Bellary, India, of enteric fever, Arthur Woodward, M.R.C.S., aged 26 years, only son of E. H. and T. J. Woodward, of 13, St. George's Terrace, Brighton.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, NOVEMBER 8, 1899. No. 19.

Clinical Lecture ON LEPROSY AND CANCER OF THE SKIN.

DELIVERED AT THE LONDON HOSPITAL.

By JONATHAN HUTCHINSON, F.R.C.S, F.R.S.

GENTLEMEN,—Perhaps you may be somewhat surprised at my including leprosy in a lecture upon diseases of the skin, but I have deliberately done so because I wish to insist that in its earlier stages leprosy is purely a disease of the skin, and that all through the course the severest lesions are those which begin in the skin and extend to the tissues beneath it or to the superficial nerve trunks. Indeed, in the macular stage it presents many resemblances to lupus, occurring in symmetrical patches, spreading at its edges, and leaving in the centre instead of a thin pale scar, an anæsthetic area.

Not only is the disease in its earliest stages an affection of the skin, but it may remain so for years, and in mild cases terminate favourably without ever extending beyond this tissue. I have had under observation for some time an English leper, who has had the disease for at least ten years, and the only lesions he presents are numerous, patches of dusky erythema from the size of a half-crown to that of the outspread hand, with pale central area of total anæsthesia. These are scattered all over his trunk and limbs, especially well-marked upon the back and buttocks, and he made his own diagnosis for me by volunteering the statement that the skin "in the centre of them was quite dead." His general health is perfect, he is actively engaged in business, and absolutely the only inconvenience the disease has caused him in ten years' time is the patchy pigmentation of the skin for which alone he consulted me. He has not the slightest suspicion of the true nature of his malady, nor shall he have if I can help it.

Next in the normal course of the disease comes the development of cutaneous tubercles, sometimes firm circumscribed bossy elevations not unlike a large urticarial wheal, but more often only a thickening and œdema of normal folds of the skin, most commonly those of the brow and forehead. The old division of leprosy into the *anæsthetic* and *tuberculous* forms, was entirely uncalled for, they are simply stages in, and of, the same disease, and although the anæsthetic stage may exist for a long time without the development of the tuberculous, wherever tubercles are you invariably find well-marked anæsthesia also, and usually thickening of the ulnar nerve, and careful questioning will generally elicit a history of anæsthesia in some region of the skin, which began months or years before. Usually by some apparently accidental burn, as in a boy patient of mine who had a severe burn-scar across two fingers, due, as he explained, to his thrusting his hand into the flame of a candle by his bed side. while yawning and stretching just after getting up one dark morning.

The relation between leprosy and tuberculosis we do not as yet clearly understand, but it seems unquestionable that one exists. The bacilli found in the lesions of the two diseases are strikingly similar, but their identity cannot be proved an account of the impossibility, so far, of cultivating the lepra bacilli upon any artificial medium. Dr. Geo. Newman informs me that the bacilli of leprosy are extremely similar to those of avian tuberculosis, both in their shape, in the clumps or masses in which they are found in the tissues, and in the small amount of reaction to or encapsulation of them by the fixed cells. It is also significant that the actual cause of death in the great majority of lepers is pulmonary tuberculosis. As to the cause of the localisation of the bacilli in the skin we are quite in the dark. It certainly is not due to direct local infection, but the virus must be distributed by means of the circulation, and probably to some degree under the influence of the nervous system, as the lesions are usually symmetrical.

One of the obstacles to the solution of the problem is the great difficulty in identifying the bacilli in the patches of the macular stage. But this, of course, is no more than we find in lupus erythematosus, which though regarded on that account by many as non-tuberculous, always occurs in members of families having a strong tuberculous history.

As for the fear of contagion in leprosy, I regard it as utterly unfounded. We have abundant evidence to prove that those living in daily and hourly contact with leprous members of their own families, contract the disease only in the rarest of instances.

The spread of leprosy by direct personal contagion is a contingency which must be counted as merely a remotely possible accident. Cases occurring in the same household or village are much more probably due to identical food and surroundings than to any form of direct infection. Isolation is cruel, a fearful waste of labour, and leaves the real cause of the disease entirely untouched. It has never checked or limited the spread of the disease in the slightest degree.

As to the port of entry of the disease into the system it probably lies between the lungs and the alimentary canal. To my mind the balance of probability is strongly in favour of the food being the source of infection. In this it is again parallel with tuberculosis. The food theory of its causation I have elaborated so fully elsewhere that it is not necessary for me to enter into it in detail here. Suffice it to say that leprosy is *not* a disease of civilisation, but just the reverse. It is extremely ancient, and it may be said that there are few savage tribes living near large bodies of water in which it has not been prevalent at some time. The disease is singularly identical in all countries and races, and this uniformity argues a uniformity of cause. In all countries and continents it forms a ring round the sea-board, never

penetrating more than a few days' journey into the interior. It is not the richer and more varied diet which accompanies civilisation which has caused its disappearance but the withdrawal of one injurious food substance, badly cured or partially decayed fish. Wherever the use of this as an article of diet occurs, leprosy is present; wherever it ceases to be used leprosy disappears. In all probability the bacillus was conveyed, and found its intermediate home in the tissues of decaying fish, and was modified in some way by the "culture medium."

There is an especial appropriateness in taking up cancer as it appears upon the skin, as this is by far the best situation in which to study it. Here the very earliest stages can be detected, and every change which the process undergoes carefully noted.

An admirable illustration of this is found in epithelioma of the lip or "pipe cancer." Here the lip hardens and cracks under the pressure of the dirty pipe, the sore becomes warty at its edges, a cauliflower-like surface is developed, the glands under the jaw rapidly become involved, and fatal systemic infection is complete. In this form there have been two years of precancerous stage, and one of "frank" cancer, before the drama closes.

In striking contrast with this look at cancer (flat-celled) of the eye-lid or cheek, which may run for twenty or thirty years, and destroy almost the entire face without involving a single gland, or threatening the life of the victim. This is not a matter of region solely, because we may also have upon the cheek the "crateriform ulcer," which, though rare, is rapidly fatal.

In other cases of skin cancer, the disease may make its appearance in freckles, which, after childhood, are often to be regarded as abnormal. Their presence also often coincides with a tuberculous tendency. In the curious "Kaposi's disease" or xeroderma pigmentosum, we have dark and profuse freckles as the starting point of a disturbance which ultimately ends in cancer, hence its popular name "malignant freckle."

An abnormal deposition of pigment is always to be regarded with suspicion. Moles are frequently the starting point of malignant disease, usually sarcoma, especially those which are not congenital. Curiously enough, they may be the initial point of a general metastasis and yet be very little affected themselves. I have seen several cases of sarcomatosis of the entire skin, which proved rapidly fatal starting from a mole, which was so little altered that only by careful questioning could I elicit that it was the first spot to become swollen or slightly sore.

The character of the skin in which cancer originates has a marked influence upon its character. Rodent ulcer, for instance, is extremely mild and superficial upon the temple, but much deeper and more rapid upon the eye-lid or the alæ of the nose. Xeroderma pigmentosum is a freckle cancer in the young and in the "second childhood" of senility we find again a tendency to develop freckles in which malignant disease has its origin. The black patches which grow around the eyelid in old women are specially liable to degenerative changes of this description. Cancer is emphatically a process of senile tissues, and while a parasitic origin may some day be demonstrated yet all attempts so far are conspicuous failures, and I personally cannot believe that there is any probability whatever of such a causation being discovered. The process is a disturbance of cell-nutrition, of internal balance, quite independent of any external cause. It is, in the nature of it, a self-originating process in the senile period.

Inheritance, though not a very common factor in cancer, is unquestionably a potent one. Many of the cases of cancer at an unusually early age that I have seen have been in the children of cancerous parents. I have under observation a case of rodent ulcer of the cheek in a boy of fourteen, whose father had rodent ulcer for thirty years, and suffered from it at the time the boy was conceived. The disease does not necessarily attack the same organ when transmitted, more frequently not. What is inherited is the tissue-tendency to rebel, and this may take place in any organ or in connection instead of epithelial tissues, giving rise to sarcoma instead of carcinoma. I think the term cancer should cover both of these processes, the principle is the same in both, a rebellion of the cells; the particular tissue attacked is a detail.

As to the increase of cancer, of which we hear so much, I think it is greatly over-stated. According to some vital returns, in certain districts, it would appear to have increased nearly 500 per cent. in the past fifty years. I have a serious distrust of all registrars' reports and statistics as a basis for scientific deductions as to the frequency of disease. There are too many changes in nomenclature, in disease-classification, too many loop holes and opportunities for mistakes both of diagnosis and of record in our methods of reporting deaths, to furnish any really secure basis. I think there can be little question that cancer is actually increasing slowly, but steadily. Simply for the reason that the proportion of those surviving to middle age, and those becoming liable to it, is increasing. Paradoxical as it may sound, cancer is a symptom of improving health on the part of the community.

Its distribution in the lower animals supports this position. It is comparatively common in dogs, cats, and horses, who are permitted to live to be old, while in cattle, sheep, and pigs, most of whom are killed for food before maturity, it is extremely rare. Another contributory cause of its increase is that marriages occur later in life than was formerly customary, and I believe, from my own experience, that the children of middle-aged or senile parents are more liable to cancer.

FOREIGN BODY IN THE FEMALE BLADDER.

By J. LAMOND LACKIE, M.D., F.R.C.P.E.,
Gynæcological Tutor, Royal Infirmary, Edinburgh.

MANY cases of foreign body in the female bladder are recorded, and in every text-book reference is made to the subject, but the accidental introduction of a large tortoiseshell hairpin, as represented in the diagram, is, I think, sufficiently rare to justify my recording the following case.

On July 24th of this year I was asked by her medical attendant to see a lady, æt. 25, who gave the history that that morning at 5 a.m., on wakening from sleep, she felt a sensation of great itching in the region of the vulva. She therefore withdrew from her hair a tortoiseshell hairpin, and with the rounded end endeavoured to relieve her discomfort. Presently, however, the hairpin slipped from her fingers and disappeared, and to her surprise she found she could not regain it. Later in the day she informed her mother of the accident and began to have frequent and painful micturition. The lady's doctor was sent for, and, as on examination he could not detect any foreign body in the vagina, he concluded that it had passed into the bladder.

The patient being anæsthetised, the bladder was explored by means of a sound, when I easily detected the presence of a foreign body. The urethra

was therefore dilated by means of Hegar's bougies and the index finger of the left hand introduced until it came in contact with the two sharp points of a hair-pin of the nature described by the patient. An effort was first of all made to pass a pair of forceps alongside of the finger, and to approximate these ends and so withdraw the pin, but this proved impossible. I therefore determined to turn the foreign body so as to get the rounded end next the urethral canal. This I accomplished only with great difficulty, since when the pin came to be lying transversely, the sharp ends persisted in penetrating the membrane, and remaining fixed. Ultimately, but only after persevering for half an hour my object was attained, and then, on passing along a pair of very finely-bladed forceps the pin was grasped and easily withdrawn. There was considerable hæmorrhage from rupture of the external meatus, and one feared that owing to the considerable stretching of the urethra the patient might suffer from incontinence of urine for some time, but, fortunately this was not the case, as she never lost control of the function of micturition, and twenty-four hours later seemed perfectly well.

It is surprising to what an extent the female urethra may be dilated without any permanent harm. Although at one time the operation was frequently resorted to for purposes of diagnosis, of late years it has fallen into disuse, to a large extent owing to the introduction of improved methods of cystoscopy. Howard Kelly has especially condemned the dilatation of the urethra and the introduction of the finger as a means of diagnosis, and has devised a method of examining the bladder by direct illumination, which obviates much stretching of the urethral canal. However, in a case such as I now record it seems to me that the plan adopted was preferable to the alternative of anterior colpotomy and the removal of the foreign body per vaginam. In most cases, even after greater dilatation than that resorted to in this case, permanent incontinence of urine does not result, the patient regaining control of the bladder, if not at once, at most in the course of a few days. Further, the operation of colpotomy must always entail a certain risk of vesico-vaginal fistula.

RELATIVE WORTH OF ANTISEPTIC AND TECHNICAL IMPROVEMENTS FOR THE ACTUAL RESULTS OF OPERATIVE GYNÆCOLOGY. (a)

By Professor E. BUMM, M.D.,
Of Basel.

The absolute reliance on the protective power of antisepsis has been a good deal diminished by exact investigations, as it has been proved by a whole series of experiments and observations that elimination of all micro-organisms during the operation, has not yet been attained. We can sterilise the instruments and dressings, but no method has been discovered, at least up till now, that gives us with certainty the same result as to the skin of the hands and the part to be operated on.

A year's bacteriological research made during a great number of operations from beginning to end upon the skin of the hands as well as the operation field, the wound, the instruments, the dressing and ligature material, have given me the following results:—

1. There is no way to remove with certainty all micro-organisms from the hands. The successive use of soap and hot water, of alcohol, and of a solution of lysol or sublimate, for ten minutes each, are not sufficient to ensure the sterilisation of the skin. For these experiments rigid precautions, as prescribed in Hägler's method, are necessary to obtain satisfactory results. Above all it is not sufficient to examine only a small part of the skin of the hands, to remove the adhering remainder of the sublimate, taking into account the shrivelling of the skin by the alcohol.

2. The same conclusion is to be drawn with regard to the skin of the rest of the body and especially for the external genitals, the perineum, the vagina, &c.

3. During the course of the operation we find on the instruments and ligatures and in the wound principally the micro-organisms originating in the deeper parts of the epidermis and from the glandular ducts. In fifty great operations, under exact control, none were found entirely free from the presence of micro-organisms.

4. With the "aseptic" method, even when the operation is made in the best conditions and with the greatest precautions, the number of micro-organisms is far higher than that which is found in using the antiseptic method. At the end of the operation the, so-called sterile, salt-solution contains regularly micro-organisms and sometimes in great number.

5. The micro-organisms of the atmospheric dust are but of small importance in the infection of operation wounds.

6. Difficult as it is to operate without giving access to the micro-organisms, it is still more so to keep them away from the wound and its surroundings for a longer amount of time. It is, therefore, illusory to think that either asepsis or antisepsis can bring about a sterile condition of the wounds. According to circumstances there will be in every wound more or less bacteria. In spite of this proved presence of micro-organisms most wounds heal without suppuration or fever. This result is due to the bactericidal power of the organism. But this bactericidal power of the organism can be insufficient, and this occurs when the wound is brought into contact with virulent micro-organisms or when it presents bad conditions for the full development of the bactericidal qualities of the tissues and humours.

Formerly the access of virulent micro-organisms to the wounds was only a question of chance. Actually antisepsis gives us the means to avoid this contact. But, as virulent micro-organisms are generally found in the secretions of wounds and in the humours of the infected body, and as, on the other side, a true disinfection of the hand, impregnated by these infective secretions, is impossible, the dominating element of every asepsis or antisepsis should be the avoidance of the contact with septic matter, abstinence when the contact has taken place, and isolation of septic patients.

The second possibility of insufficience of the bactericidal power of the organism brings us to a point where the territory of technique covers that of antisepsis. Technique has to remedy the insufficiency of our antiseptic and aseptic means, it has to arrange the conditions of the wound in such a way that the may organism be able to win the struggle against the never entirely missing bacteria.

In this view it can be said that purely technical means have a great influence on the aseptic healing of wounds.

I should like to give some examples to show this more clearly.

A short and well-conducted operation exposes the tissues only for a short time to the influence of exterior surroundings and brings manipulation to a minimum; in this way it diminishes the chances of

(a) Abstract of paper read before Congress of Gynæcologists' Amsterdam, August, 1899.

accidental infection. The number of micro-organisms entering the wound will be a good deal less than in an operation of long duration, in which the tissues are lacerated by repeated manipulations.

In addition to this a short operation does not so much tax the resisting power of the wounded tissues as well as of the entire organism. To expose the peritoneal cavity during a long time has a well known bad influence on the heart, the intestines and the serosa. Asepsis has delivered us of the dangerous application of too much concentrated disinfectants.

The importance of hæmostasis for the aseptic healing of wounds is universally recognised. The drier the wound, the better are the chances for primary healing. On the other hand the blood, as soon as it has left the vessels loses its bactericidal properties and becomes an excellent medium of culture for the micro-organisms. This being especially the case for the peritoneal cavity, for abdominal operations exact hæmostasis is at least as important as exact asepsis.

Next in importance comes the choice of the operative way. Neither the operation per vaginam or by laparotomy should be condemned by principle. In cases when per vaginam the part to be operated can be better exposed to view, so as to facilitate exact hæmostasis and avoid injuries of the surroundings, presenting as it does the least danger, it is therefore the best. But should it appear that the employment of this method prevents obtaining a good view, it would be better to overlook the difficulties belonging to asepsis and follow the directions of the technique demanded by laparotomy.

A last point, where antisepsis and technique meet is drainage, and especially drainage of the peritoneal cavity. It is an established fact that drainage, even on the greatest scale, has no effect whatever on diffuse septic peritonitis. But the case is quite different when we have local troubles to deal with, as circumscribed abscess, extensive lacerations of the serosa or contact of the serosa with infectious matter. In these conditions we ought not to expect more of the peritoneum than from any other wound, and I then apply drainage by gauze tampons, from which mode of treatment, I have never experienced other than favourable results, and would prefer applying it once too often than omitting it.

From all this the conclusion ought to be that to obtain an entirely satisfactory result, antisepsis and improved technics have to go hand in hand. The one without the other is not sufficient. The history of intraperitoneal treatment of the stump in myomotomy furnishes a good example of the importance of technique in relation to antisepsis.

Antisepsis is easily learned and executed. But technicalities are more difficult to learn; they represent an art, that demands above all things a born aptitude. It is high time for instruction in surgical technique, of late much neglected for antisepsis, to be reinstated in its place of honour.

NOTES ON
POISONING BY PRIMULA OBCONICA. (a)

By E. MACDOWEL COSGRAVE,
M.D.DUB., F.R.C.P.I.,
Professor of Biology, Royal College of Surgeons; Physician to Cork Street Fever Hospital.

THE following notes on poisoning by primula obconica were suggested by a case which lately came under my care. The patient, who came to see me on September 23rd, 1898, was a lady who was very fond of gardening, and had in her greenhouse some fine young plants of primula obconica which she tended daily. For the previous seven weeks she had had irritable red patches on the wrists and forearms, with here and there the surface broken.

The eruption came out suddenly, appearing on the wrists and lower half of the forearms within twenty-four hours. In a few days it died away from the arms, and, as it died, came out at the back and sides of the ankles; in about a month the rash recurred on the wrists and arms, and had, when I saw her, remained out for about three weeks, although the plants were no longer being tended. The rash varied in appearance—sometimes it was urticarious, sometimes eczematous, and occasionally papules formed and passed on into pustules. There were attacks of intolerable itching, and sometimes of severe neuralgic pain; and all the time, whether the rash was visible or not, the patient had epigastric uneasiness and felt sick and out of sorts.

The progress was slow; bathing the affected regions with very hot water, and the application of dilute citrine ointment giving most relief.

On glancing over Neale's Digest and recent volumes of the medical journals, and such papers as *The Garden*, *Gardening*, and the *Gardeners' Chronicle* a number of references will be found to toxic symptoms following contact with primula plants.

Primula obconica was introduced into this country about 1880, and as it flowers freely all through the winter it has rapidly come into favour. It has loose umbels of pale lavender blossoms and slightly tapered leaves from whose shape it derives its specific name.

Other varieties of primula also have poisonous properties, especially P. Sieboldii (1), which under the name of Cortusoides amœna was introduced into these countries about 1864.

As these cases occur among those handling plants the hands are more generally affected. In my case short gloves were worn when gardening, so the wrists were the seat of the disease. With gardeners the parts of the hand least well-protected by a thickened horny layer are generally affected. Thus, Dr. Allan Jamieson (2) describes a case where the ball of each thumb and the back and extending to the palmar surface of some of the fingers was the seat.

When other parts are affected it may be by contact, and they are then those parts which are most easily touched by the hands. Dr. Kingsley Ackland (3) records the case of a lady who had repeated attacks on her hands, and on one occasion had her chin affected.

In Dr. Clark's (4) case the eye-lids were affected from rubbing them to remove flies.

Dr. Oldacres (5) describes a case accompanied with much swelling of the face and much œdema of the eye-lids.

Dr. Wilson, (6) of St. Andrew's, mentions the case of a lady who suffered martyrdom with an irritable rash on her neck and chest. She was very fond of the primula obconica, and always wore its lavender flowers in the evening. When the favourite flower was given up the rash disappeared.

There may be extreme sensitiveness to the poison. A lady (7) at dinner complained of irritation of the face and nose and of the body generally; four pots of this primula were on the table, on their removal the irritation subsided. Next day the irritation recurred when the lady was in the conservatory, although she was not within six feet of the plant.

Sometimes, however, as in a case of which I have notes, the rash is general, and so its extension from the parts which touched the leaves is due not to external but internal causes.

The rash varies in appearance in accordance with the intensity of the attack. In its lightest form i is a simple dermatitis with a more or less abundan

(a) Read in the Medical Section, Royal Academy of Medicine, May 19th, 1899.

crop of small red papules. (11) Dr. Ackland (3) speaks of it as an intensely irritable papular eruption. Cases described by Dr. Oldacres (5) have been called by some eczema, and by others urticaria. Dr. Sym (1) describes the appearance as that of a moist eczema, papulous and excoriated.

Dr. Allan Jamieson (2) describes a severe case as having "well-defined, hard, red, scaly areas. The edge was distinctly raised and linear, the horny layer of the epidermis ragged and undermined. The general surface of the patches, which were of considerable extent, was rough to feel, thickened, and had a tendency to fissure."

The course of the disease can best be understood by comparing the descriptions of a light and a severe case. In the former, (3) in a little more than twelve hours after contact with the leaves, a broad band of small papules appeared on a raised base, and gave rise to almost intolerable itching.

In a severe case as described by Dr. Leighton (9) the patient was "suffering from tremendous œdema of the right hand, with well marked lymphagitis of right arm and tenderness in axillary glands. Next day there began a profuse serous discharge from between the second and third fingers. The pain in the joints was excessive, and the patient was slightly feverish. The discharge continued for eight days, gradually decreasing.

In addition to the itching, which is generally urgent, there is often severe neuralgic pain, and frequently, as also occurred in my case, there are dyspeptic symptoms. (5)

The duration of the rash is variously described. Dr. Clark's case (4) must have been mild, for desquamation ending in recovery took place in four or five days. In my case the skin trouble lasted several months, and in the case of a gardener, of which I have notes, it lasted a couple of years.

Tolerance is not easily established, as in a case published by Dr. Clark where some plants were brought indoors (their leaves being held aside daily whilst the roots were watered), the condition of the owner's hands became chronic. Several cases have been reported where handling the flowers after cure led to repeated attacks which showed no diminution in severity.

A troublesome symptom is the occurrence of relapses. My own case affords an example of this, and Dr. Leighton (9) reports a case with two relapses, the time between the first and second being eight months, and between the second and third sixteen months.

Dr. Pooley (10) reports a very interesting case:—"A market-gardener who used primula obconica in making funeral wreaths did so with impunity until he got an attack of facial erysipelas (his son, who did not touch the plants, had erysipelas at the same time, which confirms this part of the diagnosis), and got six relapses when working with the primula, the fingers also being affected." This susceptibility to primula poisoning following erysipelas is interesting.

The discovery of the cause of the attack is sometimes due to the patient being a reader of gardening papers. In a case reported by Dr. Oldacres (5) the discovery followed indirect experiment—An old lady who suffered repeatedly from a troublesome rash and always got relief by going away from home read a letter in the *Gardeners' Chronicle*, and suspecting that her troubles might arise from the same cause gave up handling the plants, and received the benefit that had previously followed the change of air.

Direct experiment was made by a lady whose case is reported by Dr. Ackland (3)—"She bared her arm and lightly pressed a bunch of its leaves round the middle of the forearm. Nothing happened until the next day, more than twelve hours after the experiment, when a broad band of small papules appeared on a raised base, giving rise to almost intolerable itching."

Dr. Wilson, (6) of St. Andrew's, examined the plant and found glandular hairs on the leaves, which he suggested as the cause of the trouble. Greenwood Pim, F.L.S., has kindly examined the hairs for me and reports—"The hairs on the leaf-stalk, flower-stalk, and mid-rib are of two kinds—one long and rather slender with six or seven septa and a slightly glandular tip, apparently, not functionally glandular; the others short, about two to three septa with a distinctly glandular tip, containing a yellowish-brown material, doubtless the irritant. The hairs are delicately striated under a high power. Those on the lamina are few and rather conical, also with aborted glands."

It is probable that the young freely growing leaves have most effect, (11) and possibly some plants are more virulent than others, as generally when the disease occurs several people are affected.

Dr. Oldacres (5) records how a lady "by way of experiment has handled the plant a few times, which has always resulted in the return of the rash and the dyspeptic symptoms. Further, two of her nephews who have been staying with her have handled the plant to test its effect upon them, and have suffered from the rash in the same way." And a gardener (12) who tried to infect himself failed, although, subsequently, when engaged in potting plants, he got a severe attack.

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DUSTING POWDERS IN DISEASES OF THE SKIN.

By DAVID WALSH, M.D.Edin.,
Physician, Western Skin Hospital, London, W.

The treatment of diseases of the skin offers, as regards the application of remedies, certain advantages that do not as a rule present themselves in dealing with internal maladies. In other words, the dermatologist is able to apply his medicaments directly to the diseased surfaces, and to note results with accuracy and certainty. He finds lotions, ointments, wet or dry dressings, dusting powders, plasters, varnishes, pastes, liniments, and other approved methods ready to his hands. By these means he may direct his attack so as to secure short or prolonged contact af antiseptics, calmatives, stimulants, protectives, caustics, parasiticides, and the rest of his therapeutic weapons. The use of dusting powders dates from ancient times. Their function is two-fold, (1) Cosmetic, to dry up the physiological moisture or greasiness of the skin, as in the ordinary face powder; (2) Medicinal, to absorb discharges from inflamed surfaces, and also to medicate and protect the skin from contact with irritating material.

1. Cosmetics. Little need here be said under this heading. The practice of "powdering" the face was probably known to primeval woman, and dated from her first consciousness of the advantages of personal attraction. That the rubbing of powders into the

face is bad for the skin cannot be doubted. Sometimes irritant or poisonous substances, such as arsenic or lead are contained in the powder. Even when the ingredients are in themselves harmless, it follows from the nature of the application that the ducts of the skin will be more or less obstructed. Clearly, the finer the powder the more mischief is likely to ensue from the choking of sweat and sebaceous ducts.

The use of toilet powder in the nursery, however, is a good and sufficient excuse under the conditions that rule the rearing of children, whatever may be said of adult cosmetics. Its chief function is to absorb irritating discharges and keep the skin dry. For that purpose it is freely sprinkled over the buttocks and genitalia of babies, in whom the exigencies of civilised up-bringing have decreed that the evacuations shall be caught and confined in napkins. The irritant nature of that particular kind of infant swathing is shown by the frequency with which rashes are confined to what is aptly termed the "napkin area." As everyone knows who is versed in the skin affections of infantile syphilis, the development of a specific rash is most typical and common in that particular region of the body. Now and then there can be no doubt that the toilet powder sold by the chemist has contained an irritant drug, but the majority of cases are due to other causes. If good powders be used for normal and abnormal skins there will be little difficulty in vindicating the traditions of the nursery as to their value and necessity.

The best drying powders for babies are made of the simplest materials. Where the skin is healthy violet powder, starch, or fuller's earth, if pure, will answer the surpose. The addition of a little boracic acid or other mild antiseptic is desirable. It is hardly necessary to use the pure boracic acid that forms the bulk of some toilet powders. Where the surface of the skin is inflamed the nature of the powder should be modified. In cases of slight irritation the following formula is excellent:—

R Acid Boracic Pulv.;
Calamine, āā ℥ij;
Amyli Pulv., ad ℥ij;

M. ft. pulv.

Where there is weeping or severe inflammation (especially if syphilitic) two drachms of Europhen may be added.

2. Medicinal.—Dusting powders are chiefly useful in all periods of life in the treatment (*a*) of inflamed folds of skin, or intertrigo, in groin, armpit, and so on; (*b*) of excoriated and weeping surfaces; (*c*) of open ulcers.

(*a*) These eczematous inflammations of opposed folds or areas of skin are often due to seborrhœa, or to parasitic fungi. They are common in the groin, armpits, bends of arms or legs, perineum, about the scrotum and buttocks, between the mammæ, and creases of the skin of neck and belly in stout persons.

The writer has found the best powders for this condition are made of starch, with oxide of zinc, or calamine, and an antiseptic in the shape of boracic acid (℥j or ℥ij to the ounce), salicylic acid (grs. x. to the ounce) or Europhen (℥ss or ℥j to the ounce). The last-mentioned is an odourless substitute for iodoform. The addition of a little calomel is often useful.

(*b*) Excoriated surfaces, result from injury, or from an irritant which may attack the skin from without, or according to the writer's theory of excretory irritation, either from within (*a*). A true eczematous condition, that is, a catarrhal weeping inflammation of the skin without obvious cause, is probably an extremely rare condition. In any case the object of the powder is to protect, to absorb discharge, and act as an astringent, to provide an antiseptic and aseptic application, and indirectly to form an artificial scab, and thus imitate the natural processes of healing.

Starch is one of the best drying applications to a moist inflammatory surface. Another excellent application is the compound powder of chalk. Slight astringency is obtained by adding zinc oxide or carbonate (calamine) and antiseptic action by boracic acid, salicylic acid or Europhen. Calomel is a good powder for unbroken skin, but is apt to do damage in a moist or discharging skin, possibly owing to the formation of a perchloride. Its use is strongly indicated, however, in syphilitic rashes about the buttocks of children. Kaolin (a silicate of alumina) is apt to irritate some skins, but can be used with a tar preparation. Iodoform, besides its unpleasant smell has the disadvantages of setting up an acute dermatitis in some persons who have a predisposition against the drug, and other vehicles of active agents are rice, arrowroot, orris root, lycopodium, and talc.

For a simple excoriated surface:—

Calaminæ, ℥ij;
Europhen, ℥j;
Amyli, ad. ℥j.

M. ft. pulv.

(*c*) Open ulcers, whether specific or non-specific, are often greatly benefited with dusting powders. Certain precautions are needed. Boracic and salicylic acids often cause great pain. Calomel is rarely safe to apply to any but the syphilitic sore, whether hard or soft. Iodoform is excellent for both ulcers, whether specific or non-specific. Europhen is somewhat less active as a substitute, but has not the offensive smell of iodoform. A plan used by the writer in treating non-specific ulcers is to incorporate a bland powder (e.g., starch and boracic acid), with a pad of absorbent boracic wool, applied as a dry dressing. The usual way of applying these external applications is to dust the material on with a swan's down pad or a pledget of cotton wool; or it may be peppered over the surface from a small dredger. One of the most satisfactory ways of procuring prolonged contact with the skin is by Unna's plan, by which the powder is sewn up in long flat bags, and bandaged to the skin.

The use of dusting powders is a point that will repay the attention of medical men engaged in practice. The foregoing brief sketch of their essential features will, it is hoped, prove of some practical service to the readers of this journal.

(*a*) "Excretory Irritation." By D. Walsh, M.D. London: Bailliere, Tindall, & Cox. 1897.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, NOVEMBER 1ST, 1899.

MR. ALBAN DORAN, President, in the Chair.

TUBERCULOSIS OF THE FALLOPIAN TUBES AND UTERUS IN PHTHISIS.

DR. P. D. TURNER gave the results of the examination of the genital organs of twenty-seven consecutive cases of phthisis in female subjects at the Brompton Hospital. Tuberculous lesions of an undoubted character, the bacillus being present, were found in five cases = 18·5 per cent. In one the tubes alone were involved; in two the tubes and the body of the uterus; in one the tubes, body of uterus and cervix, and in one the tubes, body of uterus and ovary were affected. All five were cases of chronic phthisis, and all had intestinal ulceration. In seven of the remaining cases there was some evidence of interstitial or catarrhal sal-

pingitis, the condition in several suggesting a tuberculous origin. No note had been taken of tuberculosis of the peritoneum merely covering the genital organs. The results, as far as they went, seemed to show that tuberculosis of the uterus was more common than supposed. He pointed out that the typical tuberculous tube was much thickened and distended, and showed an opaque yellowish-white surface with a swelling which increased from the uterus to the junction of the inner and middle thirds, the outer two-thirds being more or less cylindrical and the thickening ending abruptly at the fimbriated extremity. The extremity of the tube was often pervious showing the caseous contents which sometimes projected through it. The adherent extremity of the tube often formed part of the wall of an abscess cavity, more rarely there was hydrosalpinx as in a case where the tuberculosis appeared recent and acute. It was evident that the disease had advanced from the outer to the inner extremity of the tube. He described the earliest appearances adding that at a more advanced stage, giant cells with bacilli were found. Still later, the mucous membrane was replaced by tuberculous material, the muscular coat ultimately being invaded. At this stage, giant cells were still visible, but the bacilli rarely. In the ultimate stage, the tube was represented by a caseous mass covered only by peritoneum. He pointed out that the ovary did not offer the same nidus for infection, and hence was comparatively rarely diseased.

Mr. TARGETT mentioned that out of 2,500 autopsies in women during 12 years in St. Bartholomew's, in only 12 was tuberculous disease of the tubes noted, less than one per cent. In 450 there was old or recent disease of the lungs, and of these, 45 had tuberculous peritonitis, and 20, tuberculousdisease of the tubes and ovaries.

The PRESIDENT suggested that the hydrosalpinx was a source of irritation which sealed the tube. Primary tuberculous disease of the tube was a very serious condition, in which the question of removal must be entertained.

Dr. TURNER, in reply, said that none of the patients presented any symptom referable to the uterus or tube. The dictum that tuberculosis anywhere in the body always showed itself in the lungs after puberty was falsified by one case, in which nothing was found in the lungs. In the early stage one met with bacilli and no giant cells, while later the giant cells developed and the bacilli disappeared.

TWO CASES IN WHICH LIFE APPEARS TO HAVE BEEN SAVED BY ANTISTREPTOCOCCIC SERUM.

Dr. G. ERNEST HERMAN began by remarking that judgment as to the therapeutic value of the antistreptococcic serum is difficult, because we know not yet enough about the effects of the streptococcus. If the antistreptococcic serum fails, it may be because it is used too late, or because the patient has been poisoned by some microbe other than the streptococcus. In some cases published as examples of success from the antistreptococcic serum, it has seemed to the author, from reading the reports, that some of the patients were never in danger, and that in some recovery was to be attributed to other therapeutic measures (such as removal of retained placenta) used at the same time as the serum. For these reasons it seems to the author impossible at present to draw conclusions as to the value of the serum from statistical tables. The author submitted two cases, in which, in his opinion, the symptoms were such as to warrant a very unfavourable prognosis, but nevertheless the patients got quite well after antistreptococcic serum. The first was a case in which a severe operation was followed by great prostration from which the patient recovered, but the rally was followed by renewed prostration, such as in the author's former experience had ended in death. With antistreptococcic serum the symptoms quickly improved, and the patient got well. The second was a puerperal case, in which the occurrence of three severe rigors on successive days led the author to think that the patient was suffering from pyæmia, and that secondary abscesses, &c., might be expected. With antistreptococcic serum the symptoms improved, and the only development was a small patch of cellulitis which ended in resolution. He admitted the difficulty and uncertainty of prognosis in cases such as those now reported, but he submitted that, in the present state of our knowledge, it is only by the consideration of cases such as these that judgment can be formed.

Dr. CLAPHAM (Wimbledon) referred to a case delivered by a midwife, in which the patient presented symptoms of marked septicæmia. There was nothing in the uterus, but he washed it out with bichloride solution without any effect on the temperature, which, however, fell during the next day. High fever with rigors occurred on the fifth day, and he curetted. Still the temperature increased, so he gave 15 cc. of serum. The temperature fell to 102 degs., but rose again to 105 degs., and did so for five nights. The patient was desperately ill, but on the tenth day, after five injections, great improvement took place. A subsequent rise of temperature occurred, followed by effusion into the knee, and an abscess formed in the left labium. The blood was examined, but nothing of interest was found.

Dr. HORROCKS said that at first he thought he had got hold of an unfailing remedy, but subsequent experience had qualified this belief even when used at an early stage. He was afraid that the bad cases did not recover, and he mentioned several instances in support of this view. He thought, however, that in bad cases the serum afforded the only possible chance, and he hoped that in time it might be made more active.

Dr. A. ROUTH said that something ought always to be done besides giving the serum, therefore one could never be sure how much of the credit was due to the serum. He referred to the only case in which he had used it, in which immediate improvement had followed.

Dr. CULLINGWORTH said nothing was more difficult than to estimate therapeutical effects, and he related a case which was rapidly getting worse under ordinary treatment. A fortnight after admission the interior of the uterus was examined, but practically nothing was found to account for the condition. Then serum was given in 12 injections of 10 cc. in seven days, yet the temperature that day was 104·8 degs. F. He also referred to another case of a patient who had been curetted and some decomposing material removed, but she got worse instead of better, so serum was injected and the temperature immediately fell, although before the serum was used that patient was almost moribund. He urged that every case in which it was tried should be recorded.

Dr. EDEN observed that their treatment seemed to be outrunning their pathology. The streptococcal origin of puerperal fever was by no means proved; indeed, its etiology appeared to be very varied. He thought it was of prime importance in all these cases to demonstrate the presence or absence of the streptococcus. The author did not seem to attach much importance to bacteriological examination, but if the streptococcal origin were not proved, their treatment was empirical. Any future improvement in the mortality of puerperal fever might fairly be attributed to the new treatment.

Dr. CULLINGWORTH observed that the object of "prime importance" was to cure the patient.

Dr. EDEN retorted that the search for the bacterium need not prejudice the cure of the patient.

Dr. CULLINGWORTH said it would if they had to wait.

Dr. EDEN replied that it was not indispensable to await the result of the examination.

Dr. ROBINSON said that if they were going to wait until the bacteriology of puerperal fever had been worked out they might have to wait a long time. He referred to a case of his own in which, on the third day, the patient, who had been attended by a nurse, had a rigor and became very ill. He saw her on the eleventh day when she appeared to be dying. He mentioned incidentally that the whole of the vagina was covered by a thick whitish-yellow membrane, which contained streptococci. He advised serum treatment, and within a day or two the membrane melted away and the patient began to recover. With reference to the suggested bacteriological examination he asked how it was intended this should be made?

Dr. EDEN said by examining the uterine excretions and the blood.

Dr. POLLOCK suggested that the cases which recovered

were cases of pure infection, and those that did not recover of mixed infection.

Dr. MACLEAN insisted on the fact that practically the same disease was produced by a large variety of organisms, and the serum which rendered immune to one germ was perfectly tolerated by another so that the injection of antistreptococcal serum might be far from a help.

Dr. A. ROUTH recalled that on a previous occasion Dr. Callingworth had stated that the serum was harmless even when it did no good.

Dr. HORROCKS said that if properly sterilised it was probably absolutely safe, and might even supply a little nourishment to the patient, and he mentioned that a dog had been kept alive by injections of serum for three months without loss of weight. It did not matter if the serum were a little coloured, but it should not be used if turbid.

Dr. SPENCER said he gathered that the general sense was in favour of continuing the use of the serum in cases of septicæmia. He doubted whether the streptococcus was as frequent as all the other organisms put together as a cause of septicæmia. It did not seem reasonable without knowing this to employ the serum. He stated that the injections were by no means free from danger, for there were cases in which death had occurred shortly after them. He had not been struck by the result in the author's cases, for he had seen similar cases recover without the serum, moreover, the injections were sometimes followed by a rise instead of a fall of temperature. In short, he looked upon it as an empirical treatment, the value of which was far from proved.

The PRESIDENT observed that however desirable such a remedy might be, he was afraid it could not yet be said that the serum was that remedy.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD WEDNESDAY, NOVEMBER 1ST, 1899.

Sir JOHN BATTY TUKE, President, in the Chair.

DR. JAMES showed a patient, æt. 9, the subject of slight "cretinism." Her younger sister, æt. 7, was eight inches taller, and suffered from a cystic goitre.

Dr. JAMES also showed a rare skin affection—keratodermia symmetrica erythematosus.

Dr. GIBSON showed a case of slight "cretinism" with cystic goitre.

Dr. LOVELL GULLAND read a paper on

THE IMPORTANCE OF THE EXAMINATION OF THE BLOOD IN DOUBTFUL CASES OF DISEASE.

The author first emphasised the necessity of examining the blood in all doubtful cases, a procedure too much neglected in this country, though its value was fully recognised in America and Germany. The blood was the only tissue which could be examined during life, and this alone was enough to show the importance of not neglecting it. Cases of blood disorder, pernicious anæmia, leucocythæmia, and the like, did not come within the scope of the paper. In systematic examination of the blood we had to consider the number of the red corpuscles, and the percentage of hæmoglobin, the number of the blood plates, the rapidity and amount of fibrin formation, and most important of all, the number of leucocytes and the proportions of the different varieties. The enumeration of the red corpuscles was of less importance in general disease than in blood disorders. This was because alterations in them, secondary anæmia, were more or less the same in all diseases, depending entirely on the severity of the cause producing them. At the same time, the number of red corpuscles present in an acute or chronic illness had an important bearing on the prognosis. The number of the blood plates and the amount of fibrin were difficult to estimate, and, with one exception, were of little diagnostic value. But in cases where the diagnosis lay between malignant disease and suppuration—in both of which a leucocytosis was present—the amount of fibrin might be of value, as it was decreased in the former, and increased in the latter. Far the most information, however, was got from the leucocytes. Indeed, for clinical work, a leucocyte count and the preparation of stained films were the essentials. The amount of the hæmoglobin could be roughly estimated by the colour of the blood, and from the stained film an approximate idea of the number of red cells could be obtained. As regards the leucocytes, we had to consider the total number and the proportion of the various kinds. The latter could only be judged of by carefully counting those on a stained film, and at least five hundred cells should be counted. The diagnostic results of systematic blood examinations were illustrated by a number of cases from Dr. Gulland's own experience. A patient had been subjected to a cosmetic operation on the face. The wound healed well, but on the fourth day the temperature rose and the man complained of a sore throat. There was an epidemic of influenza at the time, and the question arose whether the condition was septic, a simple tonsillitis, or influenza. The blood count on the sixth day showed 2,000,000 reds, 30 per cent. of hæmogobin, and 24,000 leucocytes. Influenza was absolutely excluded by the leucocytosis, and tonsillitis by the anæmia, so that a diagnosis of septicæmia was made, which subsequent events confirmed. In the case of a woman the temperature rose about the tenth day of the puerperium, and there was some anæmia; locally, nothing was to be made out. The examination of the blood showed great diminution of the red cells and marked leucocytosis. The case had been thought to be one of pernicious anæmia, which sometimes developed after parturition, but the leucocytosis put this out of court, and led to the correct diagnosis of septicæmia. A number of other illustrative cases were described, the chief points brought out being the absence of leucocytosis in tuberculosis (unless complicated by a septic infection), in measles, and in influenza; its occurrence to a comparatively slight extent in typhoid, and its constant appearance in pneumonia even from the initial rigor, and in septic conditions. In septicæmia, too, a very great and rapid destruction of the red corpuscles was an invariable accompaniment. The study of the different leucocytes in disease was also well worthy of attention. The eosinophiles, for instance, were increased in asthma, thus affording a distinction between true spasmodic asthma and the dyspnœa of cardiac and renal disease. They were also increased in certain skin diseases, such as dermatitis herpetiformis and pemphigus, but the most marked eosinophilia was seen in trichinosis. This last was a comparatively recent observation, whose accuracy, however, had been confirmed; the eosinophiles might form as many as 68 per cent. of the total leucocytes. In conclusion, Dr. Gulland pointed out that in drawing conclusions from an examination of the blood, the other signs must not be lost sight of, and the possibility of a complication causing leucocytosis had also to be borne in mind. The paper was discussed by Drs. Alexander James, Chalmers Watson, and Foulis.

The retiring President then delivered a short valedictory address, in which he alluded in suitable terms to the losses the society had sustained through death during the past year. Among the thirteen members the society had lost were Sir William Jenner, John Moir, the father of the profession in Edinburgh, John Struthers, William Rutherford, and John Duncan. In passing the work of the session in review, the President remarked that they had had no papers bearing on the three great questions of public health—vaccination, the prevention of tuberculosis, and the prevalence of venereal disease—which were at present agitating the public mind.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD ON NOVEMBER 3RD, 1899.

Dr. J. B. BALL, President, in the Chair.

A NATIVE enema apparatus brought from the Upper Congo River, Central Africa, by Mr. W D. Armstrong, was shown by Mr. MCADAM ECCLES. The instrument

consisted of a medium-sized calabash, together with a small cane pipe, some three inches in length and the size of an ordinary lead pencil, fixed into the smaller end of the calabash, the fluid being allowed to run into the section by hydrostatic pressure.

Dr. Mansell Moullin exhibited the ovaries removed from a patient, æt. 40. Both ovaries were enlarged, and the capsules thickened, one containing a cyst the size of a walnut.

Mr. Pardoe read a paper entitled

SOME MODERN METHODS OF TREATMENT IN CHRONIC URETHRITIS.

He said that great changes had taken place in the treatment of gleet during the past few years, due to improved methods of diagnosis, whereby we were enabled to treat the causes, and not merely the symptoms of this trouble. Before successful treatment occurred, localisation of the seat of the disease was essential. After explaining the methods in use which were best calculated to attain this object, he proceeded to describe various modes of treatment which were most likely to cure the diseased condition of the urethra, causing the gleet.

The paper was discussed by Drs. Bell and Lloyd, and Messrs. Swinford Edwards, and Bidwell. Mr. Pardoe replied.

Mr. Swinford Edwards read a paper on

URINARY OBSTRUCTION,

with cases illustrating some of its causes, He said that obstruction to the free flow of the urine was due to changes, either in the prepuce, the urethra, the prostate, or the bladder. The first case illustrating his remarks was one of stricture and impacted urethral calculus. The calculus was removed after urethrotomy with Otis's instrument, with complete success, the patient being able to pass water naturally for the first time for many years. The next case was that of a patient operated on by the author for stricture and perinæl fistula. The last case narrated was that of a patient who suffered from obstruction due to an enlarged prostate; vaseotomy was performed on one side with such an excellent result that it was proposed to at once perform the same operation on the opposite side. The paper was discussed by Drs. Bell and Lloyd and Messrs. Bidwell and Pardoe. Mr. Swinford Edwards replied.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

Annual General Meeting, October 27th.

Dr. Barclay Baron, President, in the Chair.

Dr. Dundas Grant read notes of a case of

SUDDEN NERVE DEAFNESS

of the right ear in a woman, æt. 40. Prior to the attack she had menorrhagia and diarrhœa, with passage of blood from the bowel; and following the deafness, vertigo and nausea. The loss of hearing was chiefly for tones of the middle pitch. There was diminution of the pharyngeal reflex, exaggerated knee-jerk and comparative hemi-anæsthesia. The condition might be due to Meniere's disease, to anæmia of the auditory nerve or to hysteria, The hearing soon improved, and is now nearly normal.

Dr. Dundas Grant showed a microscopical section of an epithelioma from the temporal bone of a male patient, æt. 45. The symptoms simulated necrosis of the temporal bone. A mastoid operation was performed with considerable relief, though the disease is slowly advancing.

Mr. Bark (Liverpool), remarked that he had lately seen an almost similar case with rapidly recurring aural polypi.

Mr. Wingrave thought that the growth commenced in an epidermal region.

The President delivered an address upon "Correlation of General Medicine and Laryngology, Rhinology and Otology."

The President showed a case of double uvula in a child associated with a curious defect of speech.

Mr. Wingrave considered the case to be one of cleft-palate, and that the defective articulation was due to a different condition.

Dr. Abercrombie again showed his case of "laryngeal papilloma" exhibited at the meeting in April. In the interval the tonsils and adenoids had been removed, and the growth afterwards treated with astringents; it is now much diminished in size.

Dr. Whistler showed a useful instrument for gauging the antero-posterior length of spurs.

Dr. Reid for Dr. Orwin showed a convenient apparatus for applying continuous heat to different regions of the body.

Dr. Tresilian showed a case of new growth in the left maxillary antrum of a child, which produced considerable swelling of the left cheek. A discussion ensued as to the seat and the nature of the growth. He also read notes of (1) a case of "anosmia" following head injury; (2) a case of severe bilateral "acute otitis" with facial erysipelas.

Mr. Nourse showed for Dr. Jakins, a case of "malignant growth of the larynx" in a phthisical patient.

Mr. Wyatt Wingrave showed a case of "suppuration of the maxillary antrum." Persistent pain and discharge from the left nostril had followed the extraction of an upper molar twelve months before. On examination, a small opening was found at that site through which a fine probe could be passed into the left nostril. The opening in the alveolus was enlarged with a drill, and fœtid pus evacuated.

Mr. Wingrave also showed a woman from whose left ear he had removed an ivory exostosis with a drill trephine. The deafness from which she previously suffered was relieved.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held on October 26th, 1899.

The President, Dr. Burgess, in the Chair.

Mr. Pye-Smith showed a case of double coxa vara, together with a skiagraph, in a boy, æt. three. He was the youngest of seven children. There was evidence of rickets in him and in two of his brothers. He did not begin to walk till he was over two years old. He had a waddling gait and soon got tired. There was lordosis, slight eversion of the feet, great restriction of abduction, and some diminution of internal rotation. The great trochanters were an inch above Nélaton's line, the heads of the femora could not be felt, nor could the limbs be lengthened by traction. The diagnosis from morbus coxæ, and from double displacement of the hips was pointed out.

Mr. Dale James showed an unusually fine example of tattooing on the chest and forearms.

Dr. Arthur Hall showed (1) a case of lichen planus, and (2) a case of serpiginous syphilide.

Dr. Burgess showed (1) a case of Addison's disease; (2) a case of hemiatrophy resulting from injury to the skull in infancy; and (3) a tumour of the pons.

Dr. Sinclair White read a paper on

ASEPTIC SURGERY.

He stated that no one now doubted the germ origin of septic diseases, but it was open to question whether in surgical practice the application of Lister's memorable discovery was as wide as it should be. The fault, if any, rested with our teachers, who should insist that failure to resort to measures for securing aseptic healing of wounds is tantamount to gross professional negligence. Sterilisation should be the first and, except in operations, through septic tissues, the only line of defence against septic micro-organisms. With efficient sterilisation the subsequent use of antiseptics is illogical and unnecessary. Heat, in the form of boiling water or steam, should be used for disinfecting instruments, ligatures, dressings, and towels. The skin, after thorough cleansing with a nailbrush, soap, and hot water, should be disinfected by a five minutes' contact with a 1 in 500 solution of biniodide of mercury in methylated spirit. An aqueous solution of the

same salt, 1 in 1000, should be used for disinfecting wounds. Ligatures should be of silk-worm gut, which in various sizes is applicable to all kinds of work. Vessels should be twisted rather than tied. Drainage was unnecessary and a source of danger in operations through healthy tissues. We do not drain the non-dependent lacerated wound filled with blood and bone dust produced in performing osteotomy, yet logically if drainage were ever required, in non-septic operations it should be resorted to here. Aseptic healing was a painless process, and deviation from this condition should excite suspicion of something having gone wrong. After operations the pulse and temperature should be carefully watched. A slight degree of fever during the first 48 hours was common, and need not cause anxiety; but, generally speaking, if all were going on well, the pulse and temperature should be normal on the evening of the third day, and remain so afterwards.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, November 5th, 1899.

CONTRA-INDICATIONS FOR THE USE OF CACODYLATE OF SODA.

AT the Academy of Medicine, M. Gautier spoke on the preparations of cacodylate of soda, which when administered, he said, by the mouth or by the rectum, produced frequently symptoms of intolerance; the patient complained of cramps in the stomach, and the breath presented a garlic odour. These symptoms persisted several days after the suppression of the drug. He had also remarked that in individuals whose kidneys were perfectly sound, and *a fortiori* in those more or less impermeable, the prolonged injection of cacodylate of soda produced only temporarily albuminuria. On account of this inconvenience, due to an incomplete reduction of the agent in the intestine, M. Gautier renounced its employment by the mouth or the rectum in favour of hypodermic injections. Not only was the odour of garlic thus avoided, but also the other troubles. His formula was:—

Cacodylate of Soda, ʒiss.;
Phenicated Alcohol, ♏x.;
Distilled Water, ʒiijss.

Each syringe represented one grain of cacodylic acid, that was to say, the average dose for an adult in the twenty-four hours, but which might be doubled without danger on the condition that the treatment was suspended every eight or ten days during a lapse of time equal to the period the patient was under the treatment.

OPERATING PHIMOSIS WITHOUT CIRCUMCISION.

Dr. Lambert, of Dunkirk, operates phymosis without having recourse to the classical method of circumcision. His method is based on the principle that the phimosis comes from atresia of the mucous membrane, and that it suffices to effect a cure by simply increasing the diameter of the membrane without touching the cutaneous envelope.

After having prepared the parts by means of antiseptic irrigations, and made one or two injections of cocaine to obtain the necessary degree of anæsthesia, he seizes the prepuce with three forceps disposed at equal distances from each other. Taking a pair of scissors, he makes a small nick in the mucous membrane between each forceps, through which he introduces the fine point of the scissors, passing between the membrane and skin and slits up to the sulcus. The prepuce thus dilated the glans becomes free. The small incisions are sutured, and the wound dressed in the usual way. The prepuce is then drawn over the gland, remaining thus dilated until the cicatrisation is complete.

BEER YEAST IN VAGINAL GONORRHŒA.

Dr. Sirejay is in the habit of employing in his hospital service beer yeast in the treatment of blenorrhagia in women, according to the method of Dr. Landau, of Berlin, who employed it in leucorrhœa. A plug of cotton steeped in a mixture of fresh brewery yeast and sweetened water is introduced into the vagina and renewed daily. The treatment brings about a rapid modification of the mucous membrane, and a notable decrease of the secretion, although it did not effect a complete cure.

ERYSIPELAS AND ICHTHYOL.

A *confrere* publishes a series of 250 cases of erysipelas treated exclusively by him with ichthyol; the patients belonged to all grades of society, and their ages varied from six months to eighty-seven years. After having cleaned the surface with a plug of cotton wool wet with alcohol, he applies with the fingers an ointment of vaseline and ichthyol (13 to 30 per cent.) The treatment is renewed every four or six hours. Recovery was in every case rapid.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, November 4th, 1899.

SIX YEARS' EXPERIENCE IN KOCH'S TREATMENT OF TUBERCULOSIS.

IN the Zeitsch f. Hyg. und Infections Krank, Dr. Fr. Krause records his experience in this department of therapeutics. The article, which is intended mainly for practitioners, shows what results can be achieved in the treatment of tuberculosis, and expresses the wish that the writer's experience may encourage others to take up the subject in a practical manner. He does not think it necessary that the method should only be used in special centres, and by experts only. He is of opinion that, if only slowly, the tuberculin treatment will work its way into general practice. He advises practitioners not to found extreme opinions regarding it, and not to advise their patients to decline to allow themselves to be treated by "this poison."

The writer has used tuberculin since 1892, and since the introduction of the new tuberculin he had used it. In the present article forty-one cases are recorded, which, as a basis for an opinion, are the more valuable, as they were under observation for years. Of the forty-one cases thirty were without complication, whilst in the remaining eleven the infection was mixed. In the later class the secondary infection was overcome in four cases, in seven it persisted in spite of all treatment. Of the patients in the first category three acquired a mixed infection that could not be overcome. In addition to the thirty cases of the first class there were the four of the second in whom the secondary infection was overcome, who were submitted to the tuberculin treatment. Of these thirty-four, twelve were at the time of writing temporarily cured, three were improved, two were still under treatment, three did improve but succumbed with second infection, one was improved but became second-

arily infected but was still living, three showed themselves unsuitable for tuberculin, in three the tuberculin was used for diagnostic purposes only, and one case got worse under the treatment. There remain twenty-seven cases in which the tuberculin was used therapeutically. Of these twelve were temporarily cured, thirteen improved, in one no change was observed after some weeks of the treatment, and one got worse. In this case the condition was due to excess of toxin, but the remedy itself was not the cause of this, but only its faulty administration. The writer concludes that when properly used tuberculin gives exclusively good results. He has formed no opinion as to which of the tuberculins is the better, the old or the new, but he records some observations on the point. Eleven patients had the new tuberculin, six of them exclusively. At first the writer thought that the T.R. had a more lasting effect, and protected the organism for a longer time than the other. Later on the new preparation appeared to affect the temperature less than the old, and when caution was used it set up no distinct reaction. On the other hand, the old preparation was such a powerful tonic with a moderate state of health and not far advanced phthisis, as to be second to none in the whole therapeutical armamentarium. For the future, Dr. Krause has decided to first of all treat all suitable cases with the old preparation, and then if the expected general effect has taken place, to at once go on with the new. He expressly remarks that the new preparation is not as harmless a remedy as has been believed by many. The greatest caution must be used to avoid intoxication.

Upon the whole, the writer's opinion is that with both tuberculins we have a specific remedy for the treatment of the disease. No further specific is needed at present, and efforts for the discovery of one would be better employed in discovering one for the prevention or treatment of mixed infection.

The remedy was given at long and short intervals. Twice within 34 hours, and at intervals of days, the dose sometimes was large, in one patient 500 mgrm., and several others received 300 mgrm. twice within 24 hours. From his own observation Dr. Krause concludes that the best method of tuberculin treatment is to keep to minimal reaction. It is quite enough if the thermometer goes a few points over 37 degs. C., provided, of course, that the previous temperature was below that figure, This limit can be adhered to with care and some experience. The pauses between two doses should be at least three days, generally more. All patients have slight pain at first in the injection punctures, and a little dragging in the limbs and slight malaise. If these symptoms do not disappear, or at least distinctly diminish after the fifth or sixth injection, and also if patients who have hitherto borne the treatment well present these symptoms, the syringe should be laid aside for a time.

The author concludes by discussing the method by which tuberculin acts beneficially. It is well known that tuberculin has a special affinity for the newly formed granulation tissue thrown up around tubercle centres. An inflammation is excited in the tissue, which finally ends by destroying it. If this dose is so accurately measured that only a local inflammation is excited, a strong leucocytosis is set up. If the process is repeated time after time, the granulation tissue loaded with leucocytes becomes gradually converted into connective tissue. The tuberculous centre surrounded at first by a wall of leucocytes is gradually penetrated by connective tissue which, in further course, is converted into cicatricial bands. The enclosed products of cell decomposition along with the virulent tubercle bacilli are shut off by a strong wall of healthy lung tissue, and in the course of years the tubercle bacilli, so tenacious of life, gradually die off. A definite cure in the present instance, even if brought about by a specific remedy, is not the consequence of any acquired specific immunity, but is the result of an anatomical process.

Aspirin.

A new salicylic preparation (acetyl salicylate) has been recently introduced under the name of aspirin. It is in the form of crystalline needles, soluble in water at 37 degs. C. at the rate of 1 per cent. In alcohol, ether, &c, it is about as soluble as other salicylic preparations. The most important distinction between aspirin and other salicylic preparations lies in the fact that it does not irritate the mucous surface of the stomach; further, it splits up so slowly in the gastric juice that it passes out of the stomach undecomposed and undergoes this process only in the alkaline intestinal juices, the blood, and in the tissue lymphs. It is useful in all diseases in which salicylic acid and sodium salicylate have been employed, especially in gout, articular and muscular rheumatism, sciatica, dry pleurisy, &c. An agreeable form of administration is aspirin (one grain), sugar (three to four grains), stirred round in a little water and taken three or four times a day.

From the advantages it possesses over the crude salicylin preparation, its agreeable slightly acid taste, the absence of noises in the ears, irritation of the stomach when taken, aspirin is likely to come rapidly into favour.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, November 4th, 1899.

Morbus Basedowii.

In the discussion that followed Sittmann's paper on the subject of Basedowii's treatment, Mikulicz's eighteen operations for the radical relief of the disease were advanced. To vouch for the genuineness of the cases it was stated that Kast had diagnosed and previously treated them for such. These cases proved that the morbid changes of the gland were not constant in their anatomy, as different forms of the disease were met with which anatomists would divide into (1) diffuse hyperplasia, nodular, cystic, and composite. Macroscopically and microscopically, these changes are easily observed in the uncomplicated gland. All these cases had been treated internally for years before the operation, and 17 out of the 18 bore the operation well, one having post-hæmorrhage from the four cut arteries that greatly endangered the life of the patient at the time, and which subsequently died. The hyperplasia of the arteries in this case was extreme.

Ten of the cases may be considered permanently cured, in eight of them it is four years since the operation was performed, and they are now well; while all of them were certainly improved by the operation.

In mild cases, where isolated nodules were present, enucleation was practised with tying of the arteries, but in very severe cases with double struma the resection can be performed with less danger.

Möbius could not conceive how the theory of the nerve system could be connected with a glandular adenoma.

He thought the greatest danger to the operation was the enfeebled heart, which often suddenly stopped without the least provocation. To obviate the danger of bleeding and prevent the sudden abstraction of fluid from the body, Möbius prefers the bloodless operation of thermo-cautery.

Zabludowski thinks operating quite unnecessary, as bimanual massage will remove the fluid and thickening from the gland.

Kümmell was in favour of operating in the treatment of the disease, as two-thirds of all the cases were usually cured, while the others were certainly improved.

Bäumler asked if the enlarged heart met with in Basedowii was observed to constantly diminish after the operation? To which Reinbach instantly answered in the affirmative.

Ziemssen said he had often seen the disease cured by years of vegetable diet in elevated climates.

Rumpf said that all his operations showed gradually a normal heart, which was confirmed by Rehn.

THE LINE OF DEMARCATION BETWEEN MEDICAL AND SURGICAL TREATMENT.

At the opening meeting of the "Doctoren-Collegium" Gersuny read a long paper on the line of demarcation between medical and surgical treatment. Diagnosis was the fundamental element in the treatment of all diseases, although we had, even in the present time, Nature's therapeutic physician who could cure without our scientific diagnosis. Having diagnosed a case the prognosis has still to be considered. If a surgical case we should be able to forecast the course and result of the morbid process as well as the future results of an operation, giving also the chances of expectant treatment along with operative interference.

The latter implies a wide knowledge of surgery as practised at the present day. Not long ago an ovarian cyst was a perfect *noli me tangere*, till Spencer Wells proved it to be a fallacy. Carcinoma was another disease never to be touched, unless as an *ultimum refugium*, and to explore the abdomen would have incurred criminal censure; to-day, enterostomy for cancer of the bowel is a radical cure.

Surgical operations are often necessary as a prophylactic, such as hernia, when the so-called radical cures are performed, to avoid the use of a hernia belt, or where the patient is too poor to purchase one. The hernia may be safe enough of itself, but one day it may unexpectedly become irreducible and, subsequently, dangerous to life.

The contra-indication for all these advantages from surgical treatment is valvular disease of the heart as well as myo-degeneration.

PHYSIOLOGICAL INSTITUTE.

Vienna has now added to her large buildings another convenience to medicine. The Minister of Education, in opening the institution, said that Hyrtl and Rokitansky had made Vienna famous in medicine with few advantages compared with the present, which he hoped would stimulate the young to emulation. The rector next praised the works of Bruke; while Exner closed with a general description of the new building.

Special Articles.

THE LAWS OF WAR RELATING TO MEDICAL MEN AND WOUNDED.

THE practices of the ancient world, and even the opinion of some modern writers on public law, made no distinction as to the means to be employed to accomplish the end for which arms had been taken up. Even Bynkershoek and Wolff, who lived at the beginning of the eighteenth century, assert the broad principle that anything done against an enemy is lawful; that he may be destroyed, though unarmed and defenceless; that fraud, and even poison, may be employed against him; and that an unlimited right is acquired by the victor to his person and property. Such, however, was not the sentiment and practice of enlightened Europe at the period when they wrote, since Hugo Grotius had long before inculcated milder and more humane principles, which Vattel subsequently enforced and illustrated, and which are adopted by the unanimous concurrence of all the public jurists of the present age.

Formerly, when nation attacked nation, the whole inhabitants of the hostile State were regarded as liable to the rigours of warfare; but at the present day not only old people, women and children are regarded as exempt from the violence of warfare, but also in general all those subjects of the hostile State who do not bear arms or who take no active part in hostilities, and even those who follow the enemy's camp, but take no part in hostilities—such as medical men, commissaries, and all who can be strictly classed as non-combatants. In the case of enemies rendered harmless by wounds or disease, the growth of humane feeling has long passed the simple requirement that they shall not be killed or ill-used, and has cast upon belligerents the duty of tending them so far as is consistent with the primary duty to their own wounded. But the care which the wounded of a defeated army thus obtain is necessarily inadequate to their wants, and the usefulness of surgeons on both sides is hampered by their liability to be detained as prisoners. A step of which the value in mitigating the unnecessary horrors of war cannot be over-estimated would therefore be made if a general and sufficiently full understanding were arrived at as to the treatment of sick and wounded, and of persons and things engaged in their service, which should give free scope, as far as the exigencies of war permit, to the action of everyone whom duty or charity may enlist in the mitigation of suffering.

Under the Convention of Geneva of 1864 the greater part of the European States bound themselves to observe a code framed with this object, and the accession of nearly all the civilised States of the world has converted its provisions into rules of overwhelming authority This Convention was signed on behalf of Switzerland, Baden, Belgium, Denmark, Spain, France, Hesse-Darmstadt, Italy, Netherlands, Portugal, Russia, and Wurtemburg. The following Powers have also acceded to it:—Argentine Republic, Austria, Bavaria, Bolivia, Bulgaria, Chili, Great Britain, Greece, Japan, Mecklenburg-Schueren, Montenegro, Persia, Peru, the Pope, Roumania, Russia, Salvador, Saxony, Servia, Sweden and Norway, Turkey, United States. The articles are as follows:—

"Art. I.—Ambulances and military hospitals shall be acknowledged to be neuter, and as such shall be pro-

tected and respected by belligerents so long as any sick or wounded may be therein. Such neutrality shall cease if the ambulances or hospitals should be held by a military force.

"Art. II.—Persons employed in hospital and ambulances, comprising the staff for superintendence, medical service administration, transport of wounded, as well as chaplains, shall participate in the benefit of neutrality whilst so employed, and so long as there remain any wounded to bring in or to succour.

"Art. III.—The above persons may even, after occupation by the enemy, continue to fulfil their duties in the hospital or ambulance which they serve, or may withdraw in order to rejoin the corps to which they belong. Under such circumstances, when these persons shall cease from their functions, they shall be delivered by the occupying army to the outposts of the enemy.

"Art. IV.—As the equipment of military hospitals remains subject to the laws of war, persons attached to such hospitals cannot, in withdrawing, carry away any articles but such as are their private property. Under the same circumstances, an ambulance shall, on the contrary, retain its equipment.

"Art. V.—Inhabitants of the country who may bring help to the wounded shall be respected, and shall remain free. The generals of the belligerent powers shall make it their care to inform the inhabitants of the appeal addressed to their humanity, and of the neutrality which will be the consequence of it. Any wounded man entertained and taken care of in a house shall be considered as a protection thereto. Any inhabitant who shall have entertained wounded men in his house shall be exempt from the quartering of troops, as well as from a part of the contributions of the war which may be imposed.

"Art. VI.—Wounded or sick soldiers shall be entertained and taken care of, to whatever nation they may belong. Commanders-in-chief shall have the power to deliver immediately to the outposts of the enemy, soldiers who have been wounded in an engagement, when circumstances permit this to be done, and with the consent of both parties. Those who are recognised after their wounds are healed as incapable of serving, shall be sent back to their country. The others may also be sent back on condition of not again bearing arms during the continuance of war. Evacuations, together with the persons under whose directions they take place, shall be protected by an absolute neutrality.

"Art. VII.—A distinctive and uniform flag shall be adopted for hospitals, ambulances, and evacuations. It must on every occasion be accompanied by the national flag. An arm badge shall also be allowed for individuals neutralised, but the delivery thereof shall be left to military authority. The flag and the arm badge shall bear a red cross on a white ground. (Turkey uses a red crescent.)"

The following additional articles were signed at Geneva on October 26th, 1868. The chief articles are as follows:—

"Art. I.—The persons designated in Article II. of the Convention shall, after the occupation by the enemy, continue to fulfil their duties, according to their wants, to the sick and wounded in the ambulance or the hospital which they serve. When they request to withdraw, the commander of the occupying troops shall fix the time of departure, which he shall only be allowed to delay for a short time in case of military necessity.

"Art. III.—Under the conditions provided for in Articles I. and IV. of the Convention the name (ambulances) applies to field hospitals and other temporary establishments which follow troops on the field of battle to receive the sick and wounded.

"Art. V.—In addition to Article VI. of the Convention, it is stipulated that, with the reservation of officers, whose detention might be important to the fate of arms and within the limits fixed by the second paragraph of that article; the wounded fallen into the hands of the enemy shall be sent back to their country, after they are cured, or sooner if possible, on condition, nevertheless, of not again bearing arms during the continuance of the war.

"Art. VI.—The boats which, at their own risk and peril, during and after engagement, pick up the shipwrecked or wounded, or which, having picked them up, convey them on board a neutral or hospital ship, shall enjoy, until the accomplishment of their mission, the character of neutrality as far as the circumstances of the engagement and the position of the ships engaged will permit. The appreciation of these circumstances is entrusted to the humanity of all the combatants. The wrecked and wounded thus picked up and saved must not serve again during the continuance of the war.

"Art. VII.—The religious, medical, and hospital staff of any captured vessel are declared neutral, and on leaving the ship may remove the articles and surgical instruments which are their private property.

"Art. VIII.—The staff designated in the preceding article must continue to fulfil their functions in the captured ships, assisting in the removal of wounded made by the victorious party; they will then be at liberty to return to their country in conformity with the second paragraph of the first additional article.

"Art. IX.—The military hospital ships remain under martial law in all that concerns their stores; they become the property of the captor, but the latter must not divert them from their special appropriation during the continuance of the war. The vessels not equipped for fighting which during peace the Government shall have officially declared to be intended to serve as floating hospital ships, shall, however, enjoy during the war, complete neutrality both as regards stores, and also as regards their staff, provided their equipment is exclusively appropriated to the special service on which they are employed.

"Art. XI.—Wounded or sick sailors, and sailors when embarked, to whatever nation they may belong, shall be protected and taken care of by their captors. Their return to their own country is subjected to the provisions of Art. VI. of the Convention, and of the additional Art. V.

"Art. XII.—The distinctive flag to be used with the national flag, in order to indicate any vessel, or boat which may claim the benefits of neutrality in virtue of the principles of this Convention, is a white flag with a red cross. Military hospital ships shall be distinguished by being painted white outside with green streaks.

Art. XIII.—The hospital ships which are equipped at the expense of the aid societies recognised by the Governments signing this Convention, and which are furnished with a commission emanating from the Sovereign, who shall have given express authority for their being fitted out, and with a certificate from the proper naval authority that they have been placed under his control during their fitting-out, and on their final departure, and that they were then appropriated solely to the purpose of their mission, shall be considered neutral, as well as the whole of their staff. They shall be recognised and protected by the belligerents. They shall make themselves known by hoisting, together with their national flag, the white flag with a red cross. The distinctive mark of their staff, while performing their duties, shall be an armlet of the same colours. The outer painting of these hospital ships shall be white with red streaks. These ships shall bear aid and assistance to the wounded and wrecked belligerents without distinction of nationality. They must take care not to interfere in any way with the movements of the combatants. During and after the battle they must do their duty at their own risk and peril. The belligerents shall have the right of controlling and visiting them; they will be at liberty to refuse their assistance, to order them to depart, and to detain them if the exigencies of the case require such a step. The wounded and wrecked picked up by these ships cannot be reclaimed by either of the combatants, and they will be required not to serve during the continuance of the war."

The Convention of St. Petersburgh condemned the use of explosive bullets, and other Conventions have attempted to alleviate, as far as possible, the frightful horrors of war.

The Operating Theatres.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

Operation for Cataract.—Mr. H. Work Dodd operated on a man, æt. 58, who was admitted for imperfect vision. On examination of the right eye with oblique illumination (the pupil having been dilated with guttæ homatropinæ et c cainx, which is found to be the quickest mydriatic), there was found to be complete opacity of the crystalline lens, so complete that there was no shadow thrown on to the opacity of the lens by the iris. The opacity also precluded any of the normal red reflex of the fundus being seen with the ophthalmoscope at a distance. Perception of light was good. The other eye on being examined by the same method was discovered to be cataractous, but not advanced sufficiently for operation, though vision was much depreciated. Operation on the right eye was therefore determined upon, though Mr. Dodd pointed out at the moment of operation that some departure from the normal might be expected because of the appearance of isolated dots of denser opacity in the cataract indicating probably calcareous degeneration. The patient having been cocainised with drops of cocaine solution (gr. 4 to ʒ) applied 3 or 4 times, the eye was first thoroughly disinfected with perchloride lotion (1 in 5,000) from a douche, particular attention being paid to the caruncular region, the lids and surrounding skin were also thoroughly washed; the patient having a very deep orbit and the speculum not lying well in position, Mr. Dodd determined to do the operation using only Mr. Critchett's nature's speculum (that being the retraction of the upper lid by the third finger of the forceps hand, which is sufficient to expose the eye for operation, and which has also the advantage of immediate and sudden relaxation in case of necessity). Von Graefe's knife was employed, the point of puncture was a modification of what is known as the 3 m.m. operation, being made at the corneo-scleral junction, the counter puncture being at a corresponding point on the opposite side of the cornea. With slow quiet strokes the knife was carried upwards to within about a mm. of the superior part of the cornea when the edge was turned forwards and the incision completely finished, with the edge to the front. Iridectomy forceps were then introduced, and some little difficulty was experienced in withdrawing the pupillary margin of the iris through the corneal wound owing to adhesions between the iris and the anterior capsule of the lens due to old inflammation; ultimately a sufficient iridectomy for the passage of the lens was attained, the anterior capsule of the cataract was lacerated in a T-shaped manner, and then, the lids being retracted now by an assistant. the operator placing one tortoise-shell scoop below the cornea and another behind the wound of the cornea above, endeavoured with carefully graduated pressure to cause the lens to leave its capsule and the eye. Owing to past inflammatory adhesions (above mentioned) this was attended with much difficulty. An instrument was, therefore, passed in to separate the iris and the lens, and then again pressure was tried as before; the lens with difficulty came out enclosed in its capsule, and this with no escape of vitreous humour, though the operator pointed out how near this structure was to the mouth of the wound. The ocular region having been now again thoroughly cleansed with perchloride solution, both eyes were closed by a light pad of cyanide lint held in position with two strips of sticking plaster, and the patient removed to bed. Mr. Dodd pointed out that the partial loss of vitreous humour, though apparently regarded by the older ophthalmic surgeons with equanimity, was in reality a serious matter, as eyes from which the vitreous humour had been lost, though they might heal well and plump out with fluid secretion to almost a normal tension and recover very good vision, yet persistent inflammatory irritation, shrinking of the globe, and after a time loss of vision were common results. He said that by keeping the incision rather on the corneal side of the corneo-scleral junction, and taking care that the counter puncture was in the same region, and not too far back into the sclera, as is often the case, opening of the vitreous chamber might generally be avoided, though it ought to be said that in some degenerated eyes the vitreous was so extremely fluid that it was lost even when the greatest skill and care were exhibited.

It is satisfactory to state that the patient has done extremely well, and, as far as can be seen three weeks after the operation, has recovered comparatively good vision.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 8, 1899.

PUBLIC ANALYSTS AND PLURALITIES.

In a recent article we commented upon the rejection in a magistrate's court of the evidence of a well-known public analyst on the ground of his not having based his testimony upon a personal analysis. Amongst other things we freely criticised the system of pluralities that has become the rule rather than the exception as regards public analysts. As the opinions then advanced appear to have given rise to more or less misconception in certain quarters it may

be well to add a supplementary statement dealing with some aspects of the functions and tenure of those important official posts. First of all it would be highly desirable to define the position of a public analyst. Is he simply a chemist, or is he also a bacteriologist? In the case alluded to above, the disallowed evidence bore upon a bacteriological analysis. If the position of public analyst does not include that special and highly technical branch of biological research, then our friends the lawyers will probably have something to say in the matter. This point is of considerable importance, because the time and special skill required in bacteriological examinations are most exacting elements, and would have to be added to complicated chemical processes already demanding patient accuracy and thoroughness on the part of the operator. In any case it is interesting to inquire on what footing the analyst appears in Court. A gentleman who is entitled to speak with authority has sent us a communication in which he says emphatically that public analysts have nothing to do officially with medico-legal work. If that proposition be accepted it is clear that any such analyst gives court evidence merely as a private expert. But the position is by no means so simple as our correspondent would have us believe. It is true that a public analyst may be called in to give evidence in a case outside his own district, in which event he appears in the witness box as an expert pure and simple, to give either corroborative or rebutting testimony. The analyst is an officer of the Local Government Board in the restricted sense of the condition laid down in the Sale of Food and Drugs Act, 1875, that all appointments and re-appointments are subject to the approval of the Local Government Board. The Act lays down that in every district a competent person may be, and if required by the Local Government Board, must be, appointed public analyst. The appointment is made by the Town Council of any borough having a separate Court of Quarter Sessions, or a separate police establishment, while all parts of the country not included in the foregoing are provided for by the County Council. The salary, wholly or in part, is paid by the local authority, and it appears to us to be an untenable position to claim that if a public analyst goes into court to sustain a prosecution undertaken by the authority by whom he has been appointed that he does not give evidence in an official capacity. With regard to the co-tenure of the post of public analyst with that of the medical officership, it is open to grave doubt whether such a dual appointment is not against the interests of the community. A Medical Officer of Health, to be efficient, should be fully occupied with the sanitary supervision of his district, and in that case could not spare the time for laborious analyses. It is physically impossible for a man, conscientiously and adequately to do his duty as public analyst to half-a-dozen districts, while at the same time he is acting as Medical Officer of Health, lecturer at a medical school, medical adviser to various boards, and as holder of a number of minor paid or honorary positions. The Local Government Board discourages this species of co-tenure, but we would go further, and render them illegal. Plurality in the posts of public analyst in extreme instances amounts to a hardly less abuse. It is readily to be understood why the holding of more than one appointment as public analyst should be countenanced by the Local Government Board, inasmuch as by the combination of two or three districts laboratory expenses could be lessened, and a better salary could be offered as an inducement to a competent man. When a single chemist, however, undertakes the duties of public analyst to five, six, eight, or any number up to thirty boroughs or counties, we hold that the whole thing degenerates into a farce. Personal supervision is impossible, and efficiency is tossed on the horns of a dilemma, for either the public analyst or the counties and districts for which he acts must be neglecting his duty. In any single borough or county of moderate size the proper enforcement of the Food and Drugs Act, would imply a number of analyses more than enough to occupy the whole time of any man, however diligent. It is enough to make any plain man gasp and stare with astonishment to find that a busy and distinguished Irish Medical Officer of Health holds the post of public analyst to six boroughs and twenty-four counties. In London another Medical Officer of Health, who is lecturer to a medical school, acts as analyst to two counties, two boroughs, and four large and crowded Metropolitan parishes. It will be interesting to hear any defence that may be forthcoming to pluralities of that kind. Of course, the convenience and economy of using one laboratory and staff for several districts is obvious. Then there is the question of evidence. It seems abundantly clear that the lawyers will, in future, insist on all such medico-legal evidence given in court being the result of a personally conducted analysis. At least, any legal adviser who neglected to take that line, after a recent decision, would be neglecting the interests of the client whom he was defending. The phases of this important subject are by no means exhausted, and we propose to deal further with the matter at some future time.

THE NEW CHARTER OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND.

It is not to be disputed, of course, that the New Charter applied for by the Royal College of Surgeons, England, will, if granted, confer distinct advantages upon the College. In brief, it will enable the Council to endow distinguished persons, worthy of honours, with an honour which, under the circumstances of the case, could not fail to be highly prized. Again in making application for powers in this direction, the Council have merely endeavoured to fall into line with other corporations and institutions, whose charters enable them to confer honorary distinctions. All those Fellows and members of the College, then, who

have the interests of their College at heart, will undoubtedly hope that the Privy Council will accede to the petition for the New Charter which has been made. Practically the draft charter consists of six clauses. The first deals with the main object thereof, namely, the power to confer honorary fellowships which shall not, at one and the same time, exceed fifty in number. The second determines that the election of a honorary Fellow shall be by a majority of votes in the Council. The third, that no fee shall be payable by any honorary Fellow in respect to his election or diploma. The fourth that no honorary Fellow shall be eligible as a member of the Council or Court of Examiners, or be entitled to vote at any election of a member or members of the Council, but that he shall have and enjoy other such of the other corporate rights and privileges attaching to the Fellowship of the College. The fifth, that no honorary Fellow shall thus acquire any right to practice surgery, or to be registered as a registered medical practitioner, and sixthly and last that in so far as concerns the election admission rights and privileges of Honorary Fellows, and all matters relating thereto, these will be regulated by the existing, bye-laws, charters, and regulations of the College. Thus it will be gathered from this brief statement of the objects and details of the New Charter that there is nothing which can be regarded as detrimental to the interests, either of the "body corporate," or the College itself. All the Council desire to attain is the power to confer an honour upon distinguished individuals who have been honoured by other corporations. It is more than likely that they have been inspired to embark upon this undertaking by the fact that the Royal College of Physicians, London, are empowered by their charters to confer an Honorary Fellowship of their college upon distinguished persons. The latest to receive this honour was the Prince of Wales. We may safely conclude, then, that as soon as the Royal College of Surgeons are in the position to endow a liege subject of the Queen with an Honorary Fellowship of the College, no time will be lost in following the example of the sister college, and in presentiug the Heir-Apparent with a diploma enabling him to sign himself F.R.C.S. We cannot suppose that any difficulties will be raised against the petition which has been made for the Charter. Practically, no contentious matter is involved in it, and it has received the unanimous support of the "body corporate." It is true that a section of the members were desirous of introducing extraneous questions into the Charter, with a view to settling points in connection with college politics, which are annually paraded at the November meeting of the College, but the Council wisely and firmly intimated that the occasion would be an inopportune one for following such a course. Obviously, if any contentious matters had been incorporated in the application for the Charter grave difficulties would have been introduced into the case.

THE PSYCHOLOGY OF JURORS.

THE confidence which trial by jury inspires in the breast of the average citizen is doubtless based on the assumption that the verdict of twelve men, honest and true, stands a good chance of being free from fear, favour, and affection, as well as from the whims, cranks, and oddities of the individual juror, especially as care is taken to exclude the better-educated classes of the community from the jury panel, presumably in order to prevent their exercising too predominant an influence over their less-educated colleagues. If, however, we inquire into the mental condition of the average juror one cannot but be struck by the fact that he is fitted neither by occupation nor training to discharge the highly responsible duties entrusted to him. As Dr. Crothers observed in an address recently delivered before the New York Medico-Legal Society, while none would question the motive and intent of the average juror to be just and fair in his conclusions it would seem that certain conditions and surroundings make it impossible in most cases, either to understand the case before them or the principles of equity involved. The assumption that the twelve men set apart for this duty are endowed with a large and sufficient mental capacity for the discernment of truth and justice is far from being true in reality. On the contrary, they are, oftener than not, naturally incompetent, and they are, moreover, generally placed in the worst possible conditions and surroundings to exercise even average common sense in any disputed case. Take a typical trial in which twelve men, many of them recruited from the out-door labouring class, unaccustomed to any form of continuous mental work, obliged to remain sedentary in a stuffy court-house, and constrained to listen to a lot of conflicting expert evidence wholly beyond their ken. What little gleam of light enters their mind as the result of perfunctory attention to the evidence is ruthlessly destroyed by the interested *ex parte* pleading of the advocates. Let us remember that in all probability not one of these twelve men would have been chosen to take charge of any trust or to decide on any matter outside of his every day life, simply because, on general principles and from common sense observations, he would have been clearly incompetent. Let us bear in mind also the difficulty which most of us experience when called upon to concentrate the mind for any length of time on a lecture or discourse, and we shall form a faint idea of the hopeless confusion into which the minds of the average jury must fall after a few hours of such an unaccustomed strain. Suppose the case to be prolonged for several days, ere which time the body begins to suffer from change of habits and enforced inaction and more than shares in the mental lassitude. Let us ask ourselves then what probability there is of the twelve arriving at a clear and impartial opinion on the questions put to them by the judge. Having done this we shall not be surprised at the generally received opinion that a law suit is largely a matter of chance—a "toss up," as a sporting lawyer would

say. In a technical civil action, assessors might assist the jury in arriving at an approximately correct conclusion, but in criminal cases—the most important from a social point of view—the intervention of assessors would not be tolerated except in the person of the judge, who, indeed, finds himself in most instances obliged to come to the assistance of the jury. Dr. Crothers' description of the jury during a prolonged trial, ought to rank high as a study of physiognomy. As the case goes on, he observes, the faces of the jurors become pale or unduly flushed, the eyes lose their intelligence, and become vacant and watery. Some show restlessness by frequent changes of position, others become somnolent and inclined to stolidity, others, again, are constrained and seem to be struggling to keep up some degree of dignity, and all show signs of that confusion of mind which comes from changed surroundings and functional disturbances resulting from confinement and mental exhaustion. This, he remarks, is the natural outcome of placing untrained men in positions which they cannot fill, and requiring of them clear judgment under circumstances in which it is almost impossible to act normally.

Notes on Current Topics.

Consultants at the Seat of War.

Surprise has been expressed in certain quarters that Mr. Frederick Treves should have decided to proceed to the seat of war in South Africa. But we understand that the "offer for his services made to him by the Government was such that he could not possibly refuse." Possibly, it would be no monetary consideration which could induce Mr. Treves to transfer himself for an indefinite period from his active surroundings, nor can a surgeon in his position afford to act merely upon the dictates of patriotism. Possibly, therefore, the intimation of an honour, as a reward for services rendered in the war, has made the offer of the Government under these circumstances, an impossible one to reject. If this be so, we may assume at once that any such recognition of Mr. Treves' position as a representative British surgeon will be warmly welcomed by the profession generally. Meanwhile a correspondent is anxious to know how the presence of Mr. Treves in South Africa will affect the appointment of Sir William MacCormac. The latter surgeon is proceeding to the Cape as consulting surgeon to Her Majesty's Forces at the seat of war. But this appears to be the official title which has also been conferred upon Mr. Treves. Hence it has naturally been asked, will the President of the Royal College of Surgeons take precedence to his younger colleague, or will the two appointments be on an equal footing from an official point of view? The War Office have made no statement upon this point, and, therefore, it is only possible to speculate concerning their intention in the matter. We learn that the President of the Royal College of Surgeons, Ireland, Mr. R. L. Swan, has also placed his services at the disposal of the Government. This action on the part of the Government must not be construed as indicating any want of confidence in the Army Medical Staff, but it is a matter of public notoriety that this department is greatly under-manned, and in any event is sure to be greatly overworked.

Lesions of the Skin and Carcinoma.

The eczematous condition of the nipple, which, since Sir J. Paget drew attention to it, is admitted to precede carcinoma of the breast, has raised the question of the possibility of the existence of a precancerous stage of cancer, and the theory receives a good deal of support from the connection which appears to exist between the two diseases in this instance. But further confirmation in this regard has lately been brought forward, curiously enough, also in connection with a lesion of the skin. Hartzell has collected a series of cases of psoriasis, treated by arsenic, in which epithelioma ultimately developed. So far the series consists of eleven, and the interest of the cases is naturally centred in the etiology of the malignant degeneration. Is the disease caused by the arsenic, or is it only another proof of the existence of a precancerous stage? As workers in arsenic have been proved to possess no special predilection for cancer, it is possible that the reasonable theory as to the existence of a precancerous stage of cancer is, in this instance, as in the former one, correct. The belief that cancer is a parasite disease would in no sense be lessened by the adoption of this theory, for the natural conclusion is that there must be some special preparation of the soil before it can become a cultivation medium for the development of cancer micro-organisms.

Paralyses following Anæsthesia.

Paralyses supervening after general anæsthesia, the so-called post-anæsthestic, or post-operative paralyses, of which numerous instances have been placed on record, belong to several distinct categories, but none of them can reasonably be attributed to any toxic action on the part of the anæsthetic itself. First, among these strictly peripheral paraylses are those which may be dismissed as mere coincidences, such for instance as hemiplegia from rupture of a cerebral blood-vessel, or mere functional paralysis, mono or hemiplegic. Excluding cases in which a nerve, or several nerves. have been cut, or otherwise injured in the course of the operation, the most common variety of post-operative paralysis is that due to stretching of or pressure upon a nerve trunk, brought about in some instances, by prolonged decubitus in a faulty position, as for instance elevation and extension of the humerus which then presses upon the brachial plexus, or allowing a limb to hang over the edge of the table, and so on. Then, too, injurious pressure may be exerted by clamps or tight straps over the shoulders or lower extremities. It is important that the attention of surgeons should be called to these accidents in order that attention may be paid to the question

of posture during anæsthesia. While these pressure paralyses are usually recovered from in a short time it must not be forgotten that in some cases they have been known to persist for months and even years, indeed the disability may even be permanent The duration of the paralysis depends, of course, upon the amount of injury inflicted upon the nerve trunk and upon the recuperative power of the individual. Inasmuch as there are no means of estimating these factors in any given case it behoves us to bear this contingency in mind when preparing a patient for operation.

The Health of Cornwall.

WE learn from the *Western Morning News* that for the first time since 1892 the Sanitary Committee of the County Council have issued a report on the health of the county for a complete year. Though somewhat belated the report is none the less welcome, for it will direct attention to a condition of things which should attract more than passing notice. The birth rate for the county is low, nearly five per thousand below that for the whole country, but the death rate of infants under twelve months is as high as 15·6 per cent. in the rural, and 19·3 in the urban, districts, rates which are notably higher than those of large towns, such as Plymouth, Manchester, Birmingham, &c. Diarrhœa and whooping-cough contributed largely to this abnormally high death rate, due in large measure to improper feeding. It is a sad commentary on our present attitude towards phthisis that no less than 437 deaths, or one in thirteen, were ascribed to this disease, the death rate from this cause in the towns being exactly double that for the country. We are promised that in future the reports will be made annually at an earlier date, and there can be no question that these reports, when explained and commented on by the local press, constitute a valuable means of educating the public on matters in which they are deeply interested.

The Northampton Guardians.

THE Northampton Guardians, who had the good sense to "climb down" when the Local Government Board applied for a writ of mandamus in respect of their refusal to appoint a vaccination officer, made an unsuccessful endeavour last week to evade payment of the costs on the ground that they had only wished to raise a constitutional question without any intention of being contumacious. The judges, however, decided the case against them, and it is quite possible that the law-abiding citizens of Northampton may resent being called upon to pay a large bill of costs in addition to their own legal expense for the doubtful privilege of fighting a government department.

The Bertillon System.

THE honour of having introduced the anthropometric system known under the above name is apparently not rightly attributed to M. Bertillon. According to a correspondent in an American contemporary, the system in question is really that designed by Broca, and it is added that other authorities have devised better and simpler methods than the one for which M. Bertillon enjoys the credit. We do not know what M. Bertillon would have to say to this criticism, but no one, we suppose, has yet forgotten the sorry figure which this anthropometric authority cut at the Rennes trial of the unfortunate Captain Dreyfus. If, however, there are "simpler and better methods" than the one known as "Bertillon's" for the detection of criminals, we would urge that the authors of them would be conferring a favour upon the police authorities of the world by making them known.

Sleeping in Corsets.

To describe the vagaries of fashion in woman's dress from a physiological point of view would be to pen a scathing satire on the foibles of the sex. From recent letters published in a public journal we learn that one of the chief causes why a woman cannot take the short, smart little steps that mark the progress of a tightly-shod and high-heeled boot, is because she has not worn them from youth upwards. Anyone who profers cramped artificial gait of that kind, to say nothing of the associated internal organic complaints, would probably defend the dyeing of hair, the rougeing of cheeks, and all other methods of improving Nature's work, and would defend their use in the nursery or at the boarding-school. Heaven defend our school girls from such a fate. So far their most serious physical handicap consists in the corsets that a distorted feminine judgment still generally insists upon their wearing. About that extraordinary implement of attire—for that is what it amounts to—the one thing that prevents it killing off a considerable proportion of the female population of the United Kingdom lies in the fact that during sleep the body is allowed to resume the shape and movements with which that most perfect product of Nature has been endowed. It will come as a shock to most of the sterner sex to learn that the practice of sleeping in stays is discussed in some quarters as an accepted fact. In the directions given by one foolish dame the lady is directed to stand upright and hold an old-fashioned backboard, bracing back the shoulders while being laced. This method is said to obviate entirely the necessity of sleeping in corsets. The picture thus raised reminds one forcibly of the mediæval rack, with an innocent schoolgirl as the victim instead of a Christian martyr or a criminal.

Premature Burial.

THE Society that boasts the somewhat high-sounding title of the London Association for the Prevention of Premature Burial has passed a number of resolutions which have been duly published for the behoof and guidance of the public. It seems that a draft bill for the better prevention of premature burial was prepared by this society some two years ago, and the executive have not yet given up hope that the Legislature will give practical shape to their recommendations. One of their resolutions states that "notwithstanding

the indifference shown to the question by a portion of the public and of the medical profession, the dangers of premature burial are sufficiently great to warrant the attention of every thoughtful person." Quite so, but can the Association with the long name mention any scientific man of unquestioned reputation and standing who is convinced that the existence of any case of live burial has ever been proved by positive and unquestionable evidence? The final resolution says that "the cases that have been indisputably proved to have taken place warrant the conclusion that the danger is far greater than many persons are disposed to think." The whole question was discussed some years ago in a series of articles that appeared in the columns of THE MEDICAL PRESS AND CIRCULAR, and that have since been reproduced in book form under the title "Premature Burial, Fact or Fiction?" The logical weakness of the Society for the Prevention of Premature Burial lies in the fact that they have omitted to prove in the first place that such an occurrence has ever taken place. Of assertions and vague stories there is a multitude; of sane and exact evidence and reasoning none.

Death under Chloroform.

A DEATH under chloroform occurred last week at the Birmingham Children's Hospital, the victim being a child, æt. nine, who was about to undergo the removal of post-nasal adenoids. We were under the impression that laryngologists in solemn conclave assembled had more than once declared the use of chloroform for this purpose to be attended by unavoidable and unnecessary risk. Certain is it that if carried out by skilled hands the operation is one which can be accomplished satisfactorily under nitrous oxide, and this prompts the question why the more lethal anæsthetic should be employed instead of the comparatively harmless gas.

Port Sanitary Work.

THE half-yearly report of the medical officer of the Port of London may be taken as a fair type of the activity and thoroughness of the preventive sanitary service carried on at the ports of the United Kingdom. During the period under review no less than 17,232 vessels were inspected. In 1,431 it was found necessary to enforce cleansing operations. Three hundred and forty structural alterations were carried out in 315 vessels with a view to improvement of ventilation, lighting, heating, and the storage of drinking water. During the half-year the medical officers visited 5,061 vessels at Gravesend in conjunction with Her Majesty's Customs, and examined 7,626 passengers and 16,141 members of crews. At Sheerness a further 128 vessels were medically inspected. Sixty-four cases of infectious disease were dealt with, including small-pox, scarlet fever, diphtheria, and enteric fever. Dr. Collingridge reports a gross case of overcrowding on board a Danish steamer, which arrived with 176 foreign immigrants, all of whom were berthed together in a scandalously small space. The rational system of port sanitary prevention that has gradually been evolved in England is one of which we may well be proud. The arrival of cases of such deadly infection as cholera and plague can now be viewed with complacency, a statement that could be made of no other country in the world. The absurdity of the old order of things which depended on fetish fumigations and quarantine and military cordons has been lately demonstrated at Oporto. Dr. Collingridge is to be congratulated on the success with which he administers a vast and laborious organisation.

Lyddite as a Logical War Material.

IF the object of war be to destroy as many of the enemy as possible then it follows that the more effective the means of destruction employed the sooner will that object be obtained. There is something to be said in favour of the contention that fewer men are killed nowadays in a big action than in the old times of hand-to-hand fighting. In the present war at the Cape the terrible devastation caused by lyddite shells has been brought into evil prominence. The lyddite is packed in a shell and fired by a percussion fuze. It is obtained by the fusion of picric acid, which is in turn manufactured by the action of nitric acid upon phenol. Its explosion creates an area of havoc far wider than that due to the ordinary shell charged with powder and shot. In the case of lyddite the resulting deaths are for the most part due to the terrific concussion of air, which has been known to kill a man at a distance of two hundred yards. To a limited extent, therefore, the lyddite is less barbarous than the ordinary shrapnell shell inasmuch as its victims are killed outright. Beyond a doubt in this explosive we have one of the most terrible war materials yet introduced into warfare. Yet its use has not been forbidden by the usages of civilised nations, who appear to have drawn the line as yet simply against the explosive bullet. It is quite possible, as some folk maintain, from a philosophic point of view that developments of the lyddite type advance the day of the millennium of universal peace simply because they will sooner or later render war impossible.

The Two Medical Defence Unions.

SEVERAL efforts have been made to bring about the amalgamation of the two societies which undertake the duties of medical defence, but in each case nothing has come of the proceedings. The failure of the last attempt, however, rather tends to show that so far as the Medical Defence Union is concerned, the amalgamation will never be carried out. The London Counties Medical Protection Society wrote in August last suggesting that an amalgamation should take place, and the reply of the Council of the Union was that they could not accede to the request. No reasons for this decision were given, nor was there any opportunity afforded for further discussing the question. Thus it would seem that the Medical Defence

Union have reasons of their own for maintaining their autonomy, and for refusing to be identified with any other similar organisation. We should, nevertheless, have thought that an amalgamation scheme could have been arranged whereby a mutual adjustment of the affairs of each undertaking could have been satisfactorily effected. Moreover, we cannot quite see the advantage of two societies existing side by side, working for the same ends, and incurring two administrative expenses where one would be amply sufficient. On the other hand the Protection Society is apparently in a very flourishing condition, both as regards finances and membership, and is, therefore, quite able to continue to fulfil its mission independently of its sister organistation.

The Death of an Officer of the Royal Army Medical Corps on the Field of Battle.

WE regret to say that the official list of the killed and wounded published in the press on the 3rd inst. contained the name of Major Edward G. Grey, of the Royal Army Medical Corps. Thus, doubtless, while attending to the wounded on the field of battle, he was shot by the enemy. This sad incident again forcibly recalls the risks run by our non-combatant *confrères* in the discharge of their duties, and it emphasises the little-mindedness of those who make a point of taunting the officers of the Army Medical Corps with the fact that they do not belong to the combatant branch of the Service. It was the Duke of Cambridge who described Sir George Robertson, the defender of Chitral, as "a brave civilian." A great deal of notice was taken of this sneer at the time, and it is never likely to be forgotten. Such repeated exhibitions of official bad taste and jealousy are answerable for the medically undermanned condition of the Army at the present time. It was pointed out last week that the Medical service of the Army is in need of nearly 500 officers in order to place it upon a proper footing as to efficiency. If this be the real state of affairs, it is an astounding revelation of what the trifling with the Medical Department by the War Office has led to. There is nothing which can compel young medical men to join the Army, and until the War Office make up their minds to treat the Department properly, the Army will have to do without medical officers.

Anti-Streptococcal Serum in Puerperal Septicæmia.

THE value of the anti-streptoicoccal serum in modifying the course of puerperal septicæmia must still be regarded as a moot question in spite of the very large number of observations of its use already recorded. Judging from the recent discussion on the subject at the Obstetrical Society of London, the most then can be said of it is that the injections have appeared to exert a marked effect in certain cases, but *per contra*, at least, an equal proportion of cases have proved absolutely refractory thereto. It is suggested, of course, that it is efficacious only in cases of pure streptococcal infection, and unfortunately, neither clinically or bacteriologically, are we in a position to state what proportion of cases of puerperal septicæmia are due to pure. and what to, mixed infections. Unless the presence of the streptococcus has been formally established the use of the serum is, to say the least of it, empirical but, on the other hand, if we are to await the results of careful bacteriological examination before proceeding to treatment the chances of a successful intervention must necessarily be vastly diminished. The peculiar difficulties in the way of trustworthy bacteriological examination in these cases are such that if we are to wait until the question has been settled we may have to wait a long time. The treatment is on its trial, but the consensus of opinion appeared to be decidedly in favour of continuing its experimental use. It would perhaps be too much to hope for the production of a really efficacious serum until the bacteriology of the various forms of septicæmia has been placed on a sound scientific basis, and for this much further study will be necessary.

The Employment of Civilian Surgeons in the War.

IT is stated that some resentment is being expressed by certain officers of the Royal Army Medical Corps at the employment of a large body of civilian practitioners with the force in South Africa, and the editor adds that his sympathy is with the retired medical officers liable to further service whose services are not being utilised in the emergency. However, our contemporary assumes that the War Office want men for the most part who are young and strong. or men who have exceptional qualifications to recommend them. This is probably the case, inasmuch as the sixty or so surgeons whom the Government have already despatched to the Cape are, in the majority of instances, young qualified men who have recently held the post of house-physician or house-surgeon at some large hospital. Undoubtedly these are just the kind of men who would be most calculated to meet the requirements of the position—strong and active in mind and body; and, moreover, equipped with the knowledge of all the newest methods of surgical treatment, resourceful. self-reliant, and eager, above all things, to practise their newly-acquired knowledge—we do not doubt for a moment that the Government have done well to avail themselves of such readily-acquired and efficient aid.

Hepatic Abnormalities in Infants and Children.

THE liver is not an organ in which pathological changes are expected to be met with in infants and children, and yet, judging from some observations upon the subject brought before the American Pediatric Society by Dr. R. G. Freeman, of New York, changes of the kind are not infrequent. Special note was made of the condition of the liver in 500 cases of children dying in the New York Foundling Hospital, and it was found that that in about 41 per cent. of all these the organ was fatty. This condition was

most often present in connection with acute menigitis, gastro-intestinal disorders, measles, and diphtheria, while it was rarely associated with chronic wasting diseases, such as marasmus, malnutrition, rachitis, and syphilis. Again, there was nothing to show that the fatty condition of the liver depended at all upon the nutrition of the child. Another point brought out by the inquiry was that cirrhosis and lardaceous disease of the liver were extremely rare in childhood. These observations are of much interest, and will have to be borne in mind by the authors of text-books, whose teaching upon the subject has hitherto not been in accordance with the facts.

A Congress of Spiritualists.

The Paris Universal Exhibition of next year—if no international contretemps interferes with its celebration—is to be "honoured" by a congress of spiritualists. That is to say, the opportunity of the great gathering will be taken by the spiritualistic community to hold a conference in order to discuss vital matters concerning their faith. There appears to be two schools of spiritualists, one which maintains that men have successive lives on earth—rather hard on those who have found that one life was enough—and the other that holds that their successive lives run their appointed span in other worlds. Of course this metempsychosical question must be a very important one to spiritualists; on the other hand, there is no reason for supposing that it affords the least interest to anyone else. As long, therefore, as the spiritualists do not come to blows when discussing this question in their congress, probably no one will interfere with them, not even the shades of Blavatsky or the Mahatmas of India. Meanwhile, as a preliminary measure to their proceedings, the spiritualists might inform the world as to the chance of the exhibition ever taking place.

Ships' Medicine Chests.

No doubt a report on the condition of the indispensable medicine chests carried by cargo and other non-passenger vessels would prove interesting reading. We have it on very good authority that they leave much to be desired from a pharmaceutical point of view, but whether the crew are any the worse off by reason of the inability of the captains to administer medicines, is a debatable question. One can understand the necessity for surgical dressing because, even if clumsily applied, they answer to some extent the purpose for which they are intended, viz., protection of wounded surfaces. The same remark applies to splints and bandages which secure more or less immobility in the event of fractures, and tend to relieve the victim's sufferings. When, however, we consider the likelihood of any good resulting from the haphazard administration of medicaments by the captain's untutored hands we feel compelled to make certain reservations. The captain may doubtless be trusted to administer purgative medicines if put up in suitable doses, and he will not incur much responsibility by giving diarrhœa mixture ipecacuanha wine, or syrup of ginger. Even the administration of quinine might not prove beyond his capacity, but there we must draw the line, for we cannot regard with equanimity the prospect of his administering morphia, or mercury, or even pilocarpine for the purpose of making the hair grow or otherwise. Marine therapeutics, therefore, in the absence of a qualified adviser, must necessarily be a simple matter, so simple, indeed, that it hardly seems worth while to oblige vessels to carry a medicine chest at all. On the whole, we should, perhaps, better serve the interests of those who go down to the sea in ships if we limited the therapeutical armamentarium to the two or three simple remedies aforesaid, and under these circumstances we think it may possibly be unnecessary to urge the Board of Trade to take steps to verify the contents of the chests at present in use.

Dublin Insalubrity.

The records of the mortality in the second city of the Empire for the past four months is positively appalling. The death rate for the quarter, from all causes, was 30·4 per 1,000 of the population, or 7·3 over average, and the week ending October 28th recorded the largely increased mortality of 36·4, which compares with 20·8 for London and 18·5 for Edinburgh. It is, however, in the deaths from zymotics that the most alarming increase is manifested. From these diseases the deaths numbered 773, being no less than 527 over previous quarter, and 422 over average, the rate being 8 8 per 1 000. This terrible slaughter was the result, chiefly, of epidemics of measles and diarrhœa. The deaths from the latter ailment during the quarter were 372, being more than double the average (180). From measles the deaths numbered 189—as against the ten years' average of 15—and the prevalence appears to be increasing by leaps and bounds, the admission to hospital for measles having advanced within a fortnight from 43 to 60. It is in view of this appalling state of things that the Hospitals, the Poor-Law Guardians, and the Corporation are engaged in recriminations and discussions as to whether something or nothing shall be done to provide for the infected sick, the existing accommodation having collapsed under the strain.

The Army Medical Service and Its Critics.

We note that two individuals, Sir Arthur Grant and Sir Claude de Crespigny, whose utterances are, if not important, at least amusing, have favoured the public with unmeasured abuse of the Army Medical Corps, both such utterances being after hearty public luncheons, and one of them after a phenomenal feast of oysters at Colchester. Our military *confrères* must accept the rebukes of these orators "with bated breath and whispering humbleness," considering that the intellectual qualities of both are guaranteed by the fact that they are bucolic baronets. They have also been at some time soldiers *longo intervallo*, the first-named being a captain of yeomanry and the other a naval man who is also a captain of the Limerick Militia. The *Army Gazette*, by a

reprehensible omission, does not state the war services of either of them. It seems to us that the most effective luncheon critics are those who combine total ignorance of the subject and bitter prejudice begotten of that ignorance, and therefore the Royal Army Medical Corps must rest content under the censure of these speakers. Major-General Abadie, who presided at the oyster lunch, cannot be so excused, considering that he sat complacently to hear his brother officers abused in terms alike false and vulgar. But what is to be expected when it is recollected that he is obliged to keep himself in the fashion of depreciation set by the Commander-in-Chief and Sir Redvers Buller.

Reciprocity of Medical Practice with Italy.

We are informed that the Italian Prime Minister has promised a deputation of Italian practitioners that he will introduce in the session of his Parliament which is to open next week a Bill to prohibit practice, even among their own countrymen, by medical men who do not hold Italian degrees unless the country of their qualification concedes reciprocal rights of practice to Italian graduates. This is a very serious matter, inasmuch as the medical care of English and American visitors throughout the Riviera and other health resorts is almost entirely in the hands of English practitioners. It is also a question difficult to settle, because the law of practice is different in the two countries. In Great Britain an Italian can practise as every other non-registered person can, as he pleases, but this is not much of a concession considering that every unregistered person can do the same. He can, also, have his qualification entered in the register if he has acquired a British medical qualification, but not otherwise. In Italy, on the contrary, a British registree cannot *practise* without the tolerance of the Government, but many have done so by virtue of that tolerance. Thus it appears that Great Britain cannot conform to the wishes of Italy, unless it admits all Italian medical degrees to the register, an impossible alternative. The dispute, therefore, seems to be impossible of adjustment, but the Italians ought, before proceeding to disfranchise the British graduates, to recollect that, if they do so, they will assuredly cut off from their health resorts the numerous and liberal cash-paying English speaking visitors who now frequent these places. For such customers an Italian general practitioner is an absolute impossibility.

We regret to have to announce the death of Mr. W. C. Arnison, Professor of Surgery in the University of Durham, who died on Saturday last at his residence at Newcastle-on-Tyne, from pleuro-pneumonia. Mr. Arnison succeeded Dr. Heath in the professorship, and was president of the British Medical Association some years since when it met at Newcastle. Mr. Arnison rejoiced in a high reputation as a surgeon, and though of a retiring disposition his loss is mourned by a large circle of friends.

Forty officers and men belonging to the Royal Army Medical Corps are leaving Plymouth to-day for the seat of war.

PERSONAL.

Dr. Theodore Williams has presented £1,000 to the Endowment Fund of the Royal College of Physicians London.

Lord Dufferin was elected Lord Rector of the University of Edinburgh on Saturday last by a large majority over his opponent, Mr. Asquith.

Mr. Frank Parish, Mayor of Worthing, has been appointed to the Commission of the Peace for the county of Sussex by the Lord Chancellor.

Deputy Inspector-General of Hospitals and Fleets, Henry Harkan, R.N., has been awarded the Greenwich Hospital pension of £50 a year, rendered vacant by the death of Fleet Surgeon Robert Willcox, R.N.

We regret to learn that Dr. Charles Bent Ball, Surgeon to Sir Patrick Dun's Hospital, is laid up with an enteric attack. His progress is reported to be quite satisfactory, and it is hoped that he will soon be able to resume practice.

Resulting from an inquiry by the Local Government Board into the alleged misconduct of Dr. Burns, Poor-law Medical Officer of Sunderland, that gentleman was requested to resign his office last week. He completed his deposition by suicide with prussic acid.

The "call of duty" to the Transvaal Government has just been responded to by Dr. Neethling, a native of that country, by resigning the office of house surgeon to the Bradford Royal Infirmary, to which he had recently been appointed, for medical service during the war.

Mr. Robert D. Joyce has been appointed Assistant Ophthalmic Surgeon to the Richmond, Whitworth, and Hardwicke Hospitals, Dublin. Mr. Joyce had a distinguished career in the Catholic University, and served as house-surgeon of the National Eye and Ear Hospital, Dublin.

Sir Wm. MacCormac and Mr. Makins, of St. Thomas's Hospital, were the subjects of an enthusiastic send off to the war on Saturday by about 300 medical students; Mr. Makins was shouldered to his carriage. The Director-General of the Army Medical Department, Surgeon-General Reade, Dr. Ord of St. Thomas's Hospital, Mr. Butlin of St. Bartholomew's, Dr. Frank of Nice, and Mr. R. O'Callaghan were among the members of the profession to bid them adieu on the platform.

The honorary Freedom and Livery of the Salters' Company will be bestowed on Sir William MacCormac on his return from the South African campaign, as a mark of appreciation of his conduct in placing his services at the command of Her Majesty's Government. Among other members of the profession on whom this distinction has been conferred, were the late Baronets Sir William Fergusson, Sir William Gull, and Sir William Savory.

Dr. W. J. Ansorge, of the Colonial Medical Service, is on his way to Old Calabar to take up his post as District Medical Officer in the Niger Coast Protectorate. Dr. Ansorge is a traveller *hors concours*, and is, moreover, an enthusiastic student of natural history, to which he has made numerous contributions.

A meeting of the members of the profession practising in Limerick and its vicinity was held on Saturday last for the purpose of setting on foot a movement for presenting an address to Dr. Thomas Myles, Vice-President of the Irish College of Surgeons, on the occasion of his elevation to the Presidency next June. Dr. Myles is a native of Limerick, and there was a large attendance of his *confrères* on the occasion. The chair was occupied by Dr. O'Shaughnessy, D.L, who expressed his high appreciation of Dr. Myles. The necessary resolutions having been passed the meeting adjourned.

Scotland.

[From Our Special Correspondent.]

Rectorial Elections.—At regular intervals the students of the Scottish Universities are granted a certain amount of license towards the exhibition of animal spirits in a physical manner, in direct association with their academic environment. These occasions arise as the time for the election of new Lord Rectors of the Universities comes round. Pease meal and explosive hand-grenades of parti-coloured ochre play a prominent part in what is really a mimic political fight. Edinburgh students have just passed through such a saturnalia; those of Unionist tendencies —imperialistic they called them—supporting Lord Dufferin; their opponents the Right Hon. Mr. Asquith. Lord Dufferin was elected by a majority of 257 in a poll of 1,629 over Mr. Asquith; friends and foes of the successful candidate participating later in the day in a fancy dress torch-light procession through the main streets of the city. The excitement of the contest was marred by one regrettable incident; for, during what can only be characterised as a free rough-and-tumble fight in the physiological class-room, one of the combatants fell and broke his leg. Although the withdrawal of Sir Edward Grey from the lists at Aberdeen left Lord Strathcona and Mount Royal the unopposed candidate, the proceedings of election were marked by an organised nomination fight, followed by a combined attack on the citizens who had assembled to watch the proceedings, and ended by a baton charge by the police, the arrest of several students, and the wounding of others.

Manchester.

[FROM OUR OWN CORRESPONDENT.]

Another Abortive Attempt to Settle the Royal Infirmary Question.—The long extended conference between the Special Committee of the City Council and representatives of the Infirmary Board, with a view to the purchase of the present site and the provision of a new hospital, has come to nought. The Special Committee proposed the payment of £350,000 for the site and buildings and the erection of an emergency hospital and out-patients' department in a central position at a cost of £50. The Infirmary authorities suggested the acceptance of the £350,000, on the condition that the central emergency hospital should be built on the present site, and that the Corporation should not cover more than 4,200 sq. yds. of the remaining area. The representatives of the Corporation have now passed a resolution to the effect that negotiations are at an end so far as they are concerned. It, therefore, remains for the Infirmary Board to arrange its own scheme for representation to the trustees of the institution. After so much waste of time and energy, it is to be hoped that Manchester will at last take effectual steps for the immediate establishment of a thoroughly modern hospital.

Pathological Society.—This, the largest of the Manchester Medical Societies, has just issued its annual report. It was originally established in 1885. At the present time it has a membership of 417. It has also 7 Honorary Members, gentlemen distinguished in Medicine, and the allied sciences. The Society has completed arrangements, whereby its Members may have Examinations of Morbid Products conducted for them at the Owens College.

Pure Milk Supply.—Thanks to the scientifically-directed energy and public spirit of a number of leading citizens, a company has been formed for the supply of non-tuberculous and absolutely pure milk, butter and cheese. Elaborate buildings have been erected and fitted with the most approved apparatus. The farms supplying the milk are under rigorous inspection, and thorough precautions are taken for insuring a perfect collection, storage and delivery of the milk to the individual consumer. Such prophylactic measures deserve support, and must eventually influence for good the, at present, unscientific and negligent procedures of the average dairyman.

Small-Pox Hospital.—Considerable opposition is being raised to the proposal of the Corporation to erect a new small-pox hospital at Carrington Moss, at an estimated cost of £60,000. It is said that within the last four years less than a score cases of variola have occurred. In the three years, 1892-3-4, 993 cases had to be dealt with. It is contended that the present Hospital is quite adequate, and that the new one, if erected on the proposed site some dozen miles distant and situated in a water-logged, low-lying district, would be both inconvenient and unhealthy.

Victoria University.—Students will be interested to learn who are the new external examiners in the Faculty of Medicine. The following have just been appointed:—External examiner in physiology, J G. M'Kendrick, M.D., F.R.S., professor of physiology, Glasgow University; external examiner in forensic medicine, A. P. Luff M.D, lecturer in St. Mary's Hospital, London; external examiner in public health, Arthur Ransome, M.D., F.R.S.; external examiner in surgery, A. Ernest Maylard, M.B.; external examiner in medicine, David Bridge Lees, B.Sc., M.D., lecturer in St. Mary's Hospital, London.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

REVOCATION OF THE MUZZLING ORDER.

To the Editor of The Medical Press and Circular.

Sir,—The muzzling order has been withdrawn in London and Lancashire, and, as you correctly remark, only in South Wales and in Ireland is it now in force. This withdrawal of the order is stated to be the result of the cessation of rabies in England, but before we can acknowledge the sufficiency of this reason we must admit the prevalence of hydrophobia therein, which I for one do not and never have done, because the method of investigation, or the evidence upon which the Government has acted in deciding the question has never been ascertained. We know that in Ireland, where the order still remains in force, every sick cur which a peasant kills by a blow of a stone, or a policeman batons to death, is gazetted as rabid, and, in not one case out of fifty, is any reliable means of confirmation of the diagnosis resorted to. Unless some more effective method has been adopted in England, I am prepared to believe that hydrophobia in either man or beast is, to a great extent

imaginary, that a muzzling order was never required at all, and that the cessation of a disease which existed only to a very inappreciable extent does no special credit to such order, and which, in fact, might have been avoided altogether if instructions had been promulgated that all cases should be investigated by an expert before they were reported as cases of rabies. I note that the Government prides itself upon the fact that in the London district alone, it slaughtered 24,000 dogs in five months, and I offer no complaint of its having done so, inasmuch as it is necessarily obviously to combat, in some way, the continually growing excess of stray curs, and, by so doing, the risk of hydrophobia must be necessarily diminished. But all this slaughter neither proves the extinction of that disease, nor justifies the statements as to its prevalence. I trust, however, that Mr. Walter Long, M.P., will by this time, be persuaded that it is a mistake to introduce legislation which cannot be warranted by facts and proofs.

I am, Sir, yours truly,
A SCEPTIC.

THE INDIAN MEDICAL SERVICE AND THE ROYAL ARMY MEDICAL CORPS

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you permit me to offer a reply to the letter signed T. C. D., which appeared in your issue of November 1st. I consider that, apart from its personally offensive nature, the lucubration referred to is essentially a foolish one, as the writer gives away the greater part of his case by stating that he is a civilian (which, by the way, seems scarcely correct, but this is a digression) (a) and, as such, has no sympathy with the spirit of militarism in the R.A.M.C. If the civilian status of the writer is admitted, he has no right to criticise the views relating to military rank and position, which are held by officers of H.M. Army serving under conditions with which he can have no practical acquaintance whatever. His criticism therefore, so far as it concerns a spirit of militarism, is simply a gratuitous impertinence; it re-echoes also a common mistake as to the essential nature of the phrase "military duty." There is no greater error nor one more productive of mischievous consequences, as far as the status of medical officers of the army is concerned, than to regard as military duties, only such duties, as are of a purely combative nature, such as field firing, bayonet exercise, &c. All duties in the Army are designed for the maintenance of efficiency in H.M. forces and by inference for the destruction of H.M. enemies. If the above statement is correct the care and treatment of the sick in military hospitals will possess something besides a professional interest; in other words, the successful performance of professional work will be attended by a feeling of justifiable pride at the efficient performance of military duty. The latter, it is presumed, is a matter in which your "civil" correspondent will take no particular interest. There is also another point in this connection which is worthy of attention. Warfare is no longer what our American brethren would denominate "a brain busting match" with battle-axes, but is an art demanding for its successful accomplishment the application of many sciences, and, among these, the sciences of medicine, surgery, and sanitation, and it is only reasonable that men who have been specially trained in the purely military application of the sciences which they profess, and who are called upon to face the risks and hardships of war, should be rightly regarded as "soldiers," should take pride in an honourable title, and should be animated with that spirit of militarism which your correspondent considers himself called upon to decry. There is no inconsistency between professional efficiency and soldier-like zeal, and among medical officers he is the best soldier who places the highest professional gifts at the service of his country.

It is impossible *at present* to be sure whether the best professional men enter the I.M.S. or the R.A.M.C., and the *ex parte* statement of T. C. D. proves nothing.

(a) I presume that the writer is an officer of the Indian Medical Service, and he uses apparently the word "civil" in the same sense as "civilian."

The question of enteric fever in India is too large for present discussion, except in so far as to protest against the inference which must be drawn from the earlier remarks in the letter at present referred to. These remarks must, however, from their nature go some way towards discounting the value of the writer's remaining statements.

It would be interesting to know how far an extremely offensive and equally foolish letter will be appreciated by the author's brother officers in a distinguished and honourable service.

I am, Sir, yours truly,
R.A.M.C.

Laboratory Notes.

SOME NEW SOLOIDS.

AMONG recent additions to the apparently inexhaustible list of ready-made formulæ prepared in "soloid" and "tabloid" form by Messrs. Burroughs, Wellcome and Co., we note with satisfaction the soloids (1) of *Lead Subacetate*, and (2) of *Lead Subacetate and Opium*. The convenience of being able at a minute's notice to prepare these commonly-used applications will doubtless be adequately appreciated.

Equally convenient for immediate use in urgent cases are the soloids (1) of *Sodium Chloride*; (2) of *Sodium Chloride Compound*; and (3) of *Sodium Chloride and Sodium Sulphate*. In preparing saline solutions of the proper strength for intravenous injections these will be found invaluable.

NEW TABLOIDS.

Holocaine Hydrochloride is a substitute for cocaine in ophthalmic practice. The anæsthesia which it produces is claimed to be more rapid and complete than that produced by cocaine, and being more superficial it is specially indicated in preparing for the removal of foreign bodies and in operations on the conjunctiva. Unlike cocaine, its effects are produced even in presence of inflammation. It is devoid of any action on the pupil and does not modify accommodation or ocular tension. The tabloids of Holocaine contain 1·50 grain each.

The two-grain tabloids of extract of Cascara Sagrada not having been found to allow sufficient margin for the idiosyncrasy of some patients and the acquired tolerance of others, one grain and three-grain tabloids are now prepared. The larger dose may be taken to overcome existing constipation, and then the smaller dose will serve to maintain intestinal regularity. These tabloids can be had either plain or sugar-coated.

Lastly, we are introduced to the five grain tabloids of *Guaiacol Camphorate*, a convenient means of exhibiting this base in the treatment of tuberculosis, chronic bronchitis, &c.

EFFERVESCENT TABLOID SERIES.

MESSRS. BURROUGHS, WELLCOME and Co., have submitted to us various samples of the new series of effervescent tabloids. The series comprises tabloids of artificial Carlsbad salt, of artificial Vichy salt, of citrate of caffein, bitartrate of lithium, citrate of lithium, citrate and sulphate of sodium, &c. The effervescent form which is thus rendered readily available will certainly be greatly appreciated. Less bulky than the ordinary effervescent products, these tabloids secure greater accuracy of dosage, and, in general, greater facility of administration. It is sufficient to place one or more of the tabloids in a suitable quantity of water, and in a short time we have a clear solution, refreshing to the palate, and well adapted to secure the maximum and immediate effects of the active ingredient or ingredients. The effervescent magnesium sulphate compound tabloid will be found a very agreeable and effectual laxative at all seasons.

Among the recent additions to the list of products issued by Messrs. Burroughs, Wellcome and Co., we may note the tabloids of Bismuth and Dover's powder as 2·5 grains, the tabloids of Krameria and Cocaine, and a new series of tabloids corresponding in dosage and

active ingredients to the B. P. pills, among others aloes and iron, compound colocynth, aloes and myrrh, blue pill, colocynth and hyoscyamus, lead and opium, ipecacuanha, and squills, &c. It is unnecessary to insist on the uses to which these various tabloids may be applied, as they are obvious.

SOLID MICROSCOPIC STAINS.

THE introduction of stains for microscopic work in "Soloid" form is a new departure which needs no justification in view of the tendency of aniline dyes to undergo decomposition—a fertile source of disappointment and wasted labour in the laboratory. The series comprises (1) Gentian violet, (2) Methylene blue, (3) Eosin, (4) Bismarck brown, and (5) Fuchsine, and directions for their use are given in an accompanying leaflet. These "soloids" will specially prove a boon to travelling investigators and those whose laboratory work is discontinuous, inasmuch as by their aid the requisite solutions can be prepared as required, accurately dosed, and with a minimum of trouble.

Literature.

ROTH ON LATERAL CURVATURE (*a*).

TEN years have passed since Mr. Roth brought out his first edition of this work, an edition that might fairly be looked on as an enlarged edition of his excellent article on the subject in Mr. C. Heath's "Dictionary of Practical Surgery," in 1886.

We mention these facts to show that from its inception Mr. Roth wrote as a practical surgeon, one who in his own experience has felt the inadequacy of the mechanical cages, metallic and poroplastic, which instrument makers delight to see, and which remain on the poor patient as instruments of torture and nothing more. Again and again we have been pained by seeing poor children tormented and weighed down with a poro-plastic or other cage that but added to their sufferings and promoted that muscular degeneration which intensified their agony and cut off the last hope of health.

The conservatism of the medical profession is well marked by our adherence to existing methods of treatment of spinal curvature. Apparatus came to be adopted, and as a result every form of spinal curvature was deemed a fitting case for the apparatus without any thought being given to the cause of the curvature and to preventive measures.

If Mr. Roth's book has any value greater than another in surgery it is that it calls on the reader to think, to ponder on the causes of the deformity, that the deformity may be prevented, and when it has been established it may be got rid of.

The success of the treatment is well shown by the series of 1,200 (twelve hundred) cases found in the appendix, a number that justifies the author in hoping that his book will ultimately banish the mechanical apparatus, metallic and poroplastic, to their proper place, the instrumental museum. The book is a valuable and original contribution to medical literature, of lasting value as the work of a practical surgeon and withal profound thinker.

MITCHELL BRUCE'S THERAPEUTICS. (*b*)

THE fact that the latest edition of this well-known work registers its thirty-eighth thousand is sufficient to attest its merits and its popularity. At the risk of appearing somewhat hypercritical, however, we venture to draw attention to a few points the alteration of which would in our opinion enhance the value of this work. For instance, there is no mention of a "dusting powder" in the index, and we have failed to find any passage dealing with the varied uses of that commonly used method of applying soothing, astringent, drying, and antiseptic remedies to the skin. Indeed, that organ appears to have been not a little neglected, for we find no mention of the therapeutic action of light, both solar and electrical, and of the focus-tube used in X-ray photography. Even if these actions are to be looked upon as in their tentative stage so far as practice is concerned they are nevertheless worthy of mention in a book of this importance and width of range. The indelible staining due to the prolonged use of silver salts is dismissed with a few words, and no mention made of the anatomical elements in which the deposit occurs. The important practical point of lead deposits, leading to lead "opacities" in the cornea, is not alluded to. Nor do we find any mention of super-heated air baths, such as Tallerman's, under the heading of "Baths and Allied Measures," which deals only with Turkish and compressed air under the sub-section "Air Baths." This omission in the year 1899 mars the symmetry of a standard work on therapeutics, considering that this method of treatment has been before the profession for several years past. Turning to the many alterations, additions and omissions made in the British Pharmacopœia of 1898 we find, so far as we have tested them, they are accurately recorded. Emplastrum Belladonnæ, however, given on page 349 as containing 5 per cent. of alkaloids should be obviously 0·5 per cent. While offering these few criticisms, it must not be thought for a moment that we are detracting from the general excellence of the book, which deservedly holds a foremost place upon the shelves of the student and of the practitioner. Both author and publishers are to be congratulated on the perennial vigour of their production.

REID ON PRACTICAL SANITATION. (*a*)

THE appearance of the fifth edition of this excellent handbook is marked with additional interest from the fact that the book has been completely revised, and to a great extent rewritten. The chief feature in this work, if one may generalise, is its practical nature, which stamps every page of the contents with a character that cannot be derived from study-chair cogitations. An excellent illustration of this tendency is the chapter on plumber's work, which gives just the sort of information that is wanted in sanitary administration. Most householders of experience will agree with the general proposition that "all cheap plumbing is bad, and good plumbing must be paid for." Unfortunately, the length of the tradesmen's bill is not, in this instance, an invariable guarantee that an adequate amount of good work has been performed in return for the money payment. Although this book was written in the first place for the use of sanitary inspectors, it is of great value to medical officers of health and to students of sanitary subjects. Nor, should we imagine, does it fail to find a large number of readers among architects and builders. The subject of the closure of schools has hardly been given the prominence it deserves. Not only is the agency in question undoubtedly answerable for the enormous increase in diphtheria of late years, but is concerned in other conditions, such as measles, whooping-cough, and quite likely diarrhœa. The book ends with an excellent abstract of the principal Acts relating to Public Health.

WHITELEGGE'S PUBLIC HEALTH. (*b*)

THIS volume ushers in the seventh thousand of Dr. Whitelegge's well-known work. He has incorporated in the text the more important recent developments in many branches of hygiene. The Vaccination Act of 1898 will be ever memorable in the history of preventive medicine. As the author remarks, it has "introduced a momentous change in the administration of a department which has rendered incalculable benefit to the

(*a*) "The Treatment of Lateral Curvature of the Spine, with Appendix, giving an analysis of 1,000 consecutive cases treated by posture and exercises exclusively (without mechanical supports)." By Bernard Roth, F.R.C.S. Second edition. London: H. K. Lewis. 1899.

(*b*) "Materia Medica and Therapeutics." By J. Mitchell Bruce, M.D., Physician and Lecturer, Charing Cross Hospital, &c. London and New York: Cassell and Co. 1899.

(*a*) "Practical Sanitation." By George Reid, M.D. Fifth Edition. London: Griffin and Co. 1899.

(*b*) "Hygiene and Public Health." By B. Arthur Whitelegge, M.D. London: Cassell and Co. 1899. Seventh Thousand.

community, in a form which lends itself to statistical demonstration." A summary of the results of vaccination is given, together with many tables and figures, whereby the investigator is furnished with a veritable mine of facts on which to found his conclusions. The standard nature of this work need not be enlarged upon. The reader will find a good illustration of the author's power of sifting out salient points and of setting them forth in a clear condensed form if he turns to the section dealing with the all-important subject of school infection. A careful perusal of the pages devoted to this point will place him in possession of a key to all that is known about it. There is no need to say that this book should be in the hands of all students of hygiene, because that advice is already anticipated. It should, however, also be on the bookshelf of every well-educated medical practitioner, for the subject is one with which every branch of medical practice is at one time or another intimately concerned.

NEW BOOKS AND NEW EDITIONS.

The following have been received for Review since the publication of our last monthly list:—

Baillière, Tindall and Cox (London and Paris).

A Manual of Surgery for Students and Practitioners. By William Rose, M.B., B.S., Lond. F.R.C.S., and Albert Carless, M.S., Lond., F.R.C.S. Second Edition. Pp. 1190. Price 21s.

An Introduction to Diseases of the Nervous System. By H. Campbell Thomson, M.D., M.R.C.P., Lond. Pp. 124. Price 4s.

Difficult Digestion due to Displacements. By A. Symons Eccles, M.B., M.R.C.S. Pp. 138. Price 4s.

Bale, Sons and Danielson, Ltd. (London).

On the Prevention of Eye Accidents Occurring in Trades. By Simeon Snell, F.R.C.S.Ed. Pp. 32. Price 1s. net.

J. and A. Churchill (London).

Open-Air Treatment of Consumption. By Jane Walker, L.R.C.P., M.R.C.S., M.D. (Brux). Pp. 15. Price 1s.

Year-book of Pharmacy, from July 1st, 1898, to June 30th, 1899, with the Transactions of the Pharmaceutical Conference held at Plymouth. Pp. 548.

H. J. Glaisher (London).

Cancer. By Thos. Wm. Nunn, F.R.C.S. Pp. 90. Price 2s.

P. S. King and Son (London).

Archives of Neurology from the Pathological Laboratory of the London County Asylum. Edited by F. W. Mott, F.R S., M.D., F.R.C.P , Lond. Pp. 552. Price 15s.

Henri Lamertin (Bruxelles).

L'Année Chirurgicale. Par le Docteur A. Depage. Première Année. Pp. 1,970.

H. K. Lewis (London).

A Contribution to the Surgery of Fractures and Dislocations of the Upper Extremity. By J. E. Platt, M.S., F.R C.S. Pp. 228. Price 10s.

Rough Notes on Remedies. By Wm. Murray, M.D., F.R.C.P. Lond. Third Edition. Pp. 142. Price 3s. 6d.

Text-Book of Ophthalmology. By Dr. Ernest Fuchs. Translated by A. Duane, M D. Pp. 876. Price 21s.

The Anatomy of the Central Nervous System in Man, and Vertebrates in General. By Professor Ludwig Edinger, M.D. Translated by Drs. W. S. Hall, P. L. Holland, and Edward P. Carlton. Pp. 457. Price 15s. net.

E and S. Livingstone (Edinburgh).

Materia Medica. Part I. Catechism Series. (Author's name not given). Pp. 72. Price 1s.

Longmans, Green and Co. (London and Bombay).

Surgery, a Treatise for Students and Practitioners. By Thos. P. Pick, Consulting Surgeon to St. George's Hospital. Pp. 1176. Price 25s.

Macmillan and Co. (London).

Differential Diagnosis with Clinical Memoranda. By Fred. J. Smith, M.D.Oxon., F.R.C.P.Lond. Pp. 352. Price 7s. 6d. net.

Transactions of the Jenner Institute of Preventive Medicine. Second Series. Pp. 253.

James Maclehose and Sons (Glasgow).

Raynaud's Disease; its History, Causes, and Treatment. By Thos. K. Monro, M.A., M.D. Pp. 250.

Oliver and Boyd (Edinburgh).

A Manual of Modern Gastric Methods. By A. Lockhart Gillespie, M.D., F.R.C.P., F.R.S.Ed., with a Chapter on Mechanical Methods in Young Children. By John Thomson, M.D., F.R.C.S.Ed. Pp. 175.

The University Press, Limited (Watford).

The Pathology of Emotions. By Ch. Féré, M.D., Paris. Translated by Robert Park, M.D. Pp. 542. Price 15s.

The Universal Illusion of Free Will and Criminal Responsibility. By A. Hamon. Pp. 138. Price 3s. 6d. net.

Darwin on Trial at the Old Bailey. By Democritus. Pp. 107. Price 2s.

Medical News.

The Medicine Sickness and Accident Society

The usual monthly meeting of the executive committee of the Medicine Sickness Annuity and Life Assurance Society was held at 429, Strand, London, W.C., on 27th ult. There were present Dr. de Havilland Hall in the chair, Dr. J. B. Ball, Dr J. W. Hunt, Mr. F. S. Edwards, Dr. W. Knowsley Sibley, Dr. M. Greenwood, Dr. Walter Smith, and Dr. Alfred S. Gubb. The sickness experience of the Society during the summer months has been much lighter than that of the early spring and is well under the amount expected. The list of those members who are permanently disabled from profes ional work still grows and the amount of sickness benefit paid to them is one of the most important of the Society's disbursements. During August and September a cash bonus was paid to the sickness benefit members of over three years' standing at December 31st last. The total amount so paid was a little over £5,000, and a few cheques are still outstanding. The account will be closed at the end of this month, and the balance transferred to the Sickness Benefit Fund. Prospectuses and all particulars on application to Mr. F. Addiscott, Sec. Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

The Infectious Disease (Notification) Extension Act, 1899.

A circular has been addressed from the Local Government Board to local authorities for whose districts the Infectious Disease (Notification) Act, 1899, has not been adopted. The attention of the local authorities is drawn to the effect which the Infectious Disease (Notification Extension Act, 1899), will have in extending the operation of the Infectious Disease (Notification) Act, 1889. At present the provisions of the Act of 1889 are in force in those urban, rural, or port sanitary districts where that Act has been adopted by local authorities in the prescribed manner. The effect, however, of section 1 (1) of the new Act, which comes into operation on January 1st, 1900, will be to extend as from that date those provisions to every urban, rural, and port sanitary district in England and Wales, whether the principal Act has or has not been previously adopted therein. The circular is accompaniod by a memorandum of instruction to medical officers and a form of certificate.

The Transvaal and the R. A. M C.

Referring to the strain thrown by the outbreak of hostilities in South Africa on the Royal Army Medical Corps, the *Civil and Military Gazette* points out that the strength of the corps is about 20 per cent. lower than what it was thirty or forty years ago, and this notwithstanding an increase of the Army and a great extension of its foreign duties. The present strength is about 840, or 50 below the figure (viz. 890) which the late Sir Thomas Crawford, Director-General of the Army Medical Department, fixed some fifteen years ago as the absolute minimum, and that "dangerously low." The consequence is that at present about 90 officers on the retired list and a good number of civilian practitioners are being employed in the home military districts to discharge duties which should fall to medical officers on the active list. Indeed, matters are so bad that in one military district in England there were lately only seven medical officers on the active list, the proper complement being fixed at 19. There has necessarily been for some time considerable difficulty in granting army medical officers adequate leave; and the strain of a war in South Africa can only serve to augment the difficulties of the authorities. It is urged that the strength of the corps should be raised to 1,000, but since candidates are not forthcoming in sufficient numbers to fulfil the existing vacancies and the concession of military titles has failed to attract young doctors into the army, it is clear that some more practical measures must be adopted. The authorities

have now made two attempts to work the reform of the cheap by ringing the changes on ranks and titles in the somewhat simple belief that sentimental marks of esteem would be accepted in place of practical concessions. Their sanguine expectations have been disappointed, and they must now face the unwelcome fact that the market price must be paid in hard cash, and not in fancy names or meaningless titles. At all events, if the South African trouble develops into a big thing, the demand for army doctors will so far exceed the supply as to convince the War Office that the question cannot be played with any longer.

Royal College of Surgeons in Ireland.

At the opening of the Winter Session the following prizes were awarded:—

Carmichael Scholarship—Miss M. J. Shire, £15. Mayne Scholarship—D. A. Fitzgerald, £15. Gold and Silver Medals in Operative Surgery—C. R. Boyce, gold medal; C. Myles and J. F. Peart (equal) silver medal. Practical Histology—E. Evatt, first prize (£3) and medal; A. Charles, second prize (£1) and certificate. Practical Chemistry—E. C. Byrne and J. R. H. M'Manus (equal), first prize (2) and medal. Public Health and Forensic Medicine—J. P. Byrne, first prize (£3) and medal; E. Evatt, second prize (£1) and certificate. Materia Medica—J. S. Ashe, first prize (£3) and medal; T. A. Dillon, second prize (£1) and certificate. Practical Pharmacy—Miss J. C. Hargrave, first prize (£3), and medal; W. Ormsby, second prize (£1) and certificate. Biology—J. R. B. Buchanan and Miss J. C. Hargrave (equal), first prize (£2) and medal. Descriptive Anatomy—Junior, J. Cockburn, first prize (£3) and medal; R. G. Allen, second prize (£1) and certificate. Senior, A. Charles, first prize (£3) and medal; T. A. Dillon, second prize (£1) and certificate. Practical Anatomy—First year, R. G. Allen, first prize (£3) and medal; R. W. Burkitt, second prize (£1) and certificate. Second Year, A. Charles, first prize (£3) and medal; C. W. Ewing, second prize (£1) and certificate. Third Year, C. R. Boyce, first prize (£3) and medal; J. F. Peart, second prize (£1) and certificate. Practice of Medicine—J. P. Byrne, first prize (£3) and medal; T. J. Tallon, second prize (£1) and certificate. Surgery—J. S. P. Stewart, first prize (£3) and medal; J. P. Byrne and W. R. Meredith (equal), second prize (£1) and certificate. Midwifery—Mrs. H. L. Hennessy, first prize (£3) and medal; J. S. P. Stewart, second prize (£1) and certificate. Physiology—Miss M. J. Shire, first prize (£3) and medal; A. Charles, second prize (£1) and certificate. Chemistry—T. Keogh, first prize (£3) and medal; G. G. Tabuteau, second prize (£1, and certificate. Pathology—J. F. Peart, first prize (£3) and medal; H. Graff, second prize (£1) and certificate; and Physics—W. Ormsby, first prize (£3) and medal; A. Ellenbogan, second prize (£1) and certificate.

The West London Hospital.

The annual dinner of the staff of the West London Hospital took place at the Great Central Hotel on Wednesday, October 25th, 1899, Mr. Percy Dunn being in the chair. Out of twenty acceptances, seventeen members of the staff were present. After the usual loyal toasts had been duly honoured, the chairman proposed the toast of the "West London Hospital," in the course of which he referred to the gratifying progress which had been made in the organisation of the post-graduate college in connection with the hospital, and to the benefits that were likely to accrue from the enlargement and improvements now being effected in the out-patient department. Afterwards the *reunion* resolved itself into a committee, in which many matters were discussed relative to the well-being of the hospital, and resolutions passed thereupon. The toast of "The Health of the Chairman," proposed by Mr. Keetley, brought the proceedings to a close.

East-Suburban Medical Protection and Medico-Ethical Society, The West Ham Hospital, Stratford, E.

A general meeting of the above Society was held at the Town Hall, Stratford, E., on November 7th, at 3·15 p.m., when Mr. C. S. Loch, the Secretary of the Charity Organisation Society, gave an address and opened a discussion upon "The Use of Medical Charities," the chair was taken by Fred. J. Smith, Esq., M.D., Physician to the London Hospital. The following resolution was carried:—"That this meeting of the East-Suburban .... Society and other Medical Practitioners is of opinion that as a means of preventing the misuse of medical charities—supported wholly or in part by voluntary contributions—medical men should be elected on the governing and executive bodies of such charities in a proportion of not less than 25 per cent., such representatives to be periodically elected by the medical practitioners in the vicinity, and hereby invite the medical profession as a whole to support this policy. That copies of this resolution be sent to the various medical societies requesting their support; and to the Press." This was proposed by Murtaugh Houghton, Esq.

The Paris International Congress of Medicine, August, 1900.

The French Executive Committee have issued a notice that every member of the Congress who desires to read a paper at the forthcoming meeting must send the title and an abstract of his paper to the proper sectional secretary on or before May 1st, 1900. To facilitate this proceeding the Executive Committee gives the following list of the secretaries with their addresses:—1. Comparative anatomy: Dr. Auguste Petit, 6, Rue Saint André des Arts; 2. Descriptive anatomy: Dr. Rieffel, 7, Rue de l'Ecole de Médecine; 3. Histology and embryology: Dr. Retterer and Dr. Loisel, 15, Rue de l'Ecole de Médecine; 4. Physiology, with biological physics and chemistry: Dr. Dastre at the Sorbonne: Dr. Gley, 14, Rue Monsieur le Prince: Dr. Weiss, 20, Avenue Jules Janin; 5. General and experimental pathology: Dr. Charrin, 11, Avenue de l'Opéra, Dr. Roger, 4, Rue Perrault; 6. Pathological anatomy: Dr. Letulle, 7, Rue de Magdebourg; 7. Internal pathology, corresponding to our Section of Medicine in part: Dr. Rendu, 23, Rue de l'Université, Dr. F. Widal, 155, Boulevard Haussmann; 8. The medical diseases of childhood: Dr. Marfan, 30, Rue la Boétie; 9. Therapeutics: Dr. Gilbert, 27, Rue de Rome; 10. Pharmacology: Dr. Chassevant, 70, Rue de Rennes; 11. Materia Medica: Dr. Chassevant, 70, Rue de Rennes. 12. Neurology: Dr. P. Marie, 3, Rue Cambacérès; 13. Psychiatry: Dr. Ant. Ritti, The Charenton Asylum, Seine; 14. Dermatology and Syphilography: Dr. G. Thibierge, 7, Rue de Suresne; 15. General surgery: Dr. Walther, 21, Boulevard Haussmann; 16. Surgery of children: Dr. A. Broca, 5, Rue de l'Université—Dr. Villemin, 58, Rue Rue Notre Dame des Champs; 17. Urinary surgery: Dr. Desnos, 31, Rue de Rome; 18. Ophthalmology: Dr. Parent, 26, Avenue de l'Opera; 19. Laryngology and Rhinology: Dr. Lermoyez, 20 bis, Rue la Boétie; 20 Otology: Dr. Castex, 30, Avenue de Messine; 21. Stomatology, including certain dental diseases: Dr. Ferrier, 39, Rue Boissy d'Anglas; 22. Obstetrics: Dr. A. Bar, 122 Rue La Boétie; Dr. Champetier de Ribes, 28, Rue de l'Université; 23. Gynæcology: Dr. Hartmann, 4, Place Malesherbes; 24. Forensic medicine: Dr. Motet, 161, Rue de Charonne; Dr. Thoinot, 8, Rue de l'Odéon; 25. Military medicine and surgery: Dr. the Minister of War, Paris; 26. Naval medicine: Dr. Laugier, the Minister of the Marine, Paris; 27. Colonial medicine: Mons. Kermorgant, the Colonial Ministry, Paris. The names of those duly qualified medical men who desire to attend the Congress, with a visiting card and the subscription of £1, should be sent to either of the Honorary Secretaries of the International Committee for the United Kingdom—Dr. Garrod, 9, Chandos Street, London, W.; or to Mr. D'Arcy Power, 10A, Chandos Street, London, W.

The Medico-Psychological Association.

The date of examination for the certificate of this Association will be December 14th. The examination will be held simultaneously in London, Edinburgh, Glasgow, Dublin, Aberdeen, and Cork. Candidates intending to present themselves must give fourteen days' notice to the Registrar, Dr. Benham, Fishponds Asylum, Bristol. Fuller particulars will be found in our advertising columns.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

A PHILANTHROPIC ADVERTISEMENT.

WE have been asked to give publicity to the offer of a certain firm of dentists, who shall be nameless, to supply a hundred sets of teeth every year gratis to the poor. For reasons which our readers would appreciate if we disclosed the identity of these pseudo-philanthropists, we find ourselves unable to comply with the request, the more so seeing that none of our readers are likely to wish to avail themselves of this *largesse*.

H. S.—No one heeds the vapourings of the little journal referred to, and the publication of your letter would do it unappreciated honour.

ALIMENTARY VIVISECTION.

A CORRESPONDENT calls attention to the advertisement of Benoist's Real Turtle Soup which is "guaranteed to be made from the *live* turtle only," and he suggests that if this claim be authentic the Society for the Prevention of Cruelty to Animals, or the Anti-Vivisection Society, ought to take action. It may be surmised that the sentence in question is not really intended to bear the construction which our correspondent puts upon it, but the manufacturer will doubtless enlighten our readers on this point.

M. L. S.—The renovation of the drains is an expense the incidence whereof will depend upon the terms on which you hold the premises. If you have subscribed to a repairing lease, the cost, we imagine, would fall upon the tenant, *e.g.*, yourself.

ANTI-FLEA MEDICATION.

A correspondent writes:—The suggestion to take sulphur dragus as a protection against the bites of fleas, *et hoc genus omne*, though original, will, I fear, not commend itself for general adoption by those who suffer from the close attention of the lively flea. The cure would, I fancy, be found worse than the disease, as those using the sulphur would (to say the least) be in "bad odour" with their acquaintances, and at once convey the information to those who had heard of the sulphur "preventive" that the users evidently suffered from "Phlebitis"!

ANTI-BOER.—The initial velocity of the bullets of the service rifles of various European armies differs. That of the Lee-Metford is 2,000 feet per second, that of the French Lebel 2,073, that of the German Mannlicher 2,034, of the Spanish Mauser 2,285, of the Italian Carcano 2,329. The Boers are said to be armed principally with the Mauser, which, so far as penetrating power is concerned, judging from the initial velocity of its projectile, is a very serviceable weapon.

A. T. Y.—We have considered the subject of our correspondent's complaint, and will send him a private note.

J. R. (Colnbrook).—You are certainly entitled to charge for the visit, even though you were unable, under the circumstances, to take part in the treatment. It would, however, be wise to bear this fact in mind in estimating the value of the time occupied in going to and fro.

Meetings of the Societies and Lectures.

WEDNESDAY, NOVEMBER 8TH.

HUNTERIAN SOCIETY.—8.30 p.m. Discussion on the Treatment of Typhoid Fever (opened by Dr. N. Pitt).

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.—4.30 p.m. Dr. T. D. Savill: Prurigo and Pruritus. (Post-graduate Course.)

THURSDAY, NOVEMBER 9TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8 p.m. Card Specimens. 8.30 p.m. Papers:—Mr. A. Lawson: Corneal Horns.—Mr. E. T. Collins and Mr. C. D. Marshall: Two Cases of Primary Tumour of the Optic Nerve.—Mr. J. Griffith: Iritis a sequel of Gonorrhœa.

BRITISH GYNÆCOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. Purcell, Dr. H. Snow, and Mr. Bowreman Jessett. Papers: Dr. R. H. Hodgson: A Case of Tuberculous Peritonitis simulating Abdominal Tumour, Operation, Recovery.—Dr. J. Oliver: On the Physico Chemical Conditions concerned in the production of Version of the Uterus.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL.—5 p.m. Dr. D. Grant: Differential Diagnosis of Nasal Obstructions.

FRIDAY, NOVEMBER 10TH.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Papers:—Mr. H. B. Robinson: Acute Intestinal Obstruction due to an Intussusception of Meckel's Diverticulum.—Mr. J. Bland Sutton: On a Case in which Primary Nephrectomy was performed for complete Rupture of a Kidney.—Dr. N. Dalton: A Case of Enlarged Spleen due to Congenital Volvulus of the Stomach and Tranverse Colon and simulating Splenic Anæmia.

Vacancies.

Bracebridge Asylum, Lincoln.—Junior Assistant Medical Officer, unmarried. Salary £125 per annum, with furnished apartments, board, attendance, &c.

Cumberland.—Qualified Indoor Assistant. Salary £100. Apply, "Cumberland," MEDICAL PRESS Office, Dublin. (See Advert.). Apply to the Clerk to the Asylums Committee, Office, 6, Waterloo Place, S.W.

Infirmary of the City of London Union.—Assistant Medical Superintendent at the Infirmary of the Union, Bow. Salary £150 per annum, with furnished apartments at the Infirmary, rations, and washing. Apply to the Clerk to the Guardians, 61, Bartholomew-close, E.C.

Preston Royal Infirmary.—Assistant House Surgeon. Salary £50 per annum, with board, lodging, and washing, &c.

Royal Infirmary, Hull.—House Surgeon for two years, unmarried. Salary, 100 guineas per annum, with board and furnished apartments.

Suffolk General Hospital.—House Surgeon. Salary, £100 a year, with board, lodging, and washing. Apply to the Secretary, Bury St. Edmunds.

Three Counties Asylum.—Assistant Medical Officer, unmarried. Salary commencing at £125 per annum, with board, apartments, washing, and attendance. Apply to the Clerk to the Visiting Committee, St. Neots, Hunts.

Appointments.

BARKER, W. H., L.R.C.P.Edin., M.R.C.S., Medical Superintendent for the Ararat Lunatic Asylum, Victoria, Australia.

BOON, J. G., L.R.C.P., L.R.C.S., Irel., Medical Officer for the Broseley Sanitary District of Shropshire.

BRADFORD, P. P., L.R.C.P., M.R.C.S., Medical Officer for the Bracknell Sanitary District of the Easthampstead Union.

BUNBURY, EDWARD GARRETT, L.R.C.P.Lond., M.R.C.S., Civil Surgeon, has been appointed to the temporary medical charge of the troops at Bristol in the medical staff of the district.

BUTTERWORTH, J. J., M.B., B.Ch., Junior House Surgeon to the Manchester Royal Eye Hospital.

CHURCH, B. E, L.S.A.Lond., Medical Officer for the Fourth Sanitary District of the Stroud Union.

CLEGG, J. GRAY, M.D., B.S., F.R.C.S., Honorary Assistant Surgeon to the Manchester Royal Eye Hospital.

DUNWOODY, W. G., M.D., B.Ch Dub., Medical Officer of the Ely Workhouse.

HARRIS, S. C., L.F.P.S.Glasg., Medical Officer for St. Mary's Parish, Ely.

MCLAREN, J. B., M.B., B.Ch.Irel., Medical Officer for the Workhouse of the Salford Union.

MIDDLEMIST, R. C., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Ryhall Sanitary District of the Stamford Union.

SANFORD, J. C., Civil Surgeon, to the medical charge of the troops at Bodmin.

STANWELL, ST. JOHN, M.B., C.M.Ed., M.R.C.S., Medical Officer for the Barnack Sanitary District of the Stamford Union.

WHITELAW, F., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Second Sanitary District of the Holsworthy Union.

Births.

BEST.—On October 31st, at 1, Cambridge Terrace, Dover, the wife of W. J. Duncan Best, M.R.C.S.Eng., L.S.A.Lond., of a daughter.

BLOMFIELD.—On November 1st, the wife of Geo. Wills Blomfield, M.R.C.S.Eng., L.R.C.P.Lond., and L.S.A.Lond., Horsefair, Pontefract, of a son.

GALLETLY.—On November 2nd, at Sycamore House, Northwold, Norfolk, the wife of Wm. Gloag Galletly, M.B., C.M., of a son.

HOLDEN.—On November 6th, at 168, Castle-hill, Reading, the wife of George Herbert Rose Holden, M.A., M.D., Cantab, of a son.

Marriages.

BLACK—ANDERSON—On November 2nd, at Trinity Church, Hampstead, Captain W. C. Black, Indian Staff Corps, son of the late Robert J. Black, M.D., to Hope Gordon, youngest daughter of the late John Anderson, Esq.

HOME-ROSS—HARREL.—On November 2nd, at St. George's, Hanover Square, London, J. Home-Ross, F.R.C.P.Ed., only son of Major Hamilton Ross (late I.M.S.), Ballynacreena House, Co. Antrim, to Maude, elder daughter of Sir David Harrel, K.C.B., Dublin.

Deaths.

MACKEY.—October 24th, at 85, Finborough Road, South Kensington, after a protracted illness, of typhoid fever, Stephen William Mackey, L.R.C.S.I., L.R.C.P., L.M., aged 49 years.

MCCARTHY.—October 24th, at Wingfield, St. Mary Church, Torquay, Michael Joseph McCarthy, late Fleet-Surgeon, R.N., aged 45.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, NOVEMBER 15, 1899. No. 20.

Vienna Clinical Lecture.

ALIMENTARY GLYCOSURIA IN PREGNANCY.

By DR. HOFBAUER,

Of Prof. Schauta's Clinic of Gynæcology, Vienna.

THE glycosuria of pregnancy has recently become one of the most important subjects for investigation in gynæcology that modern science has to solve, and may probably result in the establishment of another diagnostic sign of that physiological condition that has puzzled clinicians in the past when a forensic test has to be applied. It is not long since Strumpell and Strauss startled us with the announcement that sugar in the urine of a pregnant woman was a normal physiological condition. Why it should appear in pregnancy in a healthy state and disappear after parturition was on the first glance easily explained by pressure, reflex, &c., &c.; but when it was discovered that other pathological pressures such as tumours, moles, &c., did not produce this saccharine condition, the wonder began to increase where the limit ceased.

In the normal healthy organism large quantities of saccharine matter can be absorbed, assimilated, and burned in the body without any appearance of glycosuria, but in the case of pregnancy commencing in the second month some defect occurs in the assimilation as the blood soon becomes hyper-glucæmic which is thereafter rapidly eliminated by the renal organs. Various theories have been propounded for this phenomenon, and among the firmist offered is an alteration of the nerve system giving rise to the term neurogenic glycosuria. Another views this with scepticism, and advocates a toxic condition as the proximate cause of the disorder of which we have testimony in alcoholic, lead, and opium poisoning, giving rise to the term toxigenic glycosuria. Noorden has still another form, which he has demonstrated in acute fevers. and to which he has applied the term febrile glycosuria.

Among the first to put these theories in some measure to the test in pregnancy were Lanz and Jacksch, but feeling dissatisfied with some of the results commenced, uuder the guidance of my chief, Professor Schauta, to confirm or disprove some of the anomalies in the records that lead by inference to different conclusions. The first step was to discover the earliest period that sugar appeared, which was found to be the second month of pregnancy.

The next point was to discover how much sugar could be taken in without interfering with this assimulative disorder. The first step was to keep a register of the urine for several days before commencing the experiment. After this one hundred grammes of chemically pure grape sugar were given fasting every morning in coffee or brandy and water, and after an interval of one-and-a-half to two hours, the urine was drawn off by means of a catheter and carefully analysed. This arrangement had no perceptible effect on that patient's appetite as she took her breakfast as heartily as if no experiment were carried on. Carbohydrates, it may be noted, were not allowed to be used during the periods of examination,

Forty-five cases in different stages of pregnancy were thus treated, at the same time keeping as near the examples of Lanz, so thus any discrepancy might be instantly observed in the corresponding epochs. Thirty-nine of the cases gave positive results, the other being before the end of the second month of pregnancy, when the saccharine condition of the urine commences and is found to gradually increase till the end of pregnancy, thus confirming the assumption that the assimilation limit is gradually reduced as the uterus increases.

With this recent knowledge before us it might be expected, from a forensic point of view, that the presence of sugar in the urine would be an infallible confirmation of the pregnant state. That, as far as we know at present, is a faithful diagnostic symptom in the normal physiological condition, but, unhappily for us, the pathological gravid state gives negative results, and for what reason cannot yet be clearly elucidated.

In ectopic pregnancy, for instance, I find that out of eight cases none of them had glycosuria, although all aborted, with hæmatocele forming in some. The formation, growth, and expulsion of moles had an equally negative result. There is another particular worthy of note where intra-uterine life goes all right till the death of the fœtus, when sugar disappears in the urine as if no pregnancy had occurred.

These facts inevitably force us to the conclusion that glycosuria is a normal physiological condition where the growth and development of the ovum is undisturbed; that the presence of alimentary glycosuria is due to some alteration caused by the retention of the fructifying germ in the uterus. Lanz attempted to prove from his experiments that this alimentary glycosuria in pregnancy was analogous to Bunge's, who found that the glycosuria was due to an absence of iron in the food taken by the pregnant female. This idea has happily been abandoned for changes in the nerve system; alterations in the circulation of the blood which may affect the internal organs of the abdomen, and thus modify the metamorphosis during the gravid period.

From the inference obtained by animal experiments a this transitory form of glycosuria is due to injury of the glycogenic apparatus which first produces hyperglycæmia, and subsequently glycosuria. Nothing, however, can be traced to any lesion to account for the temporary presence of sugar; indeed, the opposite exists as we have seen in pathologieal conditions where no sugar is to be found.

This phenomenon has led investigators to explore the blood with no more satisfactory results. No pathological product of any note except the glucose can be discovered. Livierato who has spent a

considerable portion of his life at the subject, affirms that the glycogen is easily demonstrated, and that a form of leucocytosis coincides with the terminal part of pregnancy when the glycogen can be found both intra- and extra- cellular. On the first day after parturition the cells begin to lose this glycogen which rapidly disappears from the blood altogether in a few days after.

I have made repeated examination of the colostrum in the gravid state with Ehrlich iodine—mucilage—solution, which is composed of pure iodine 1·0 gramme, potassium iodide 3·0 grammes, and mucilage of gum acacia 100·0 grammes. Under the microscope the cellular element had the characteristic brown colouring; some had dark granular nuclei and flukes; others with diffuse colouring of the cell plasma. My results might be considered negative, as no differentiation from other diseases in gynæcology could be deduced. I have been unable to throw any light on the controversy which still rages concerning these micro-chemical reactions in the presence of iodine which Ehrlich affirms proves the presence of glycogen, while Kühz positively affirms the contrary. There is no doubt of the iodine reaction, but how it is to be interpreted we cannot determine with any amount of accuracy; possibly it is due to some deep structural changes in the blood and colostrum during pregnancy that we are not yet able, chemically, to follow with precision.

THE TREATMENT OF ACUTE PSYCHOSES BY REST IN BED.

By DR. P. SÉRIEUX,

Physician to the Asylum for the Insane for the Department of the Seine.

[SPECIALLY TRANSLATED FOR THE MEDICAL PRESS AND CIRCULAR.]

TREATISES and special reviews of therapeutics usually deal very briefly with the treatment of mental disease. This domain is for many *terra incognita*, and in the absence of facts mere surmises are accepted. It is generally believed that all psychoses are incurable, though in reality a cure is effected in 60 per cent. of the cases. The douche, the strait jacket, and the padded cell are still held by many to be the only things to which lunatics are amenable, though these methods of treatment have been rejected by modern psychologists. It is quite unnecessary to insist on the disastrous consequences of such prejudices. On the one hand, cases are not altogether rare in which the doctor, called to a patient with an attack of acute mental disorder—a disease eminently curable—can, and ought to resort forthwith to active measures; on the other hand the beginning of mental disorders is a critical phase, as regards the efficacity of medical intervention. The future of the patient often depends on the treatment adopted at the very outset of the mischief.

We propose to describe here a method employed with great success in acute cases of mental disease, viz., rest in bed. This treatment is quite easy of application either for private patients or in special institutions. Moreover, its immediate results in the cure of diseases of the brain as well as its indirect consequences in respect of the organisation of lunatic asylums, render treatment by rest in bed an innovation of the greatest importance. It is the commencement of a new era in the history of mental therapeutics. This very simple method will certainly transform the therapeutics of mental diseases and give us a fresh idea of how best to ameliorate the condition of the insane.

Before entering upon the subject of the physiological effect of this treatment, its results and its drawbacks, we must briefly discuss the means of carrying it out—the *technique*, in fact. One of the chief advantages is its simplicity; it does not require any special appliances and is applicable under all circumstances. Moreover, it does not oblige the patient to enter an asylum.

According to Schmidt, women are more refractory to the treatment than men. In certain cases (acute mania, restless melancholia, and pronounced hallucinatory confusion of ideas) the patients are with difficulty kept continuously in bed, but even when this is the case mechanical restraint by means of strait-jackets, &c, should be absolutely discarded. If the patient resents being kept in bed, we must imitate M. Magnan, who persuades them that they are ill, that they are feverish, and that rest in bed is necessary. For certain patients (paralytics, &c.), it is often sufficient to feed them, to supply them with newspapers, &c., for their objection to vanish. Often the mere presence of a nurse seated by the bedside and talking to the patient, holding his hand, apart from any more active measures, will obviate their desire to get up, even if markedly agitated. In cases of great and persistent excitement we may advantageously employ a bed on the floor, with the walls padded to a height of a yard or so; prolonged baths and hypnotics may also render service. Should these various measures prove inadequate, which is exceptional, and if the gentle suasion of one or two attendants has not the desired effect of inducing the patient to remain in bed, we must, nevertheless, avoid all struggling and all violence.

The patient is allowed to give the rein to his desire for movement, either in the ward, in the garden, or in an isolated room in which he should only be left for a short time, under close observation. When the crisis is over, an attempt should be made to exercise persuasion. The excitement is never permanent in the same patient, and it soon subsides. One important point to which attention must be called is that the treatment by rest in bed can be practised in our asylums without necessitating any costly appliances. There are, however, sundry dispositions which may prove advantageous, though by no means indispensable. The ward should be on the ground floor on a level with a conservatory, and looking on to a garden. Special attention should be paid to the ventilation and heating of this room. It is unnecessary to insist upon the obvious importance of perfect aëration and light in a place inhabited day and night by the patients. The most useful accessories are hinged panes, Hitsig's windows, the use of perforated panes of glass, blinds, &c., and the room should be rendered cheerful by flowers and other ornaments. The bathroom should be adjacent to the ward, and in some German institutions the bathroom and w..c. are combined. It has been found convenient to provide two wards, one being reserved for turbulent patients, having attached to it isolation rooms. The bed should, for hygienic reasons, be tolerably hard and rather low, in order to facilitate restraint should this be necessary, and also to minimise the ever-present risk of injury from a fall. The beds, or some of them, should be readily movable, so as to allow of their being wheeled into the verandah. There must be an adequate supply of blankets, and special attention must be paid to the temperature of the bed, especially in cases where there is œdema or cyanosis of the extremities (melancholia). The temperature of the ward should be the same night and day, and high enough not to expose the patient to the risk of taking cold even if he throws off the bedclothes.

Needless to add that the sheets should be kept irreproachably clean, and that folds and crumbs are

to be avoided. The bed should be made twice a day. Among other devices employed in this treatment are screens, in order to give the impression of isolation, mattresses, of which the part corresponding to the patient's head can be raised to serve as a support for the back, and to enable the patient to sit up in bed without fatigue, a table by the side of the bed to facilitate the taking of meals, and lastly beds on the floor as already described.

At the commencement of the treatment, at any rate, the patient should be kept continuously in bed. He should lie flat in bed, as it is only in the horizontal position that complete rest is secured. Weir Mitchell's method need not be too closely followed; indeed, we are of opinion that in the majority of cases it is preferable to relax the strict rules laid down by him for the treatment of neurasthenia. The patient may therefore be allowed to get up in order to discharge his natural functions, to take his baths, and even in some cases to breathe a more invigorating air in the garden. He should also be authorised to read and write, but meals must be taken in bed.

It is quite impossible to lay down any general rules, but the patient should leave his bed as seldom as possible at the beginning of the treatment. In asylums our practice is to allow most of the inmates to get up for half an hour during the morning, and this interval should be devoted to discharging the bodily functions (assisted, if need be, by an enema), washing, douches, and baths, which should be employed daily. During this interval, moreover, the ward should be thoroughly ventilated, the beds aired, the windows cleaned, and the beds carefully made.

Later on, as the patient improves, and the psychical symptoms subside, the treatment may be gradually modified by allowing the patient to lie on a sofa in the verandah, and to sit at table for his meals. Later on still he may get up for two or three hours in the afternoon, and finally, when he is well on the road to recovery, the patient may be allowed to get up daily after lunch.

The duration of the treatment naturally varies within wide limits. In certain acute cases, such as alcoholic, hysterical, and epileptic mania, the patient may become calm and sensible within a few days, sometimes even within a few hours. In neurasthenia, Weir-Mitchell enjoins complete rest in bed for a period of from six weeks to two months, and he asserts that to allow the patient to get up too soon is to risk his forfeiting any gain in weight that he has acquired, and to cause the reappearance of symptoms of exhaustion.

In the majority of cases of the acute psychoses, the treatment by rest in bed should be enjoined for at least six weeks. Guislain advises rest for the first two or three months of the disease. If the malady persists for several months, if the appetite is satisfactory, and the mental symptoms have become less acute, it is hardly necessary to say that the patient need not be kept in bed continuously. The bed-treatment should only be applied in all its rigour during periods of exacerbation, the patient passing only the forenoon in bed during the intervals. As a general rule, in the absence of special indications, it does not appear advisable for a patient to be kept constantly in bed for more than two months.

We may add that the treatment by rest in bed does not constitute the Alpha and the Omega of the therapeutics of the acute psychoses. Although this treatment, as we shall presently show, is one of the most valuable acquisitions of modern psychiatry, it must not be looked upon as a universal panacea. According to the indications, it will require to be associated with various other therapeutical measures, such as hyper-alimentation, hydrotherapy, massage, Swedish gymnastics, electro-therapy, the opium cure, hypnotics, strychnine, &c., &c.

If the physiological effects of exercise are well known, the same cannot be said of the physiological effects of absolute rest in bed. This aspect of the question does not as yet repose on precise data gleaned from the results of prolonged bed treatment, and so far our investigations have been conducted on a purely empirical basis.

Dr. Guy, an English physician, found that rest in bed had a marked effect on the pulse, and that the average pulse rate in men between 25 and 50 years of age was 70·05 pulsations in the sitting position, whilst in the horizontal position it was only 66·62. In women of the same age it varied from 81·98 to 80·24, while in children between 11 and 15 years old, the rate was from 91 to 90. Fonssagrives always recorded five or six pulsations less in the horizontal than in the erect position. The moderating action of the dorsal decubitus with respect to the heart beat is, indeed, well recognised; Weir-Mitchell states that the diminution of arterial pulsation is equal to twenty per minute; Roehrich, however, only recorded a loss of from four to eight pulsations.

Rest in bed does not act only on the heart, but also on the peripheral circulation. The horizontal position suppresses the influence of gravity, and it therefore favours hyperæmia of the brain and a readier return of the venous blood from the lower limbs to the heart. This influence is far from being insignificant, especially in certain diseases, such as melancholia, in which the force of cardiac contraction is markedly decreased. From another point of view, the peripheral circulation is modified by the more or less complete suppression of muscular contraction. Lagrange describes the muscles as the organs of the circulation (the peripheral heart). This contraction accelerates the flow of blood in the veins, and if this contraction is wanting, there is a tendency to blood stasis in the limbs. With patients who remain standing and motionless for long periods of time, the fact that rest in bed exerts a satisfactory influence on œdema and cyanosis is easily explained.

All authorities recognise that the horizontal position produces a marked slowing of the respiratory movements. According to Viault and Jolyet, the 23 respirations, which is the average in a standing adult, falls to 19 in a sitting position, and to 13 in the horizontal position.

Looking at the question from the point of view of general therapeutics, Manquat concludes that rest in bed is a valuable means of treatment in acute disease, in that it leaves all the strength of the organism free to assist in recovery; it moderates the movement of the heart and respiration, and checks metabolism. Quite recently experiments have been carried out under M. Toulouse with the object of ascertaining the physiological effects of rest in bed. Mr. Lacombe noted the slowing of the pulse and of the respiratory movements, the fall of the central temperature, and an increase of arterial tension.

Drs. Toulouse and Marchand recently published the result of their observations on the variations in weight produced by this treatment. Rest in bed, according to these authors, at first reduces the weight, it accentuates the process of emaciation in persons with a tendency to cachexia, such as general paralytics, and in those whose tendency is to put on flesh, in convalescents, for example, it tends to check any further increase in weight.

These conclusions must be received with some hesitation, they can only be explained by the loss of appetite, which results from prolonged rest in bed and by the absence of all muscular exercise. Moreover, Weir-Mitchell observed an actual increase of weight among neurasthenic patients kept in bed, and Neisser records the same effect in epileptics. Roedrich has also observed a rapid rise in the weight curve in cases of acute mania, melancholia, primary mental con-

fusion, and acute hallucinations treated by rest in bed, the increasing varying from 300 to 400 grs. a day. We must also bear in mind that for several years past Professor Hayem and other therapeutists (Ewald, Von Ziemssen, Nothnagel, Quincke, and A. Robin) have adopted the treatment by rest in bed for chlorotic and anæmic patients. The application of the method has a marked effect in checking the destruction of red corpuscles which the least muscular exertion causes in chlorotic patients, and, in addition it indirectly assists digestion by obliging the patient to quit wearing stays.

In short, rest in bed modifies and regulates both the cardiac function and respiratory movement, increasing arterial tension and lowering the central temperature. It checks the destruction of red blood corpuscles, and lastly it slows the process of intracellular oxidation, and consequently retards disassimilation, thereby favouring a gain of weight. In certain cases this economy in the matter of combustibles may be compensated by loss of appetite, followed by loss of weight (Toulouse and Marchand).

(To be continued.)

NOTES ON THE BACTERIOLOGY OF THE RHEUMATIC AND ALLIED DISEASES.

By ARTHUR S. WOHLMANN, M.D., B.S. Lond.,
Bath

DURING the last ten years the belief has been gradually gaining ground that the rheumatic diseases are of microbial origin Clinical evidence and analogy point so strongly in this direction that, even without bacteriological confirmation, the presumption amounts almost to a certainty.

It must be admitted, however, that the bacteriological proofs of the belief have been somewhat unsatisfactory, there being considerable discrepancy in the results of different observers. This is attributable, in part at least, to the unfortunate nomenclature adopted in regard to the "rheumatic" diseases, and before discussing the microbes described I would clear the ground by the adoption of a definite and reasonable classification. I would divide these diseases provisionally into four main groups.

1. *Rheumatism.*—(*a*) Acute rheumatism, and when this passes into a chronic subacute form (*b*) chronic rheumatism, which I would distinguish absolutely from "rheumatic gout" or "rheumatoid arthritis."

2. *Gout.*—(*a*) Acute gout. (*b*) Chronic gout with the same remarks.

3. *Pernicious Arthritis* which I would substitute for rheumatoid arthritis, a term which has been so loosely applied as to have lost all significance. Abroad the term "multiple arthritis deformans" has been largely used. By pernicious arthritis I mean a disease with the most pronounced and definite characteristics: a subacute painful polyarthritis, affecting mostly women, symmetrical, causing spindle-shaped swellings of the joints, and *no* osteophytic thickening or lipping of bone. In addition there are various trophic and toxic symptoms, such as muscular atrophies, glossy skin, cold, dripping-wet palms, pigmentation, anæmia, &c., the whole forming a perfectly definite clinical picture. (The points in diagnosis were illustrated by casts painted from life.)

4. *Osteo-Arthritis*, a chronic condition characterised by osteophytic formation and eburnation of bone. It may occur as the result of wear and tear, or as the final stage of rheumatism, pernicious arthritis, or gout, modified as to details of shape by the preceding diseases, but as distinct from these as is the dense envelope of connective tissue round an embedded bullet from the initial lesion.

It is obvious that in this disease one would not look for a microbial origin, while in acute rheumatism and in pernicious arthritis such an origin might reasonably be inferred.

Bacteriology of Acute Rheumatism.—The work of the principal English and foreign investigators was passed in review from Mantle in 1887 to Singer in 1897. Guttmann, Birch Hirschfield, Bouchard and Charrin, Triboulet, Sahli, Sacaze, Grün, and Singer found various cocci, either staphylococci or streptococci, while Achalme, Lucatello, Leyden, and Riva found special organisms. The results of Achalme were confirmed by Thiroloix and by Treboulet and Coyon. These latter observers, however, found that Achalim's bacillus was frequently associated with a diplococcus, and was only present alone in severe cases.

Examining the heart-blood and the cerebro spinal fluid in two cases of acute rheumatism immediately after death, Achalme found in enormous numbers, and in pure culture, a large bacillus resembling that of anthrax Examining the blood of six living cases he found the same bacillus in pure culture in four cases, and associated with micrococc in two. The bacillus stained easily with aniline dyes, or by Weigert's or Gram's method, but best with feebly alkaline methylene blue. It was absolutely anaerobic, and grew best in liquid media, horse bouillon with a little glycerine being best of all, at a temperature of 30 degs. to 38 degs C.

Sporulation was best observed in the amniotic fluid of a rabbit killed by inoculation. On the third or fourth day a spore appeared at the end of the bacillus, which assumed a bell-clapper form. The results of animal innoculation were described, and some interesting observations made with regard to its reaction to salicylates and its precipitating effect on urates in urine. A number of microscopic specimens were exhibited showing the bacillus

Achalme concluded that the bacillus in pure culture at first caused acute rheumatism, but that it seemed to "open the door to the microbes of secondary infection, which may persist alone at the decline of the disease, and this would explain the numerous cases in which they have appeared to be the pathogenic agents of rheumatism."

Pernicious Arthritis.—Schüller's bacillus was described, and a short account followed of the diplobacillus, which the author, Dr. Bannatyne, and Dr. Blaxall found in the synovial fluid of patients suffering from this disease, and which they look upon as pathogenic.

A delicate diplococcoid organism staining with difficulty, and forming on the fourth day "gold-dust" floating colonies in flasks of clear peptone beef-broth at 98 degs. F.

Chauffard and Ramon have since described an organism in this disease apparently identical with the above.

SOME CLINICAL FEATURES
PERSONALLY OBSERVED DURING
AN EPIDEMIC OF DIPHTHERIA,
WITH ESPECIAL REFERENCE TO THE EFFECTS OF THE ANTITOXIN TREATMENT.

By PEERS MACLULICH, B.A., M.D. (Dubl. Univ),
Assistant Medical Officer to the Joint Counties Asylum, Carmarthen, South Wales.

As early as April of 1893 Professor Behring published a record of recoveries amounting to 80 per cent. from diphtheria by injecting 5 cc of his own anti-toxic serum, this amount then containing 1,500

standard units. Dr. Aronson in the same year also discovered the value of the antitoxin treatment in similar cases; but it was not until Roux read his paper on the subject at the Eighth International Congress of Hygiene at Buda Pest, in 1894, that this new treatment for an old and terrible disease could be said, by its astounding efficacy, to be really grasped by medical men all over the civilised world. The first recorded case of its use in England was that of Dr. Eastes', in July of 1894, in which he used Aronson's serum; and the following spring saw it employed by many medical practitioners throughout the United Kingdom.

But then, as even now, it was often only used as a *last* resource in *severe* cases, instead of being administered at the *very beginning* of the disease in *all* cases. Perhaps one reason why antitoxin is not used, and why diphtheria usually tends to spread so rapidly in any one locality, is that its early diagnosis is not always properly made; I refer, of course, to mild cases of the disease. There seems to be an unaccountable confusion as to diphtheria in the minds of some. I have seen typical cases of a mild form termed "diphtheritic sore throats"; such cases are not considered to be true diphtheria, and therefore are not notified, and consequently are a fruitful source of the spread of this disease, especially among school children. The reason for this distinction seems to be due to the apparent mildness of the attack. Yet these cases are as certainly diphtheritic as are those accompanied by graver constitutional symptoms and severer local signs, and are equally sources of danger to the community at large

Cultivations of the Klebs-Loeffler's bacillus could always be obtained from these cases, and many of them subsequently bore out the diagnosis of diphtheria by developing post-diphtheritic paralysis, or cardiac failure, &c.

Being fortunate enough to be in the midst of an epidemic, I was enabled thus to try the effect of the antitoxin treatment in forty-five out of fifty-six cases of pharyngeal and faucial diphtheria.

The majority of cases were seen on the first day of their illness, and the following generally was the history of its onset. Namely: that on the previous evening the patient went to bed in apparently his usual health, but on the following morning he felt very languid, weak, and feverish, vomited his breakfast, and complained of his throat being painful for the first time. The sudden feeling of weakness and languor appealed to the patient at this early stage more than any of the other symptoms did, and thus made him seek medical advice. In all the cases the extreme pallor of the patient was very noticeable, and, at the same time, his pulse was rapid (120-140 per minute) and soft, but with this the temperature in many of the cases was not over 99 degs. F. (In only one patient did it reach 104 degs. F.)

Another constant sign was the enlargement of the post-cervical glands on both sides of the neck, whereas the tonsils and submaxillary glands were often only very slightly enlarged, and then only on the side corresponding to that on which the patch of false membrane was situated. On examining the throat, frequently a single patch of membrane was all that could be seen, and this in the majority of cases was situated on the right side. The patch was leathery in consistence and very adherent, surrounded by a narrow inflammatory zone, and left a bleeding surface behind it when torn away. In some of the cases it could only be seen with great difficulty, as it was small and nearly hidden behind the tonsil, this latter being somewhat enlarged, and presenting at the same time a glazy red appearance.

Even in those cases in which the patch of false membrane was very small, and the temperature normal, or almost so, still the diagnosis of diphtheria could with reasonable certainty be made. For the marked constitutional disturbance, the extreme anæmia, and the rapid and soft pulse, were out of all proportion to the local signs of the disease, present in the throat; contrasting thus with cases of follicular tonsillitis, &c. The post-cervical glands, too, were always enlarged from the *onset* of the disease, whereas the submaxillary glands if they increased in size, only did so to a slight extent, and at a later period.

The character of the patch also helped towards the same diagnosis, it was tough and leathery, not pultaceous like that seen in follicular tonsillitis, scarlet fever, stomatitis, &c., and was very tenacious to the subjacent tissues; and, moreover, it bore no definite relationship to the mouths of the crypts of the tonsils (a point of great weight in the diagnosis). The tonsils also did not enlarge proportionally to the size and extent of the patch, or patches, present. A most peculiarly pentrating and typical odour was noticed in many of the cases; and this was the more intense in character the larger the amount of membrane present.

Immediately the diagnosis was made (and also in many of the doubtful cases), antitoxin was injected as the first step in the treatment. As regards the site of injection of the serum, the region of the back at the angle of the scapula was chosen, chiefly because the insertion of the needle here seemed to cause less pain than when the abdominal wall was selected as the site of injection. There was another reason also why the former position was chosen, namely, nervous patients (especially children) not being able to see what was being done to them, were less liable, therefore, to become restless, and so, perhaps, in some of the cases the needle was saved from being broken through their fewer efforts to struggle.

Most of the serum was supplied by Burroughs and Wellcome, and varied from 4 cc. to 5 cc in amount; but either quantity always contained 1,500 standard units. The dried serum, although it keeps better for a longer period than the liquid preparation, was soon abandoned because of its slowness to dissolve in distilled water; moreover the liquid form, if kept in a cool, dark place appeared to lose none of its efficacy, even four months after it had been sent out by the manufacturers.

Of course in the administration of the antitoxin all the usual antiseptic precautions were most carefully adopted; the syringe also was taken to pieces beforehand and well boiled in distilled water.

The after treatment of the case was as follows:—A mixture was prescribed containing 5 minim doses of tinct. stroph. (B.P. 1885), combined with 3 minim liq. strych. hydrochlor. every four hours for a few days. After this the patient was put on some form of iron mixture in order to combat the existing anæmia and debility. At the same time a 1 per cent. solution of lysol was used as an antiseptic mouth wash and throat application, and also a ½ per cent. solution as a nasal douche; for disinfection of the throat is important with the object of preventing the development of the streptococci and staphylococci, which are generally so abundant in cultures taken from the diphtheritic patch. No solid food was allowed for some days, and after a primary purge the bowels were kept open daily. But what was insisted on perhaps more than anything else, was the *absolute quietness* of the patient, and the necessity of the recumbent position for about ten days. For it was observed that those who were allowed to sit up within a few days after the injection of the antitoxin, were they who subsequently were the most prone to develope cardiac weakness, and were also longer in recovering from the debilitating effects of the disease. In order to diminish the possibility of the spread of the disease, the patient was, of course, isolated as far as

it was possible, and only one person allowed to attend on him. All utensils, &c., were immediately washed in a 1 per cent. solution of lysol after the patient had used them; handkerchiefs were prohibited, old pieces of linen being used instead for the nasal discharge, so that they could be burnt immediately after use. Also for a fortnight after convalescence, the patient remained as much to himself as it was possible, and at the same time rigidly adhered to the use of the antiseptic mouthwash and nasal douche.

With regard to the effects observed on the patient after the injection of antitoxin, perhaps the most noticeable one was his changed expression of countenance; for instead of looking exceedingly ill, and appearing dull and listless, within twenty-four hours (in the majority of the cases) he was much brighter and stronger; the distaste for food had passed off, and he expressed himself as feeling almost quite well again. In most cases the temperature had fallen to "normal" within twenty-four hours; in a few, especially those who were not injected until the second or third day, it did not reach this level for at least another twenty-four hours. In not a single case among those injected did the pyrexia continue for three days. But with this drop in the temperature the pulse did not synchronously reach the normal either in rate or volume; it certainly was not so frequent, but nevertheless for many days afterwards it maintained an increase in rate, and was still somewhat soft.

Both these pulse changes, and also the enlargement of the post-cervical glands, were somewhat persistent after the other signs of the disease had passed off.

As regards the membrane, it had completely disappeared, or was only loosely hanging by a small portion to the subjacent tissues, within forty-eight hours in all of the cases (except one, in which it persisted for three days). The tonsils at the same time rapidly diminished to their normal size, and the nasal discharge also quickly decreased in amount.

Only two cases needed a second injection—one patient, a boy, had a recrudescence of the patch (as proved bacteriologically) fourteen days after the first one had disappeared. The other, a male adult, developed an extensive patch in his right nostril four days after the pharyngeal membrane cleared off. Both these patients, however, rapidly improved after the second injection.

Comparing those injected with the non-injected: Although in the whole number there was not a single fatal case, still the subsequent progress of the patients in both classes presented many striking differences. For as already mentioned, among those injected the membrane had disappeared in all of them within three days from the employment of the antitoxin. But on the other hand, the patch did not disappear among those who were not injected, until, on an average, the seventh day after the onset of the disease (in one case not until the tenth day); and also among the latter class there was always present an irregular pyrexia. But perhaps the most noticeable feature among those who were not injected was their protracted convalescence; during this latter they all had attacks of cardiac dyspnœa, and complained of great weakness in the legs; and the anæmia and marked debility, which were present from the onset of the disease, persisted for many weeks, and even for some months in three of the cases. Although none of those who were not injected developed post-diphtheritic symptoms, while four of the others did, still, this cannot be urged against the employment of antitoxin; for these four cases had contracted a very severe attack of the disease, and it is highly probable that if they had not been injected there might have been some fatal cases among the number. At all events, it is certain that they would not have made such rapid recoveries as they did. In only thirteen cases was albuminuria detected, and these, too, were among the number of injected patients; but this complication, like the previous one, occurred in the severer cases of the disease.

That early injection bears a close relationship to a proportionally diminished mortality, and incidence of paralysis, is shown clearly by the statistics contained in the "Report of the Committee on the Antitoxin of Diphtheria" (Longmans, Green, and Co.). This same "Report" also shows that the cases in which the performance of tracheotomy became necessary, were nearly 50 per cent. less among those which had been injected, than among those which had not been so treated.

With regard to the incidence of paralysis occurring in diphtheritic patients, statistics show what at first sight appears to be a curious fact, that is, that the percentage is greater among the injected than the non-injected; but to read this rightly, it must be remembered that it has been shown that the duration of life of the fatal cases treated by antitoxin is greater than in those not so treated, and also that the mortality percentage is lower among the injected than the non-injected; these two factors in themselves therefore allow of a longer period of time, and of a larger number of cases, in which the occurrence of post-diphtheritic paralysis may take place.

As regards complications attributable to the use of antitoxin, the most usual ones observed are some form of rash. This is generally erythematous, urticarial, morbilliform, or scarlatiniform; it usually commences about the seventh day, and as a rule lasts only two to five days. In 20 per cent. of these cases the rash appears for the first time at or near the site of injection; but it may be uniformly distributed over the body, or may affect only certain parts, *e.g.*, the extensor surfaces of the limbs. It must also be borne in mind that some form of eruption is occasionally liable to *precede* the onset of diphtheria; and the varieties that usually do so, are the morbilliform and the scarlatiniform; but these and the former types appear to have no influence on the ultimate result of the case; and the former are probably due to the action of the blood serum itself.

Pain in and about the joints (very rarely effusion) sometimes is a complication due to the injection of antitoxin, and to this, finally, may be added cellulitis or abscesses, which have been known to occur at the site of injection. These latter probably arise from the contamination of the serum in the process of bottling it, or from a want of proper antiseptic precautions at the time of its injection.

Lastly, it has been stated, that nephritis has been caused by antitoxin, but the proof of such a statement is wanting, for when antitoxin has been injected into a healthy individual, it has been found to have no effect upon the kidneys.

In conclusion, I may add from my own experience that I believe that the early employment of antitoxin diminishes the tendency to a fatal termination, and at the same time lessens the necessity for performing tracheotomy, while it also shortens considerably the stage of convalescence, and robs the disease of a great portion of its former terrors.

WE regret to announce the death of Dr. Reginald Southey, F.R.C.P.Lond., lately one of her Majesty's Commissioners in Lunacy, and for fifteen years Physician to St. Bartholomew's Hospital, and Lecturer on Forensic Medicine, and Hygiene thereat. He was appointed Gulstonian Lecturer in 1867, and Lumleian Lecturer in 1881, and was the author of several contributions to the standard and periodical literature. He died at the comparatively early age of 64.

Clinical Records.

JESSOP HOSPITAL FOR WOMEN, SHEFFIELD.

Case of Unilocular Cyst of Left Ovary—Operation—Recovery.

Under the Care of JOHN W. MARTIN, M.D.,
Hon. Medical Officer to the Hospital.

J—— P——, æt. 59, was sent in from Swinton by Dr Fullerton, on July 19th, 1899, for a large abdominal tumour. The catamenia had practically ceased for 13 years, though there was one recurrence about 5 years after the first stoppage.

Menstruation commenced when she was 14 years of age, and was always regular and normal She first noticed an increase in size last Christmas but thought she was merely getting stout. Since Christmas she has felt very poorly in herself, with smarting pains in the body. Percussion showed that the tumour extended close up to the ensiform cartilage and well into either flank—it was very tense. The sound entered the uterus 3¼ ins. and to the right. My colleagues agreed with the diagnosis of ovarian tumour, and the suitability of the case for a section.

A section was made on August 4th, the cyst (unilocular) was laid bare and tapped, a very large quantity of fluid being drawn off; a small pedicle was secured by transfixion and a double circle of ligature, and the peritoneum sewn over the stump. The peritoneal toilet was carefully attended to, and the abdominal wound closed by five silkworm gut sutures. The patient made a good recovery, and was discharged on October 14th, the delay being due to granulation of one portion of the wound which was slow in healing.

It ought to have been mentioned that there were no adhesions of any importance.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, NOVEMBER 10TH, 1899.

SIR R. DOUGLAS POWELL, Bt., President, in the Chair.

MR. H. BERTRAM ROBINSON read the notes of a case of

ACUTE INTESTINAL OBSTRUCTION DUE TO AN INTUSSUSCEPTION of MECKEL'S DIVERTICULUM,

which occurred in a healthy little boy, æt. 5, who had been quite well up to forty hours before, enjoying good health, and never making any complaint, except of an occasional pain in the belly. After breakfast, on January 21st, he complained of nausea and feeling unwell, his bowels were relieved naturally. During the day he complained of pain in the belly, but his temperature was normal, and there was nothing found on examination to point to any serious lesion. Through the night there were frequent attacks of bilious vomiting with cramping pains about the umbilicus, hiccough and thirst. Next morning he seemed a little better, but he vomited after swallowing anything; there was no distension, and no lump could be felt in the belly; nothing could be felt in the rectum. His temperature was 99 degs., and pulse 130. In the afternoon the pain, which hitherto had been intermittent, was more continuous, and the belly was a little fuller. An enema was given, but there was no result; it was noticed, however, that the returned fluid showed a little blood staining. Mr. R. saw him in the evening in consultation and found him with a distressed look and very restless, complaining of the pain across the belly at the level of the umbilicus. His temperature was 99 degs. and the pulse 160. He was vomiting a clear watery bile-stained fluid. No flatus had been passed during the day. His belly was distended, coils of small gut being noticed in the upper part. On palpation there was no rigidity and no special tenderness; an ill-defined lump could be felt just above the outer part of Poupart's ligament on the right side, with comparative dulness over it, but nothing else was to be made out, and the rest of the belly was resonant. In the rectum there was no mucous discharge and no lump, but in the fæcal smear on the finger was noticed a little blood-stain. Immediate operation was advised and proceeded with. Under the anæsthetic the resistance above Poupart's ligament disappeared, but per rectum a lump was felt in Douglas's pouch, which could be pushed up by the finger and then grasped with the other hand above the inner part of the ligament and to the right of the bladder. It seemed firm and tubular, and of about three inches long. Its low situation and free mobility were rather puzzling. A mid line incision was made, and on opening the cavity clear fluid escaped but no lymph coagula. Two fingers were passed down into Douglas's pouch, when they seized the lump and drew it out of the wound. It was seen that it was intussuscepted small intestine forming a tumour about four inches long. Without much difficulty the main part of the gut was reduced, when a hardness presented with a cup-shaped depression in its centre; a little further reduction showed that the normal axis of the intestine was restored, and that the lump came from its free margin, proving it to be an inverted diverticulum. The reduction of this from its thickened contracted neck proved impossible, and so there was no alternative but to excise it. The edges of the gap in the intestine were brought together by Lembert's sutures, but owing to the doubtful state of the bowel at one point, it was thought better not to entirely close it, but to fix it in the abdominal wound. An additional reason for doing this was that the boy's condition forbade any lengthy resection. After the operation he revived for about two hours, and then somewhat suddenly collapsed and died.

MR. CHARTERS SYMONS had had no personal experience of intussusception following Meckel's diverticulum, but he had seen two cases of obstruction from that cause. The first was in a little boy who had repeated attacks of pain on the right side, like that of appendicitis. The lad was seen on the fourth day, and was extremely ill. He therefore operated and found a diverticulum of small intestine round which bowel was twisted and gangrenous. The second was that of a man, æt. 26, who came in on the fifth day of an attack of acute intestinal obstruction. On opening the abdomen he found a very wide diverticulum round which bowel was folded. In both cases the intervention was too late to save life. He urged that the sooner these cases were attacked the better for the patient. He had done eight, only two having been successful. It was, however, interesting to notice that one of the successful cases was that of a child of twelve months with an intussusception reaching from the cæcum almost to the rectum, and his incision extended from the ensiform cartilage nearly to the pubes. The other was that of a child only eight months old in which he made an opening over the cæcum. The first case was seen within twenty-four hours and the second within forty-eight hours, and both made excellent recoveries.

MR. ROBINSON, in reply to the President, said it was difficult to speak with certainty on the question whether or not there would be any contraction after the operation. That would depend probably upon the area of the base of the diverticulum. If large, there might be some contraction.

PRIMARY NEPHRECTOMY FOR COMPLETE RUPTURE OF A KIDNEY.

MR. BLAND SUTTON, related the details of a case in which a man, æt. 35, was run over by a cab. On admission the patient showed marked signs of internal bleeding, and a large ill-defined swelling formed in the right loin. The overlying skin was not scratched, contused, or torn. Three hours after admission the signs of bleeding became marked and blood appeared in the urine, so that there could be no doubt that the kidney had been severely injured. Through an incision in the right linea semilunaris, it was ascertained that the remaining abdominal viscera were uninjured; on detaching the peritoneum overlying the swelling in the loin the kidney was found

completely torn across at the junction of the lower with the middle third; the laceration had involved the renal vein, and blood issued from it with some force. As it was hopeless to attempt to suture the two parts of the kidney together the fragments were removed with the surrounding clot. The peri-renal region was lightly stuffed with gauze and the wound secured with interrupted sutures of silk-worm gut. The patient convalsced quickly and left the hospital for the convalescent home in four weeks from the date of the operation. Mr. Bland Sutton pointed out that the clinical features were so marked and the line of treatment so obvious that he thought there could be no difference of opinion as to the mode of treatment adopted. He suggested that the term "primary nephrectomy" should be reserved for cases in which the kidney was removed within twenty-four hours of the accident, and that where it became necessary to remove a kidney some days or weeks after such an injury, it should be called secondary nephrectomy. He further observed that our home literature contained very few records of primary nephrectomy for rupture of the kidney, and that a study of the *Centralblatt fur Chirurgie* indicated that far too many cases are recorded from post-mortem observations, the patients often dying without surgical intervention. This, he held, was very regrettable, especially as the signs of this grave accident are in a large proportion of cases very clear and obvious.

Mr. G. R. TURNER related a very similar case in a man, æt. 57, who also presented a swelling in the right loin, with rapidly increasing dulness. He diagnosed rupture of the right kidney, and opened the abdomen in the same way as the author. The whole of the ascending colon and cæcum were black with extravasated blood which had come from behind. He incised the peritoneum to the right of the ascending colon, and in the midst of much blood clot found the kidney torn completely across. It was too mangled to admit of suture, so he removed it. Patient made a good recovery in spite of an attack of acute bronchitis, the cough on one occasion bursting open the wound and allowing a foot of intestine to escape. He said he was led to operate in that case forthwith by having seen, a fortnight before, a man who had rupture not only of the kidney, but also of the liver. The patient was intensely collapsed, and he had to wait until the third day before opening the abdomen. He found a slight laceration of the under surface of the liver with blood in the general peritoneal cavity, but not of recent date. There was enormous retroperitoneal extravasation evidently due to rupture of the right kidney. The patient vomited persistently and died in a week. He suggested that the vomiting might have been due to involvement of some of the sympathetic ganglia in the clot. He remarked that the amount of urea secreted in the first case after the operation was above the normal.

Dr. GOODE ADAMS referred to a case in which there was a considerable but not very extensive rupture of the kidney, which was not followed by any discoverable hæmorrhage, *i.e.*, the urine was not tinged with blood. The patient was a man, æt. 45, seen after a "buffer" accident who had various severe injuries to which he succumbed, and post-mortem a rupture of the left kidney was found, measuring half-an-inch, with a small quantity of blood in the capsule, but none had passed into the bladder. In contrast to that case he had had in private practice two cases of injury to young male adults followed by considerable hæmorrhage, in which the bladder was filled with blood. They both eventually recovered. Putting these three cases together he was disposed to question the diagnostic value of bleeding from the kiddey. In neither of these two cases of recovery was the accident a severe one, one being a fall in jumping, and the other the result of a slip.

Mr. KELLOCK asked why the author removed the kidney transperitoneally, seeing that it would have been so much more convenient to have approached the kidney from the loin.

Mr. HOWARD MARSH thought the author was right in opening the abdominal cavity, but asked why, when he found he had to deal with a ruptured kidney, he did not close the wound and get at it from behind, externally to the peritoneum. If he had wished to suture the kidney it would have opened into the peritoneum. He urged the value of saline injections when there was much collapse. With reference to the absence of any external signs of injury, he instanced the case of a lad who had been run over and soon died in whom there was no outward evidence of injury, but in whom, post-mortem, the left lung was found torn from its bronchus.

Mr. BLAND SUTTON, in reply, admitted that in adopting the course he had done he was treading on debateable ground. He had been brought up as a "loin" surgeon but had gradually come round to Mr. Knowsley Thornton's way of treating these cases. He had dealt with 25 cases of operation on the kidney through an abdominal incision, treated transperitoneally, and with a little care the peritoneum could be brought together so as to shut off the general peritoneal cavity, leaving a more convenient means of draining than that through the loin. In this respect he dealt with each case upon its merits. He believed the good results of saline injections could be obtained by repeated injections into the rectum, but he preferred making these injections *after* the operation because, if used before, they were apt to give rise to much oozing. His experience with the injections had been principally in the treatment of ruptured gravid tubes. He discussed the treatment of these cases by suture of the ruptured kidney which Bradford had shown would readily unite if the rupture were through kidney substance.

Mr. TURNER, in reply to the President, said there was a post-mortem in the second case, but no injury to intestine was found. He concurred in the view that the incision through the semilunar line was a good one.

Dr. NORMAN DALTON on a case of

ENLARGED SPLEEN, WITH CONGENITAL VOLVULUS OF THE STOMACH AND TRANSVERSE COLON, SIMULATING SPLENIC ANÆMIA.

A woman, æt. 38. The spleen was painless, and had probably been enlarged since her first pregnancy. It now reached to the right iliac fossa. There was no history of malaria, syphilis, or alcohol, and the liver was not enlarged. All the symptoms of anæmia were present, and the blood showed 21 per cent. of red discs, 20 per cent. of hæmoglobin, no increase of leucocytes, and no abnormal corpuscles. No hæmorrhages had occurred. She had noticed the pallor and debility for one year, and while under observation, remittent fever was present. Death occurred suddenly. The stomach was found to be strangulated and extremely distended by gas; and a perforation due to sloughing existed at the cardia. The enlargement of the spleen was such as would have resulted from obstruction of the splenic vein. Two other abnormalities were found. 1. The transverse colon lay above the stomach (in the anatomical position) and, before it reached the left lumbar region, it was bent in such a way as to encircle the insertion of the œsophagus into the stomach. This abnormality was congenital, because the apron of omentum attached to the transverse colon had not united with that attached to the stomach, a state of affairs which exists in fœtal life. 2. The pylorus lay almost behind the cardia, so that whenever the stomach became distended the fundus, by rotating to the right and forwards, would half intertwist the cardia and pylorus, so as to narrow both orifices. The grip of the colon round the cardia was apparently not tight enough of itself to cause obstruction; but, when the spleen became large, the drag of its weight on the gastro-splenic ligament pressed the cardia tightly against the encircling colon. This could be demonstrated on the post-mortem table by traction on the lower part of the gastro-splenic ligament. Finally, some extra distension of the stomach produced such a twist of the cardia and pylorus that fatal strangulation of the involved tubes occurred. The position of the parts at the cardiac end of the stomach was such that the splenic vein may have been compressed from the first, but, from the history, it probably became loosened from its attachments at the first pregnancy and then increased in size from traction and torsion of its vein. The anæmia and fever can be

explained by the condition of the stomach. As regards diagnosis, lymphadenoma, leucocythæmia, malaria, and other splenic affections were easily eliminated, and he came to the conclusion that the large spleen was due to obstruction of the splenic vein, although he was not able to discover any cause for such obstruction. It will be noticed, however, that the blood condition (oligocythæmia and chloroses without leucocythæmia), the large spleen, and the fever established a close resemblance between this case and the disease called splenic anæmia or splenomegaly. There were some minor differences, such as the absence of hæmorrhages, and the apparent long duration of the case. He would add that he was not quite convinced that Banti is correct in considering that splenomegaly is a "pathological entity;" because, while the total number of cases of this affection, which have been recorded is still small, in several of those which were most carefully observed during life, no post-mortem was obtained; and, further, in a few of those in which a post-mortem was made, it has been shown that the symptoms could be explained without calling a new disease into existence.

Dr. Percy Kidd did not think the condition of the stomach quite explained the anæmia or the fever. He observed that in some cases of cirrhosis of the liver the liver was but slightly enlarged, while there was an immense spleen with intense anæmia, and he suggested that possibly some of these cases might have been taken for a new disease which he thought they should be cautious in accepting.

Dr. Dalton, in reply, admitted that it was difficult to explain the anæmia, the connection of which with stomach disease had not been thoroughly worked out. He referred to a case in the *British Medical Journal* a fortnight ago, of removal of the spleen for "splenic anæmia," in which it was mentioned, however, that post-mortem extensive lymphadenoma of the abdominal glands was met with, yet it was labelled "splenic anæmia" and would probably go down as such.

HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, November 2nd, 1899.

The President, Mr. H. E. Juler, F.R.C.S., in the Chair.

TREATMENT WITH ANTISTREPTOCOCCIC SERUM.

Dr. Washbourn read a paper on this subject. He first considered the question as to whether the various processes associated with the presence of streptococci were manifestations of a single disease or were distinct pathological entities. These processes were (1) all cases of cutaneous erysipelas; (2) most cases of puerperal fever; (3) many cases of septic trouble, passing under the names of septicæmia, pyæmia, &c. He pointed out that the clinical symptoms were not trustworthy indications of the specificity of a disease. A simple poison, such as lead, might cause cerebral symptoms, paralysis, or colic, according to its localisation. The character of the lesion was also an untrustworthy criterion depending as it did upon the strength of the virus, and upon its localisation. The mode of conveyance of the virus might determine its localisation. He concluded that the conditions above mentioned were manifestations of a single disease. The absolute proof of the relation between erysipelas and other allied conditions must depend upon the identity or non-identity of the associated streptococci. He pointed out that the determination of the identity of various streptococci was a difficult matter. After reviewing the evidence, Dr. Washbourn believed that there were distinct varieties of streptococci only distinguishable by their behaviour towards serum, and that these varieties of streptococci might produce either the same or different lesions in the human subject. He described the methods of preparing, standardising, and administration of serum. He quoted cases of pyæmia, septicæmia, puerperal fever, erysipelas, and infective endocarditis to show the value of the treatment. He stated that in his opinion the serum was of extreme value in certain cases, but that it was valueless in other cases apparently identical. This he attributed to their causation by different varieties of streptococci, and he urged the desirability of using a second sample of serum from a different source if the first failed.

Dr. Dean had no doubt as to the probable value of antistreptococcic serum in rabbits, although its action had nothing like the constancy of the diphtheritic antitoxin, for in one animal many cc. might be required to produce the effect produced in another animal by one cc. The death of a rabbit inoculated with a dose of a virulent culture causing death in a control animal, might be much delayed or altogether prevented. He thought that some cases of failure might be due to the injections being stopped too soon, for he had found swarms of living streptococci in rabbits as late as the ninth or even the thirteenth day. The varying virulence of apparently similar streptococci was insisted upon, and the remarkable fact had been noticed that two streptococci of the same initial virulence might show great differences in the ease with which the virulence could be increased by passage through rabbits. An attempt was now being made at the Jenner Institute to prepare a polyvirulent serum by using streptococci obtained from different sources. In using anti-streptococcic serum it was advisable, as far as practicable, to make the injections at the site of infection.

Dr. Goodall had tried the serum in a certain number of cases of severe malignant scarlet fever, but without observing any benefit. He pointed out that such cases occasionally recovered with ordinary treatment, so that too much importance must not be attached to the occasional recovery of a case after the use of the serum. He mentioned one severe case of phlegmonous inflammation of the fauces, in which he had employed the serum with apparently great benefit. There was much œdematous swelling with high fever and delirium. The temperature fell to normal, in two or three days the swelling subsided, and the patient recovered. Such a condition following scarlet fever was rare, but it was very fatal. In this case the diphtheria antitoxin had been used without benefit. It was thought by some that streptococci played an important rôle in some severe cases of diphtheria, but Dr. Goodall did not think there was sufficient evidence of this to call for the use of the two serums together in such cases.

Dr. H. A. Caley alluded to cases of infective endocarditis, in which antistreptococcus serum had been given with negative results, and to a case of endocarditis of a subacute type, in which it appeared to be of service. The variable clinical course of erysipelas made it difficult to gauge the effect of any particular therapeutic measures. Occasionally, however, the serum appeared to exercise a definite beneficial action, and he gave particulars of a severe case of facial erysipelas, in which the administration of each dose of the serum was followed by marked improvement, the patient subsequently making a good recovery. It was noteworthy that some of the recorded instances in which the serum appeared to have been of conspicuous value, were cases of recent septic infection associated with a definite local lesion, so that the administration of the serum was employed in conjunction with local measures at the site of the primary lesion.

Dr. Blacker was interested to hear Dr. Washbourn's opinion opposed as it was to the conclusions arrived at by Dr Spencer in his report presented to the British Medical Association this year, and to the report of the sub-committee of the American Gynæcological Society. The question was an exceedingly difficult one to decide, since it was difficult to say at the onset of a case of septic infection, whether it was going to run a severe or a mild course, and the total mortality of cases of puerperal streptococcic infection was not more than 5·8 per cent., Dr. Blacker's own experience had been entirely disappointing. Most of the cases recorded were worthless from the absence of any bacteriological examination, and many cases of puerperal infection were due to a mixed infection which the serum could not be expected to influence.

Dr. Ewart briefly referred to his experience with the serum. In a very severe case of infective fever in which the streptococcus was found in the blood marked improvement was observed after each injection, and the

patient recovered. In cases of endocarditis and of erysipelas the serum had not proved successful, and in a case of fœtid bronchitis no improvement had taken place in the patient's condition, nor in the expectoration.

In his reply, Dr. WASHBOURN stated that he had noticed the same fact with regard to the pneumococcus, as Dr. Dean had observed in the streptococcus, viz., that two organisms might differ widely in the ease with which their virulence might be increased by passage through animals. The varying results obtained in the treatment of ulcerative endocarditis with antistreptococcic serum might partly be accounted for by the fact that not all cases were due to a streptococcic infection; some were caused by the pneumococcus, and others, again, by the staphylococcus. He had used a very powerful anti-pneumococcic serum which could now be obtained with success in a case of pneumonia following influenza. Dr. Washbourn did not agree with Dr. Blacker as to the mixed infection in cases of puerperal fever. The discharges might certainly contain many organisms, but the lesions were, he believed, due only to the streptococcus.

LIVERPOOL MEDICAL SOCIETY.

MEETING HELD THURSDAY, NOVEMBER 2ND, 1899.

Dr. ARMAND BERNARD, Vice-President, in the Chair.

MR. NEWBOLT showed a woman, æt. 47, upon whom he had performed "cholecystotomy" five months ago. Seventy small calculi were removed, and the patient now had excellent health.

Mr. R. H. MURRAY showed a male child, æt. fourteen months, upon whom he had operated for

IMPERFORATE ANUS.

At the time of the operation the infant was one day old, and on making an incision in the normal position of the anus meconium was passed per urethram. The attempt to find the lower end of the bowel was then abandoned and left inguinal colotomy performed. The subsequent progress of the case was satisfactory; at the present time the infant was well grown and in good health. The question Mr. Murray raised was, can anything further be done for the child, or must he be compelled to go through life with an artificial anus. Considering the great disadvantages the boy would suffer, especially when he grew older, Mr. Murray suggested the advisability of opening the abdomen and endeavouring to bring down the present artificial anus or some other part of the large intestine to the normal position at the anus. This he believed to be quite possible, considering that in intussusception the ileo-cæcal valve occasionally projects beyond the anus.

Dr. HUBERT ARMSTRONG thought that an operation involving such grave dangers, and by no means absolutely necessary in order to prolong life, should not be performed until the patient was old enough to say for himself if he would take the risk.

Mr. PAUL thought that drainage of the intestine in iliac colotomy was best effected by the use of a glass tube. In regard to Mr. Murray's proposal to bring the bowel down to the region of the anus, he feared the attempt would fail, as the bowel below the artificial anus would be atrophied, while to bring the upper part of the sigmoid flexure down would involve so much division of its mesentery as to risk the vitality of the cut end. He would advise either that it be left alone, or that the proximal end of the bowel be separated and passed between the muscles for a couple of inches with the object of obtaining better control over the fæces.

Mr. THELWALL THOMAS regretted that the perineal operation was abandoned originally, further exploration with removal of the coccyx if necessary, would in all probability have led to the bowel. Now, however, it would be necessary to ascertain the condition of the bowel below the artificial anus, and any subsequent proceedings, if any, would be based on the knowledge thus acquired.

Mr. RICHARD WILLIAMS read notes of a "case of a foreign body, a small piece of steel, in the right eye" of a boy, æt. 15. The foreign body had entered the cornea at the upper and outer part and penetrated the iris at the periphery without injury to the lens. At first it was plainly visible behind the lens, but on an attempt at removal under an anæsthetic it disappeared during a violent attack of vomiting, and had not since been seen. First attempts with the Röntgen rays failed to discover the body. Ultimately, however, a good skiagraph by Dr. Holland showed its presence. The eye recovered perfectly, and had normal vision, but later on some turbidity of the vitreous came on with slight deterioration in vision, and it was a question whether the rays had had anything to do with this result. At present the eye is quiescent with vision = $\frac{6}{9}$.

Drs. Shears, Grossman and Bickerton took part in the discussion which followed.

Drs. GROSSMAN and LOEWENTHAL read a paper on

AN ENDEMIC OF FOLLICULAR CONJUNCTIVITIS IN A LIVERPOOL SCHOOL.

A case of advanced follicular conjunctivitis without marked subjective symptoms was accidentally discovered and led to an examination of all the children of the same school. It was found that of 700 children 422 had follicular conjunctivitis (= 60 per cent.). The authors touched upon the appearances and symptoms of the disease with percentage of occurrence of the different stages; the prognosis of treatment and differential diagnosis Patients and microscopic specimens were shown.

BRITISH ORTHOPÆDIC SOCIETY.

MEETING HELD AT THE ROYAL ORTHOPÆDIC HOSPITAL, OCTOBER 28TH, 1899.

Mr. REEVES in the Chair.

THE CHAIRMAN showed an improved instrument for the ambulatory treatment of congenital misplacement of the hip. This instrument kept up extension while the patient walked about It allowed flexion at the knee and abduction at the hip He drew the attention of the Society to the fact that he first employed this method of treatment a year and a half before Lorenz published a similar method. The difference lay in the use of plaster of Paris instead of a steel support. He was strongly opposed to the open operation for this deformity.

Mr. Jackson Clarke, Mr. Muirhead Little, Mr. Robert Jones (Liverpool), and Mr. Hy. Baker exhibited cases; and Mr. E. Luke Freer and Mr. Noble Smith showed skiagrams

Mr. A. H. TUBBY read a paper on the

SURGICAL TREATMENT OF INFANTILE SPASTIC PARALYSIS.

After briefly summarising what is known of the pathology of the various forms of the affection, he said that in micro-cephalic idiotic children surgical operations were contraindicated. Craniectomy was disastrous. The occurrence of convulsions which indicated that sclerosing processes were still going on was another reason for not operating. Physicians and neurologists generally treated a contracted arm by advising that the sound one should be bound up so that the child would have to use the palsied one, and that the child should be taught to use its lower limbs and walk. This treatment was only effectual in slight cases. When there had been no convulsions for two or three years, when the mental condition was good and there was no athetosis the case was favourable for operation. In his opinion no retentive apparatus was of any use as it could not fight against the spastic muscles. It could only cause sores and increase of spasm. He would, however, make an exception in cases of talipes equinus where the foot could be flexed to a right angle with the leg. In such cases he anæsthetised the patient and forcibly dorsi-flexed the foot and fixed it in gypsum. If the

tendon were divided talipes calcaneus might result. If there was distinct equinus to ten or fifteen degrees beyond a right angle, tenotomy should be performed. The neurologists, however, were opposed to tenotomy. Gowers had said it was without the least benefit and was not justified. Tenotomy reacted beneficially on the mental condition, probably by diminishing the afferent impulses which were constantly arising from the spastic muscle. In more severe conditions when the adductors of the thighs and the hamstrings were contracted he preferred to divide the treatment into three stages, dealing first with the adductors, next the hamstrings, and lastly the tendo-achillis. By dividing these tendons in that order children could be made to walk easily and well. In the arm division of the pronator teres and its conversion into a supinator as described at the Society's last meeting gave good results, combined with open section of the flexor tendons at the wrist without any attempt at lengthening and suture. He suggested that at the knee the gracilis, &c., might be detached from the tibia, and used to strengthen the quadriceps by suturing them to its tendon.

Mr. Jackson Clarke referred to the occurrence of spastic paralysis in children after influenza, &c. He advocated tenotomy of all the affected tendons at one sitting, but section of the adductors was often followed by pain in the scar, and he, therefore, preferred to stretch, instead of dividing, them.

Mr. Robert Jones said that the great force of the spasm which in the adductors sometimes persisted under chloroform was most striking. Elongation of muscles by tenotomy allowed development of their opponents. He thought that most cases could be benefited by operation. A principle that should guide them was that a wide pedestal for walking was most necessary. It was no use to operate on the lower limbs unless the arms were or could be made useful, as much depended upon them in walking. After operation slow imitative movements were to be practised. These were more important than massage. He did not think that complete division of the adductors was practicable subcutaneously. He divided them by the open method, exercised part of the tendons and muscles, and kept the thighs abducted nearly to right angles for at least two months. He used a walking apparatus which held the limbs abducted.

Mr. Noble Smith remarked on the striking divergence of opinions between orthopædic surgeons throughout Europe and America and physicians. He emphasised the importance of treatment after operation.

Mr. Luke Freer agreed with Mr. Tubby and others as to the good effects of operations physically and mentally. He thought all massage and retentive apparatus useless without tenotomy.

Mr. Muirhead Little referred to the fact that in many of these cases labour was difficult or prolonged or premature. He thought that the intelligence was always sub-normal. He did not think convulsions always indicated progressive disease. He had operated in children subject to "fits" with good results. He entirely disagreed with the views of several previous speakers as to retentive apparatus. He had often found splints effective without tenotomy, and had seen the spasm, instead of increasing, diminish or disappear while they were used.

Mr. Keetley thought some cases were of infectious origin, possibly the infection was the same as that of infantile atrophic paralysis Some he believed were of spinal and not cerebral origin. He thought arthrodesis of one leg might prove useful. He believed exercises alone did sometimes do good, tenotomy was generally needed,

Mr. Chisholm Williams said that he had operated on three idiotic cases. The parents preferred their children straight idiots rather than crooked idiots.

Mr. Tubby briefly replied.

Dr. D. J. G. Watkins has been elected to the post of Medical Officer of the Lincoln General Dispensary in place of the late Dr. E. C. Palmer.

Germany.

[from our own correspondent.]

Berlin, November 11th, 1899.

At a meeting of the Society for Innere Medizin, Dr. S. Munter delivered an address on

Hydrotherapeutics in the Treatment of Cardiac Diseases.

He said that for some time there had been a dread of cardiac irritation caused by hydrotherapeutical treatment of diseases of the heart. This had been caused by Preismitz, who had applied thermic irritation to its fullest extent, and had thereby done harm in such cases. Only in later times had physicians begun to treat these diseases systematically by saline and carbonic acid baths in which, however, heat played the principal rôle. Only slow progress had, however, been made, as the knowledge of nutrition and the function of the heart still presented too many lacunæ whilst pathological anatomy did not afford sufficient basis for treatment. Now as functional diagnosis was more complete, hydrotherapeutics in relation to cardiac diseases come to the front.

In passing on to the aim of therapeutics in the treatment of these affections, he drew attention to the exceptional position of the heart among muscles from its enormous activity with only short pauses. It must be assumed that in order to do such work it must possess peculiar adaptability for using nutrient material and for giving off waste products. It is in favour of this that the heart still makes its contraction when all other muscles of the body have ceased to act. The heart also possesses special reserve power to fit it for emergencies of increased activity. The chief remedy in cardiac therapeutics is digitalis, which calms exaggerated activity, and by raising the blood pressure brings about a condition of increased nutrition of the heart. The great usefulness of slowing of the pulse has been shown by experiment, according to which, the slower the heart beats the longer are the pauses between diastole and systole. So that, independent of the fewer contractions, the sources for recuperation are distinctly increased. Thermic stimulation in the form of cold acts exactly like digitalis, and finds its place especially where digitalis has already brought about the needful rest.

The speaker then turned to the special indications. He first discussed absolute and relative cardiac insufficiency; whilst in the case of the first treatment was of no avail, in the latter it was useful in a high degree. The stimulants were now made use of with special effect. Hydrotherapeutics are stimulating but not to such an extent as the centrally acting internal medicaments. When compensation is brought about by the latter hydrotherapeutics serve to carry it further and to maintain it. In acute endocarditis the local application of cold is useful from the first. The ice-bag ordinarily used acts too powerfully and presses too strongly. Leube's cooling tube apparatus acts better, but the extinction of heat is not equable as the lower strata of water become warm. The speaker had invented a cooling flask, with a permanent flow of cool water through it. After the application of cold pain ceases, the urine increases, and the cardiac activity diminishes. Digitalis always assists in cases of delay of compensation. Also

after compensation is set up cold serves as a tonic to the cardiac muscle. They used saline or carbonic acid baths, cold friction, packs, affusion, douches, according to what was required, the particulars of which were specified by the speaker. Care must be taken to individualise in each case, as hydrotherapeutics was an energetic means that could increase blood pressure by contraction of vessels. On the other hand, a depletory effect could be produced by action on the peripheral vessels.

At the meeting of the Society for October 30th, Hr. Karewski related two

Cases of Suppuration in the Lungs after Influenza

with demonstrations. The cases were reported as a supplement to an address by Herren Körte and Fraenkel on gangrene of the lungs after influenza, and were treated by operation on account of large cavities that had formed subsequent to attacks of that disease.

Case I. was that of a man who had extensive exudation with pleurisy after influenza in 1897. Puncture was not followed by recovery, but the symptoms continued, and a second puncture was made with evacuation of a large quantity of pus. A subphrenic abscess was diagnosed, and on April 6th, after resection of the eighth rib and incising a serous exudation escaped. On deeper incision a large abscess cavity was reached, which extended from the lungs to below the diaphragm and the perirenal tissues. Extensive resection of five ribs was then performed, incision through the diaphragm. The abscess cavities were made into one, but recovery took up several months, and a large lung fistula did not close up for 18 months. The speaker believed the case was one of primary abscess of the lung which had set up secondary suppuration in the pleura, subphrenic, and perirenal region.

Case II. was a woman of healthy family who was taken ill of pleurisy in January, 1899, shortly before her confinement. An empyæma formed, which was treated by resection front and back, but which did not lead to recovery. In July the patient was admitted into the Jewish Hospital, in the surgical department of which the speaker was then doing duty for James Israel. The patient had two fistulæ of the thorax, one behind and one in front, from which thick muco-purulent material flowed. The two fistulæ did not appear to communicate with each other. Above them amphoric breathing was heard, and from this and from the prolonged duration of the illness, the speaker came to the conclusion that there was a cavity in the lung. Operation, July 14th.—An incision was made downwards that united the two fistulous openings, then the ninth rib was resected in order to get at the posterior fistula. It was ascertained by this that the two fistulæ did not communicate with each other. After further resection of the sixth, seventh and eighth ribs, an empyæma was reached between the diaphragm and the lungs, through which ran an artery. This was doubly ligatured and divided. The cavity was cleared out, and complete recovery had taken place. A Röntgen ray illustration showed clearly the defect in the thorax.

In conclusion, Dr. Karewski showed a patient on whom, two years ago, he had performed extensive resection for actinomycosis of the right lung. Numerous inquiries had been made of him as to the patient's subsequent history. As the man's appearance showed, he was now perfectly well.

Austria.

[From our own correspondent.]

Vienna, November 11th, 1899.

Bosnian Operation for Calculi.

At the Gesellschaft der Aerzte, Preindelsberger gave the meeting a racy description of how the Bosnian surgeon operates for stone in the bladder. The diagnosis is made by the bimanual method. Having decided to operate, two fingers are entered into the rectum above the stone, which is caught and pressed tightly down on the perineum; an incision is then made parallel and near to the urethra, until the stone is reached, which is next caught by forceps and extracted. The hæmorrhage is checked by pouring hot oil over the bleeding surface, or the application of boiled egg albumen. The results are not at all satisfactory. In a series of 160 cases he performed himself by this method while in the country, 20 per cent. died, and he had no doubt in his own mind that other practitioners had even much higher mortality.

He related two cases that had an urinary fistula in the perineum after the operation.

His exhibition of the knives, forceps and spoon used in the operation caused much amusement.

Malignant Mediastinal Growth.

Schiff exhibited a man, æt, 55, who has suffered for the last ten years from a great difficulty in breathing. The laryngoscope revealed a firm compression on the left side of the trachea. Over the upper part of the mediastinum, and in the left thorax there was great bulging, absolute dulness with venectasia of the overlying skin. Aneurysm and malignant growth was eliminated from the diagnosis by exclusion. By making a deep cough the patient could make the tumour rise prominently above the jugulum sterni, as a hard, knotty mass. The Röntgen rays were of little service beyond observing the movement of the enlargement behind the sternum. It is just possible it might be a movable goître. Operating was the most rational course.

Weinlechner remembered several cases of movable goître where the swelling produced a rushing sound as if from a ventilator at each respiration. Such a movable goître may easily become incarcerated behind the sternum, as in the present case. He thought the operation practical, and the prognosis favourable.

Albert thought the tumour might turn out to be a dermoid cyst, but Schrötter thought this very improbable, as dermoid cyst of the mediastinum was a very rare occurrence. Again, the hardness of the tumour was against the hypothesis of a cyst.

Bezoaric Calculus.

Schopf showed a bezoar stone of crinular origin taken from a young girl, twelve years old. On entering the stomach and draining off the fluid a longitudinal concretion was found with a tail extending down the duodenum 30 centimetres (11·8 ins.) in length. The hair of the stone had a bright red colour with projecting black hair; the former from the female head, and the black resembling horse hair. When dried the stone weighed 160 grammes or nearly six ounces.

The symptoms before the operation were vomiting, emaciation, and general malaise.

The diagnosis was a movable tumour easily felt through the walls of the abdomen, but whether it was a new growth or floating spleen could not be determined.

Bezoar are very rare in man, although they are frequently found in horse, cattle, sheep, chamois, and camel In man they are usually met with in hysterical or mental imbeciles. They can be borne for a very long period without danger to life, ranging from six to twenty years. Inanition is the usual mode of exit.

The diagnosis of such cases is usually obscure, although the history in some cases will easily decide the correct state, such as the habit of chewing or biting the hair of the head or beard. As a rule, however, they are usually confounded with floating kidney or spleen, cancer of the stomach, or a fæcal impaction in the transverse colon.

The therapy points to early gastrostomy. An interesting point in these bezoars is the growth of fungi peculiar to themselves (Schwarzwurzel).

XERODERMA PIGMENTOSA.

Kaposi showed two sisters from Italy who had been admitted to hospital for xeroderma pigmentosa, a disease first correctly diagnosed in 1870 as malignant, hereditary, and rapidly ending in death. The elder of the two cases showed the disease in a marked degree, the pigmentary production in some parts being quite lost, with atrophy and malignant tumours appearing all over the face, ranging in size from a small pea to a good-sized nut. The pigmentation was so deep over the parts affected that she resembled a nigger. One of the tumours had already destroyed the left eye; two of these growths were situated on the tongue. In both cases he proposed to scoop out the growths, although such a senile involutionary process gave very little hope of final success in the treatment.

He referred to the article he had already published of a family of seven who were all affected, and each died from the disease in rapid succession.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, November 12th, 1899.

EXOSTOSIS OF BOTH ORBITS.

Dr. CHEVALLEREAU recently brought before the Paris Society of Ophthalmology a woman, æt. 30, who had come to him complaining of disturbances of vision and exophthalmos associated with attacks of violent headache. The patient was kept under observation for nearly two years, during which time the condition had not undergone any marked change. The right eye projected 6 or 7 millmetres, and there was complete ophthalmoplegia. On palpation over the upper and internal angle of the orbit one could make out a hard, rounded mass, painless and almost fixed. At the external angle a similar but smaller mass could be felt, while the whole of the lower margin of the orbit was felt to be thickened by bony deposit. Later on, the sight of the left eye began to fail, and ultimately similar hard tumours were felt to be growing. In both eyes there was optic neuritis, most pronounced in the right eye. No local pain was at any time complained of, and the nasal mucous membrane was healthy. The patient's general health had always been good, and the most careful questioning failed to reveal the presence of any morbid antecedent. Experimental treatment by mercury gave no result. Inasmuch as surgical treatment would entail total loss of vision, Dr. Chevallereau refused at present to advise it, although if the growths should further increase in size, this may ultimately become necessary.

VIPER POISON, PEPTONE, AND EXTRACT OF LEECHES AS COAGULANTS.

Mr. Phisalix has been making some further researches on the action of viper poison, peptone, and extract of leeches on the coagulation of the blood. He found that viper poison, which destroys the coagulability of the blood in dogs, does not afford any immunity against the coagulating action of peptone, and, conversely, injections of peptone do not inhibit the coagulating powers of the venom. This remark also applies to extract of leeches. He infers from these facts that the subjects in question do not influence the coagulation of the blood in the same mechanism.

Continental Notes.

[FROM OUR OWN CORRESPONDENT.]

INNSBRUCK.

As a desirable residence for winter the merits of this metropolis of the Austrian Tyrol are very insufficiently known to our British people. Innsbruck has many advantages which should attract hither a large "winter colony" of English and Americans.

It is a city of over 30,000 population, with all the incidents of an agreeable city life. An excellent university, with an efficient staff of professors, second to none in Austria outside Vienna. Its municipal schools are equally excellent, and there is an abundance of private and most competent tutors for those who prefer such education for their children. Life is economical; the hotels and pensions are good and very moderate in terms, and there are so many of them that all varieties of preferences can be readily suited. Villas and apartments, too, are abundant. There is an English church service, other Protestant churches, and many Catholic edifices with military and other attractive musical services. Good military and municipal bands play in the public gardens and skating rink; the Tyrolese are emphatically a musical people. The officers of the large garrison give balls during the season. In fact, the military and music add much life and colour to the social entertainments of Innsbruck. The theatre, museum, libraries, &c., are also good, and the shops likewise.

In these important items of a pleasant winter sojourn, Innsbruck offers many advantages and desiderata, of which the majority of elevated winter resorts are deprived. You find at Innsbruck all the winter amusements; skating, sleighing, tobogganing, ski-running, curling, the chase, and mountaineering; and added to these special winter pastimes at Innsbruck are the general advantages of a city life For families, with children to educate, or with their education to complete, Innsbruck is unique in its advantages.

The climate is equable and beneficial to the convalescent, nervous, anæmic, delicate, and especially the over-worked young or old; and our *fin de siecle* studies

in over-working of the young and not over robust renders a change of this nature of imperative importance. Winds are rare, and the clear, cloudless days, even in winter, are numerous. The rainfall is moderate, and the air dry and crisp

A range of high mountains not only protect the city from north and east winds, but they attract and gather the rays of the southern sunbeam, and throw their heat back upon the valley, so giving to it a temperature rarely found at so high an altitude. As one writer well says, "the strength of the north and the tenderness of the south here unite in pleasing harmony." The beautiful blue transparence of the sky throughout winter is an object of universal comment.

Situated at the junction of the Arlberg and Brenner railroads, Innsbruck is readily accessible from Switzerland, Germany, Austria, and Italy. It is really too convenient a "thoroughfare," for many thousands pass rapidly through it without stopping long enough to even see, much less appreciate, the beauties and advantages of this

"Olden town, so true;
Amongst its green leaves lying
Like drops of pearly dew."

Its chief hotels are so near the railway station that one has simply to step across the square to enter their portals. Commencing this week, new and quicker trains have been added, facilitating the connections between Innsbruck and Milan, Venice, and the Italian Lakes. Passengers can now leave Milan daily at 7.30 a.m., and arrive at Innsbruck 8.45 p.m. This train has three classes; carriages changed at Fink and Ala. Passengers from Venice leave there 8.45 a.m., and join the Milan train for Innsbruck at Verona. A first-class express train also starts from Milan every morning at 9.35 and reaches Innsbruck at 7 p.m. the same day, without any change of carriages. Trains are now equally convenient from Innsbruck to Milan and Venice. These improved train-services are due mainly to the efforts and influence of Mr. Landsee, the proprietor of the Hotel Tyrol, at Innsbruck; who for many years has been steadily persistent in all matters adding to the prosperity of the place; and especially those which added to the well-being, comforts, and pleasures of the visitors to Innsbruck and the Tyrol.

The Operating Theatres.

CANCER HOSPITAL, BROMPTON.

REMOVAL OF BROAD LIGAMENT CYST.—EXTENSIVE ADHESIONS.—Mr. CHARLES RYALL operated on a woman, æt. 26, who had been admitted for an abdominal tumour. The symptoms had extended over a year after her accouchement which was severe, and kept her confined to bed four weeks, during which time she suffered a great deal of pain. On getting up she noticed a swelling in the abdomen, which had been gradually enlarging up to the date of her admission. She had suffered a great deal from abdominal pain which was frequently of a paroxysmal character. She was also much troubled with constipation. The catamenia were regular, there was no excessive loss, but a good deal of dysmenorrhœa. On examination a smooth round tumour could be felt in the right iliac fossa, extending into the hypogastrium, and upwards as far as the anterior superior iliac spine. There was a fair amount of mobility and no pain on manipulation. *Per vaginam*, the uterus was found to be retroverted, fixed and pushed over to the left side, and the tumour could be bimanually manipulated through the right lateral fornix. On opening the abdomen through a median incision extensive adhesions of the omentum, small intestine, and sigmoid to the tumour and uterus had to be dealt with before any view could be obtained of the pelvic organs, and it was then found that the tumour was a broad ligament cyst; this was enucleated by dissection, with a considerable amount of difficulty owing to the inflammatory changes surrounding it. The peritoneum investing the cyst was then closed by suture. The uterus was next liberated from the pouch of Douglas where it was found to be intimately adherent There was a great deal of persistent hæmorrhage from the breaking down of these latter adhesions so much so that it was deemed advisable to drain the abdomen by gauze passed through the posterior fornix into the vagina. The patient bore the operation well, and before closing the abdomen which was done in three layers, a pint of normal saline solution was poured in, and left in the abdominal cavity. Orders were given that on the patient's removal to the ward, the foot of the bed should be well raised. Mr. Ryall said that there was no doubt that the extensive adhesions were the result of an attack of pelvic peritonitis which followed the patient's confinement, and none of them presented difficulties of an exceptional character, though a considerable amount of time and patience had to be expended in freeing them. Owing to the oozing, especially in the pouch of Douglas, it was considered necessary, he pointed out, to drain, and the vaginal route was therefore resorted to, as he considered it the best. Drainage through the ordinary laparotomy incision has, he said, two grave disadvantages. First, it weakens the abdominal wound at the site of drainage, causing liability to a subsequent hernia. Secondly, any ligatures in the abdomen may become infected, and thus lead to a persistent sinus. In breaking down the adhesions a great deal of raw and lacerated surface was left, and as those damaged tissues were prone to infection, and the growth of micro-organisms introduced at the time of operation rendered the case more liable to post-operative peritonitis, than in a case in which little damage was done, saline fluid was left in the abdomen with the object of absorbing these micro-organisms quickly into the lymph stream; therefore the foot of the bed was raised on putting the patient to to bed to encourage the return of the peritoneal lymph stream. This tilting would be removed in 24 hours. Mr Ryall called attention to the researches of Muscatello which proved that there was a definite lymph stream from the abdomen through the diaphragm into the mediastinal glands, that fluid was rapidly absorbed from the abdomen by this route, but the rapidity of the absorption was considerably increased by more or less inverting the patient.

It is satisfactory to state that three weeks after operation the patient was convalescent. Her progress never gave a moment's cause for anxiety.

ST. PETER'S HOSPITAL FOR STONE.

NEPHRO-LITHOTOMY FOLLOWING THE SUCCESSFUL APPLICATION OF THE X-RAYS.—Mr. SWINFORD EDWARDS

operated on a man, æt. about 25, who had suffered for some time past with typical symptoms of right renal colic. As the patient was a thin subject it was thought a good case for radiography, more especially as he himself was anxious to submit to this test before undergoing operation. Dr. Low, of Sinclair Gardens, was successful in obtaining a radiograph, which was seen to throw a distinct shadow on the right side. The shadow was a peculiar one, being long, in a vertical direction, thicker below and gradually tapering upwards. As there could be no doubt that the patient had a stone in his kidney, he willingly submitted to operation under ether. Mr. Edwards exposed the right kidney by the usual lumbar incision. After division of its capsule, it was easily turned out of the abdomen. The stone could be felt in the lower part of the renal pelvis; accordingly an incision was made along the outer convex border of the kidney towards its lower part, the finger was inserted, and several calculi felt; these were extracted with scoop and finger. The organ was carefully palpated for further calculi; at first ineffectually the incision was next closed with three silk sutures, but considering the shape and length of the shade thrown in the radiograph, Mr. Edwards thought that there must be other stones in the kidney, although not to be felt by palpation. He accordingly incised it in its upper part, and there came across a whole nest of small calculi, probably about 20 in number, most of them the size of a hemp seed. After the stones had been removed by a scoop this incision was sutured in the same manner as the first, and the kidney replaced in the abdomen, a large drainage tube having been inserted; the abdominal wound was sutured in layers. Mr. Edwards remarked that had it not been for the radiograph it was certain that the small stones in the upper part of the kidney would have escaped recognition, and thus the operation, which was apparently successful, would have been rendered ineffectual and incomplete. This was, he said, the second case he had had of successful radiography in renal calculus. The stones he had just removed he imagined to be composed of oxalate of lime; hence the good shadow obtained.

THE ARCTIC ZONE AS A HEALTH RESORT.

THE remarkable freedom of the air in the Arctic regions from all pathogenic micro-organisms, a freedom which, though possibly in a less degree, it shares with the air of mountains, has led to the suggestion of the establishment of sanatoria, in Spitzbergen, for instance. Scientific observers have remarked a curious freedom from diarrhœa, catarrh, intermittent fever, and other microbial diseases in places situated within the boreal regions. Incidentally, this fact appears to justify the suggestion that mere change of temperature is not *per se* sufficient to cause fever, apart from the introduction of pyrexia-producing organisms. Repeated exposure under very unfavourable conditions, it was noticed, never gave rise to the usual morbid reactions, but, on the other hand, it was remarked that even trifling wounds were unduly long in healing. Even the ordinary bacteria of water appear to be unable to exist under the trying conditions of Arctic life, so that imported germs would probably stand a poor chance of making fresh victims.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 15, 1899.

THE DECLINE OF SYPHILIS.

IF further proof were wanting to show that syphilis as a disease is distinctly declining in this country, it is supplied by the definite, unqualified opinion on the subject expressed by Mr. Johnathan Hutchinson at the recent Congress in Brussels. Probably no one has had such ample opportunities for comparing and judging the effect of syphilis during the past thirty years as this well-known authority, and, therefore, great weight must of necessity be assigned to his observations. An American contemporary the *Inter-State Medical Journal* for October publishes a verbatim report of Mr. Hutchinson's speech at the Congress, and the report is of value, inasmuch as the opinions therein expressed appear to be new so far, indeed, as we are acquainted with Mr. Hutchinson's published works. Upon the subject of inherited syphilis, he states that during the last ten or fourteen years in England the deaths from this disease have been greatly reduced, in the proportion of from seventeen to twelve, and he scouts the idea that the inheritance of syphilis, as held, among others, by Fournier, is a means of reducing the stamina of the race. He holds to the belief that the third generation is not in the least hurt by the transmission of syphilis. Furthermore, the explicit statement is made that among the more educated classes in England syphilis is almost infinitely rare, "we scarcely ever see it at all," Mr. Hutchinson adds. Presumably, however, in this estimate, account is taken of the members of the 'educated classes,' "who, having found themselves to be the subjects of acquired syphilis, promptly betake

themselves to a continental health resort for systematic treatment. There is no doubt that for a good many years the advantages of adopting such a procedure" as this have been fully believed in by the "educated classes." The next point upon which Mr. Hutchinson has something to say is that of treatment, and we are glad to see that he expresses himself to the effect that there "is an improvement in the treatment which is likely to be productive of a great diminution in the prevalence of syphilis." He states that mercury is being used before secondary symptoms develop, "and in English practice we scarcely see," he adds, "a secondary stage at all—we suppress it altogether;" by this means much is done to prevent the manifestation of tertiary symptoms. So far as statistics are concerned the mortality ratio for syphilis in this country has fallen from 78 per million to 61 per million during the last fourteen years. Taken then, altogether, it is evident that the views of such an authority as Mr. Hutchinson entitles us to regard with some optimism the waning prevalence of syphilitic disease in this country. Although the statistics to which attention has been drawn may not be regarded as trustworthy, it is nevertheless significant that they should coincide with Mr. Hutchinson's experience. Again, it is quite possible that the experience of many surgeons during past years has tended to show a decline, both in the number of cases and in the severity of syphilis. It would be interesting, however, to learn whether this is really the fact, and whether any general agreement prevails in this regard; to judge merely from private patients would not be sufficient. Perhaps, indeed, the most valuable observations would be those based entirely upon hospital practice, since it is mainly among the lower orders that the dissemination of syphilis occurs. If it could be actually shown by inquiry that hospital patients suffering from syphilis are now much less numerous than used to be the case, a great point would be gained in the matter. At present, however, although no direct evidence is forthcoming, everything tends to indicate that syphilis as a disease has been latterly robbed of a good deal of its terrors, and is progressively on the decline.

DRUNK OR DYING?

THE reproach to the medical profession conveyed in the above stereotyped newspaper heading is never absent from the public gaze for any long period of time. This recurrence of an error in medical diagnosis that is not only avoidable but also fraught with serious consequences suggests an analysis of the facts of the case with a view of lessening the scandal. Last week a tale of far too familiar type was unfolded before a South London coroner. A police constable found a man in a sitting posture in the front garden of a house in Bermondsey. Finding that this person could not speak or walk, and that he smelt of rum, the constable took him away on an ambulance to the police station. At the latter place the Assistant Divisional Surgeon saw the patient and pronounced him drunk, on the ground that he smelt strongly of drink and looked like a drunken man, and that he seemed to understand what was said to him, although he could not speak Although not mentioned definitely in the newspaper report from which our information is derived it may be inferred that the unfortunate man did not recover consciousness and was removed to the neighbouring workhouse infirmary, where he died four days after his being found insensible in the garden. When admitted to the infirmary the deceased was unconscious and paralysed on one side. After death a post-mortem examination revealed "a large blood clot" on the brain. It was pointed out to the jury by the Workhouse Medical Officer that the symptoms arising from apoplexy might readily be mistaken for those resulting from an excess of alcohol. That contention, it may be conceded, may hold true of a hurried or careless medical examination, but we venture to assert the great improbability, and in the vast majority of instances the impossibility, of any error of diagnosis if the latter be conducted carefully and systematically. Unconsciousness may be a sign of alcoholism, head injuries or cerebral disease, lunacy, and narcotic poisoning. There are, however, points of difference that would enable any competent investigator to make a differential diagnosis in ninety-nine cases out of a hundred. There are the many valuable signs and symptoms to be investigated, such as facial appearances the nature of the breathing, the depth of the unconsciousness, the state of the pupils, the signs of injury, the pulse, the temperature, and the occurrence of local paralyses and other nervous symptoms. The fallacy of the smell of drink is so ancient that one would imagine any medical man would in practice at once relegate it to the region of entirely subordinate and little trustworthy phenomena. Nowadays the standard of general intelligence demands from the police constable an acquaintance with the elementary distinctions between drunkenness and apoplexy. It is quite to be expected, however, that a mere layman will often be hopelessly at fault when called upon to reduce his theory to practice. But what is to be said of the error of medical men who hold official posts as police-surgeons, where they are from the nature of their position constantly called upon to decide as to the actual cause of unconsciousness in persons brought to police stations. It seems to us that the mistake must arise from a want of systematic inquiry into each individual case Alcohol is the cause in perhaps ninety-nine cases out of a hundred, and it is assumed to be so in the hundredth, where a ruptured cerebral artery may be overlooked. But apart from actual errors of diagnosis, to which human nature must be always more or less liable, there are other important aspects of the case. It is surely a canon of scientific medicine that a drunken man is in a state of danger. The depressed circulation and the fall of temperature, not to mention other hardly less important factors, constitute elements of risk that may lead to immediate or to remote fatal results. Yet in spite of these well

recognised facts, it usually happens that when a man brought to a police-station has been pronounced drunk, either with or without medical authority, he is lodged in a cell and left, either with infrequent supervision or he is not visited at all. The simple rule of never leaving an unconscious person alone is paramount in all well-regulated nursing organisations, and there is no apparent reason why police cells should be excepted from the operation of so reasonable and elementary a precaution. A skilled attendent left by the side of a man suffering from unrecognised apoplexy would soon become aware of the fact, and some provision of this kind, at any rate in the larger police-stations, would prevent the recurrence of the discreditable scandal of a confusion between drunk and dying persons. After the lapse of a few hours the effects of alcohol pass away, but during the time of alcoholic unconsciousness the sufferer requires attention as to warmth, position, and other circumstances of his unhappy state. By the observance of a few simple rules in all doubtful cases the police would do much towards lessening their own reponsibility, and at the same time would increase the respect and confidence of the public. The need of more careful and systematic investigation by police surgeons has been already hinted at, and we are sure the suggestion will be received in the spirit of kindly sympathy with a most difficult task that has inspired the present article. By a combination of these two official branches of police administration, it may be hoped that the occurrence of "Drunk or Dying" cases will be reduced to the extremest tenuity possible within the unavoidable margin of human error. From an academic point of view a thorough grounding of the medical student in the subject of unconsciousness would be of infinitely more practical use to him in his professional life than much of the high standard examination lumber with which he is now overweighted in the interests of aspiring examiners and competing colleges.

LUNACY IN IRELAND.

WE print in our Supplement of this day an abstract of the latest report of the Inspectors of Lunatic Asylums for Ireland, and as we have already devoted so much space to discussion of the subject, it is impossible for us to attempt to epitomise it at length. The controversy starts from the admitted fact that the number of persons charged against the taxpayer has, of late years, enormously increased in Ireland, as in every other part of the United Kingdom, and *pari passu* the outlay for their accommodation and maintenance has come very near to breaking strain. As to the cause of this there are two opinions: (*a*) That held by the official party, who say that, in consequence of the increased pressure of life conditions, insanity has actually largely increased, and of course must be provided for at any cost. (*b*) That held by the sceptics, who assert that the increase is in great measure apparent, and that it arises from mistaken legislation and misconceived administration, and might be met by other expedients than the monstrous expansion of public asylums and of the administrative staffs. In both of these views there is, we think an element of truth. In other places which are outside the influences which dominate the question in Ireland, a steady and material increase in lunacy has been recognised of late years, and it may be reasonably be supposed that the causes have been made more potent by the impulsive character of the people and the incidence of the acrimonious political agitations of the past twenty years. But, even so, the rapidity and amount of the increase in Ireland cannot be accounted for, and we are driven to the conclusion that those who hold the second opinion above enunciated are right. Apart from the ordinary fluctuations in the prevalence of lunacy there are special ruling influences. First there is the supposition that the people who were wont to keep their insane relatives at home, where they were never heard of, have of late years learned that, by a very simple process they can get rid of them at the expense of the taxpayer. Second, that the Boards of Guardians have not been slow to learn the same lesson, and have been glad to pass over their workhouse lunatics from their own establishments, where they have been supported by the rates, to the asylums, supported by the grand juries and the Government. We believe that the Dangerous Lunatics Acts of 1867 and 1875 are at the bottom of it all; for the committal of lunatics they are as speedy and convenient as the ordinary Lunacy Acts are complicated and troublesome. It is only necessary for a farmer who wishes to relieve himself of the maintenance of an idiot boy to send for the nearest policeman and asseverate that the boy is obstreperous and dangerous, whereupon the policeman charges the patient at the next petty sessions, before two magistrates, for being in a condition to commit a felony. The nearest dispensary doctor is called in, and upon his certificate, that the report of the policeman is true, the boy is sent off to the asylum In this way a considerable section of the humbler population is being transferred from their own homes, where they cost nothing, and from the workhouses, where they cost very little, to the asylums where they cost a great deal. Upon this and other grounds the advocates of the "apparent lunacy" theory maintain that Irish asylums have been filled up with individuals who, twenty years ago, would have been working in the fields, and that their incarceration at the public expense is being made the excuse for a perfectly amazing waste of money upon architects and builders for the enlargement of old asylums and the building of new ones. Without being prepared to pin our faith to this, we are certainly ready to say that the outlay for these purposes has been, for years, monstrous and intolerable, and that a stay ought to be put upon the erection of palatial buildings and luxurious appanages until the subject is investigated by those capable of forming a just opinion.

Notes on Current Topics.

The Joint-Stock Consultation Club.

The proposal to establish in Birmingham a sort of medical consultation club in which every member will be entitled to the services of a Consultant (save the mark) for the humble fee of half a guinea, does not appear to make progress considering that it is many months since it was promulgated, and the scheme has lain dormant. The Hospital Saturday Fund has now taken up the idea, and hopes to attain popularity thereby. We shall not expend space on urging upon the practitioners who may be disposed to act as consultants on these terms, that, in doing so they lower their professional position. They would, probably, be quite content to do so if it pays. But we may suggest to the public that the consultant whom they obtain for 10s. 6d. is in no respect a better adviser than the general practitioner whom he is called to supplment. No specialist who has much pressure on his time will give the portion of it necessary for a competent consultation diagnosis for any such sum, and the only alternative the joint stock consultant could adopt would be to run the patients off as in a fourpenny dispenary at five minutes a piece. We should suppose that any really sick person who has undergone such a consultation will conclude that he does not desire any more of the article. There is, in fact, no such thing as a second or third class consultant. Any aspiring practitioner may assume the name but, unless he is a recognised expert in his own specialty the general practitioner will not want his help, and the patient will not be content to pay for it.

Tame Deer Hunting.

Since the famous speech with which early in this year the Duke of Portland favoured the counsels of the anti-vivisectionists in St. James's Hall the scientific world has waited, in vain for further information as to certain of his Grace's views upon sport. No such authentic statement has been forthcoming but the hunting of tame deer is still being carried on merrily by the Queen's Buckhounds. As master of the so-called sport provided by the royal pack the Duke has a somewhat formidable list of casualties to justify in support of his proposition that this kind of hunting is good for the deer. Last week the season was opened by uncarting a quarry at Salt Hill. The incidents of the chase that followed, at least, if they be as reported in the newspaper, are calculated to wring tears from any individual who is not blinded by the fetish of sport towards the claims of kind-hearted humanity and conscience. The deer's first exploit was to join a flock of sheep, and afterwards to lie down by the side of a haystack. Later in the run the unfortunate animal took refuge with a herd of cows, and followed one of the latter into a cowshed, whence it was driven back to the hounds by a cowman. The quarry then swam the Thames, and was reported to have been at length captured in the forest. The usual record of wounds by barbed wire is wanting, possibly because the reporter thinks that side of the subject has lost its novelty. Why cannot the anti-vivisectionists try and put a stop to this degraded cruelty perpetrated in the sacred name of sport. The Queen's Buckhounds are carried on for the behoof of as motley a concourse of sportsmen as ever disgraced a hunting field.

Bad Meat for British Troops.

The history of the part played by the army contractor in the fate of nations, would furnish pregnant reading to the student of human nature. If current rumours have any foundation in fact the service contracts are more or less honeycombed with secret commission and other abuses. At the same time it is only right to say that many schemes have been devised and put into practice by Government with a view of putting an end to the shifty cunning of a dishonest tribe. A disgraceful attempt to palm off a cargo of bad meat was last week happily foiled. The troopship *Arawa* was about to sail for the Cape, when it was discovered that the supply of meat on board was in a bad condition. The embarkation officer inspected the stuff with the result that he ordered the whole consignment to be turned out on the quay. A fresh supply was speedily forthcoming, and the ship was despatched after a delay of some twenty-four hours. Now, this meat was taken aboard at Plymouth before the ship sailed to the embarkation point at Southampton. It consisted of about 15,000 lbs. of beef and mutton, both foreign and colonial. When turned out at Southampton it was unfit for human food. In the official inquiry that must follow the public will demand that the responsibility of passing the condemned meat be fixed upon the proper persons. A scandal of this kind demonstrates the rottenness of Government service supervision of contracts. If the *Arawa* had been allowed to sail it is likely that the troops on board would have been exposed to danger not less fatal than those contingent upon the campaign to which they are now speeding. The question now is, who is to be hanged for that bad meat?

Measles in General Hospitals.

The management of Guy's Hospital can hardly be congratulated on some of the incidents connected with their institution that attain publicity from time to time through the medium of the Coroner's court. Last week, an inquest was held on the body of a child who had been discharged from the hospital mentioned because of the development of measles. The mother took the child home where it afterwards died, and a medical man refused a death certificate. The mother, however, obtained the requisite document from the House Physician under whose care deceased had been while in the wards. His right to sign was called in question by the Coroner, who commented severely on the incident. To those who have studied the facts of death certification in this country, this occurrence will cause little surprise, as the whole system is so riddled with inconsistencies and fallacies as to be in not a few instances worthless. That the

residents in hospital know little and care less about the interests of outside practitioners is notorious. The harm they do in that way is incalculable, they are careless of what has been said or done by other medical men to patients before coming to hospital, and they never trouble to inquire as to the suitability of applicants for relief. In these particulars they simply follow the lead of the hospital authorities, by whom the existence of a medical profession outside is simply ignored. It is sad to think how one day many of these careless and jovial house-surgeons and house-physicians will find themselves heavily handicapped in the struggle for existence by the medical charities. By the way why has not this tolerably wealthy charity of Guy's Hospital an isolation ward whither a child developing measles could be conveyed?

Further Definitions of Professional Secrecy.

For some inscrutable reason the doctrine of professional secrecy *à l'outrance* has always received support and legal endorsement in France, and while we fully concur in the general principle of the inviolability of knowledge acquired in the exercise of professional functions, it is obvious that there must be limits to the obligation. It is no part of the duty of the medical man to denounce crime, but he must be careful, on the other hand, not to throw his professional mantle over the crime and the criminal. Some recent decisions of the French Courts extend and define the doctrine. One of them formally declares that a medical man may not reveal to a life insurance company any details concerning the life-history of a person, whom he has been requested to examine, which have become known to him in his capacity as medical adviser to the examinee. Another decision declares it to be a violation of professional secrecy when a medical man delivers a certificate to a third person stating the exact injury received by a workman who is bringing an action for damages. At first sight these decisions may appear somewhat extraordinary, but on scrutinising them more closely it will be seen that they only embody principles which must receive the approbation of every conscientious practitioner. They simply amount to the statement that information acquired by the doctor in the course of his professional ministrations cannot be utilised for any other purpose than the treatment of his patient, indeed to do otherwise would, even in this country, expose the careless or unscrupulous practitioner to the risk of an action for damages for breach of confidence provided the plaintiff could allege specific injury on which to base his claim.

Municipal Crematoria.

The progress of cremation is shown, if further proof were wanted, by the growing feeling in favour of the establishment of municipal crematoria. The city of Hull has just led the way in this regard. Last week, with much ceremony, the foundation-stone of a municipal crematorium was laid by a member of the corporation. We also understand that the Sanitary Committee of the Court of Common Council of the City of London have carried a recommendation by which the corporation have agreed to promote a Bill next session to provide powers for the erection of a crematorium at Ilford cemetery. At present the nearest crematorium for Londoners is that at Woking, but for all save those whose means are fairly ample, the cost of the process is prohibitive. In order to encourage the masses to adopt cremation clearly the first step to be taken in the matter is to arrange a scale of charges which shall be "popular"—that is to say, within the means of all persons who have any means at all. The opportunity of so doing is now about to be afforded by the erection of municipal crematoria. It would be quite within the power of the municipal authorities to provide facilities for cremation at a figure which would be very moderate, and yet, at the same time, cover all expenses. Moreover, so far as large towns are concerned crematoria may be made the means of saving much expense now attaching to the disposal of the unclaimed dead. But these are matters of the future, and do not concern the question of cremation just yet. Nevertheless, we believe that the time will come when the necessity will be shown to exist for municipal crematoria throughout all the large towns in the kingdom.

Dentistry for Women.

We should not have thought that dentistry would have commended itself much to women as a professional occupation. But a woman's paper suggests that it would prove to be a lucrative profession for women, and this opinion appears to be based upon the fact that there is at the present time a woman who is successfully practising as a dentist in London. Of course, the old argument will not fail to operate here, that "one swallow does not make a summer," and whether women would or would not prove to be good dentists could only be determined by actual experience. Meanwhile, there would probably be few who would care to make the experiment.

Praiseworthy Generosity.

We understand that a crisis in the financial affairs has occurred in connection with the Norfolk and Norwich Hospital. This gloomy condition of things has been mainly brought about by the serious decline in annual subscriptions, the vertebral column of every charitable institution. The result of this lack of support has compelled the governors to consider the necessity of closing a portion of the hospital, a step which, if carried out, as the *Eastern Daily Press* very rightly observes, would be a reflection upon the whole district. Under the circumstances, therefore, some special local county effort is clearly required to avert so undesirable a contingency, and we are glad to see that the philanthropic ball has been set rolling in this regard by some well-known Norwich residents. For example, Messrs. J. and J. Colman have doubled their annual subscription of fifty guineas; Mr. S. G. Buxton increases his annual subscription to £100; Mr. J. N. Gurney

increases his to £50; Mr. H. G. Barclay to £20. and Messrs. Boulton and Paul to ten guineas. These are praiseworthy examples of practical philanthropy which can scarcely fail to have an indirect influence for good. All that is wanted now for the Norfolk and Norwich Hospital is for the other annual subscribers to follow suit and thus help to place the institution upon a sound financial basis. We should hope that this consummation will be attained, for the charity in question has a long and honourable record, and for this reason should be one of the first of those to secure the cordial support of town and country Norfolk men and women.

Bicycle Knee.

CONSIDERING what an important part is played by the knee joint and adjacent structures in propelling the bicycle it is rather a matter for surprise that attention has not been called to the troubles of which it may be the seat as the result of too protracted or too severe a strain in riding. Numerous cases have been brought to our notice of incapacity for this form of exercise occasioned by the pain to which it gives rise. This pain presents several characteristic features. It occurs in only one knee, and, as a rule, is not felt in walking. Moreover, it often does not supervene at the beginning of a ride, but comes on gradually, ultimately attaining an intensity which may absolutely prevent the rider from continuing his excursion and oblige him to adopt some other method of locomotion for the purpose of regaining his domicile. One feature appears to be common to all these cases, namely, that the pain is exterior to the joint, and the swelling, if present, is limited to the sheaths of the tendons which run past the joint or to the insertions of muscles in that neighbourhood. It is not associated with manifestations in other parts of the body which would justify the diagnosis of rheumatism, and it occurs in persons who are not, as far as one can judge, the subjects of the rheumatic diathesis. In most instances abstention from the use of the cycle suffices to bring about a cure, but in some, the minority, it displays a tendency to recur under stress, and in this event it constitutes a formal contra-indication for more than very moderate indulgence in this pastime. It is due, no doubt, to immoderate strain of the extensor muscles, which are mainly concerned in driving the machine, and is strictly akin to the pain, &c., felt when the muscles of the forearm are subjected to unwonted strain. In most of the cases that have come under our notice the primary cause would seem to be too high a gear, which throws an exaggerated strain on the muscles, or a saddle placed too low down so that the flexion of the knee is unnecessarily increased. In the absence of either of these causes hill-climbing has been known to bring on an attack, but in reality this amounts to the same thing as too high a gear. When we speak of a gear as too high we mean, of course, too high for all-round work, for it is evident that a gear which may be suitable enough for the home counties would be quite unsuitable for Devonshire or the Lake District. It is necessary to put cyclists on their guard against a complication which may debar them from their favourite pastime, and they should learn to be warned by the earlier admonitions without waiting for absolute incapacity to supervene.

The Power of the Imagination.

THE influence of the imagination is a factor with which physicians have to reckon very largely and in the minor ailments of life, at any rate, the most successful practitioner is he who possesses the faculty of inspiring confidence in himself to begin with, and then in the treatment he advises. A recent number of the *Pyschological Review* relates an interesting experiment made by Mr. Slosson with the view of demonstrating how easily this faculty can be called into play. In the course of a popular lecture he presented to his audience a bottle containing distilled water, which he uncorked with elaborate precautions and then, watch in hand, he asked those present to indicate the exact moment at which the peculiar odour was perceived by them. Within fifteen seconds those immediately in front of him held up their hands, and within forty seconds those at the other end of the room declared that they distinctly perceived the odour. There was an obstinate minority, largely composed of men, who stoutly declared their inability to detect any odour, but Mr. Slosson believes that many more would have given in had he not been compelled to bring the experiment to a close within a minute of opening the bottle, several persons in the front rank finding the odour so powerful that they hastily quitted the lecture room. It would have been interesting to know the attitude of the audience on learning the liberty that had been taken with their imaginations, but on this point unfortunately the report is silent.

A Curious Case.

THE last number of the *Therapeutic Gazette* contains the account of a very curious case. so curious indeed that we should like further evidence before accepting it as duly authenticated. Dr. Eckman, of Philadelphia, was called to a woman, æt. 25, who was very ill, and in whom, on examination, a distinct mass was felt below, and to the right of the umbilicus. This appeared to be continuous with the uterus which was much displaced upwards, and was barely accessible. As she improved somewhat, nothing was done until a month later when he was again called to the patient who then complained of an inflamed and tender umbilicus. This was poulticed, and after a time a solid something projected from the navel which proved to be a No. 9 linen catheter. On questioning the patient he elicited from her that three months previously, (three weeks before his first seeing her), her physician had attempted to bring about a miscarriage by introducing a catheter into the uterus, directing her to return on the following day to have it removed. This she was prevented from doing for some days, and when she did so the physician was unable to find the catheter She subsequently developed alarming symptoms, and

became so ill that her life was despaired of when Dr. Eckman was first sumoned to her. We share with Dr. Eckman a difficulty in explaining the route taken by the instrument, which could hardly have perforated the uterus in the first instance.

Physical Competitive Examinations.

In an exhaustive letter to a medical contemporary, Mr. Henry Cayley discusses the physical tests for admission to the Public Services, and in the course of his remarks he says that, "so far as the interests or welfare of the candidates are concerned, it is probably, quite immaterial whether they are submitted to physical examination immediately before or after the competitive," and he proceeds to argue against physical examination in advance, on the ground that the condition of health of candidates must be established at the exact time of their admission, and, if preliminary physical examination were the rule, that condition might have materially altered during the period of study. While fully agreeing to this contention, we are unable to see why it should be impossible to submit a candidate to preliminary physical examination at any reasonable period before his examination, and also to a final corroborative test after he has passed the competitive examination, especially if he is willing to pay for the additional privilege. Mr. Cayley says that "no official Medical Board could give any more decisive or binding opinion than that given by a private medical man," but it is manifest that no private opinion, by whomsoever it may be delivered, can have more than a moral influence on the Army authorities or can, in any way, protect the candidate against subsequent ostracism by the Medical Board. Again he asks:—"If one were rejected on the second occasion who had been previously pronounced fit, what a flood of grievances this would give rise to." At the first physical examination all obvious physical disqualifications would be revealed, such as narrowness of chest girth or high astigmatism, and an official record thereof would be preserved until, if ever, the candidates came up for final physical examination, when nothing would remain to be tested save the conformity of the second examination with that of the first. Moreover, in this matter, we strongly suspect that preliminary physical examination is resisted by the authorities because they object to the trouble of such an examination for each candidate, and we, also, apprehend that physical fault is made an excuse for disqualifying candidates who do not appear to the Medical Boards to be up to standard in respect of social or regimental requirements.

Ventilation of Railway Carriages.

The plan of ventilating railway carriages *via* the open window obviously suggests many objections. Not only is the air laden with grimy dust, but the air surrounding a train on the road is stated to contain 1·8 to 2·28 per cent. of carbonic acid gas. A German railway engineer makes a valuable suggestion in this connection, he proposes, in fact, that the air should be conveyed to the carriages by conduits starting from the front of the locomotive, so that it would be free from dust and deleterious impurities. This plan does not present any technical difficulties of moment, and it would be easy to warm the incoming air on its passage through, or along, the engine, thus obviating the necessity for other means of keeping up the temperature during the cold season. We submit this suggestion to the managers of our railway companies, coupled with the expression of a hope that they may see fit to give it a trial.

The First Epileptic Home in England.

The founder, the late Mr. Henry Cox, did not live to see the full fruit of his munificence; but an account of ten years pioneer work has just been published which contributes a tribute to his memory of the most gratifying kind, The nucleus of the work was begun in Manor House, Maghull, an old country house outside Liverpool. The evolution of the scheme is most interesting reading; the famous colony at Bielefield, in Germany, was first visited; but though much pleased with it, "the committee felt that they could not hope in England, even if it were desirable, to imitate the plan pursued at Bielefield, whereby a large staff of nurses and assistants gave their services voluntarily, with no hope of gain." They recognised the noble ideals of such men and women, but felt that "our nurses and attendants would require a 'living' wage instead of mere sustenance here, and the hope of a reward hereafter." They count also on no small measure of devotion from paid labour, and they are right. Some with good hearts and minds must have pay, for affluence or even a modest competence is not their lot. It was necessary that each patient should pay, and they were graded in three classes—paying two guineas, one guinea, and seven-and-six a week respectively, the profits from the first and second class to meet the deficiencies of the third. The institution had prospered as it deserved to do, and another building has been erected. The number of patients has increased from 20 the first year to 120 last year. We would specially recommend a careful perusal of this report to all interested in the welfare of the epileptic. It gives interesting information regarding the various occupations of the patients, with illustrative views of lawn-mowing, milking, harvesting, &c., the medical results, hints to parents and guardians of epileptics, &c.

Practice on Single Qualifications.

In the correspondence columns of a medical contemporary we notice the statement that the licence of the London College of Physicians "is a qualification under the Medical Acts, and is recognised by the (English) Local Government Board, and its possessor would thus, if registered, be entitled to hold a Poor-law appointment." This statement is, no doubt unintentionally, entirely misleading, and, if allowed to pass, might place other colleges in a false position. Under the third section of the Medical Act of 1886 no single qualification entitles a person

to go on the Register. It must be combined with a qualification in the correlative subjects derived from another body, or, in the case of a university, from itself. In fact, the registered diplomas must represent separate qualifications in medicine, surgery, and midwifery, and no single qualification fulfils this requirement, nor can any one go on the Register in respect of such single qualification. But any one possessing a single qualification can have it entered on the Register if he has already presented a diploma in the correlative subject, and, *pro tanto*, the Local Government Board will recognise such entry when complete, but not otherwise. It is, therefore, not the whole truth to say that any single diploma qualifies for a public position.

Voluntary Notification.

We note that, at Norwich, the municipality has agreed that a fee shall be paid for the voluntary notification of phthisis, and that Manchester is being urged to adopt the same arrangement, but as to who is to notify and to receive the fee we are not informed. From a professional aspect this is a very important point. Every one will be delighted if the public will take upon themselves the duty of notifying this and all other diseases, but the proposal that a medical practitioner shall surreptitiously communicate to the public authorities the information which he may obtain in private practice, and shall accept a fee for doing so, is a different matter. When the Compulsory Notification Acts were in progress, we were told that no breach of professional confidence was involved inasmuch as the law would compel all practitioners alike to be guilty of that breach. This is not the case under voluntary notification, and we do not hesitate to say that it is open to the gravest question that a practitioner, being under no legal compulsion whatever, shall be encouraged to sell the information which he obtains as a private medical adviser to the public authorities without the complete assent of the patients who are interested. If such a principle be admitted in the case of phthisis, why not in the case of syphilis, or any other disease?

The Certificate Question at the Cardiff Infirmary.

We referred a few weeks since to the question which had been raised at the Cardiff Infirmary as to the destination of the fees charged for certificates given by the medical officers of the infirmary to patients of that institution. A committee was appointed to inquire into the practice which had come to the front on a motion to the effect that all such fees should be placed to the credit of the hospital funds. The decision just arrived at is that in future no fees whatever shall be charged for such certificates, and this, we believe, is in accordance with the general practice at similar institutions elsewhere. It is obvious, however, that there must be a limit to the giving of such certificates, for while they may properly be delivered without fee when they are to be used for the purpose of obtaining sick pay, no such indulgence is called for when the certificate is intended for the purpose of bringing legal proceedings, civil or criminal. In such cases the medical officer is entitled to refuse to provide evidence unless summoned in the usual way and paid the usual fees.

Chrysarobin a Specific for Warts.

Dr. G. M. Fitz calls attention to the excellent results which are obtained in the treatment of warts by solutions of chrysarobin. He first pares down the wart until there is rather profuse bleeding, and then applies a ten-per-cent. solution of the drug, the vehicle being either ether or the ordinary gutta-percha solution. As a matter of fact, chrysarobin is by no means the only effectual means of dealing with these often refractory conditions of epithelial hypertrophy. The essential part of the treatment is unquestionably the removal of the thickened epithelium. When this has been done the application of chromic acid or a collodion solution of salicylic acid will, in most cases, cause the disappearance of the growths within a few days.

The Prevalence of Typhoid Fever in the County of Durham.

The County Medical Officer of Health for Durham, in his recent quarterly report, pointed out that the County of Durham has had for some years past a higher death-rate from typhoid fever than any other county in England and Wales. Dr. Eustace Hill states that some of the most serious epidemics of the disease which have occurred were probably due to pollution of the water supply. But these outbreaks were not sufficient to account for its marked prevalence and high mortality in this county year after year. The matter has claimed the attention of the Durham County Council, and a decision has been arrived at to invite the Local Government Board to institute an inquiry.

The Belfast Royal Victoria Hospital and Professor Cuming.

At a meeting of the Committee of this hospital, on the 9th inst., the President of the Queen's College proposed a resolution of regret on the death of the late Professor Cuming, and delivered an eloquent eulogy upon his personal and professional character, and the resolution, needless to say, was adopted by acclamation. A letter was then read from the Right Hon. W. J. Pirrie, presenting to the hospital the sum of £7,000 on condition that one of the wards shall be named after the deceased Professor, a proviso which, of course, was at once accepted. The Committee of the hospital has now in hand nearly £76,000 towards its completion and endowment, and it is anticipated that numerous endowments have yet to come in.

A Skin Hospital for Dublin.

In a previous issue we referred to the effort made to organise in Dublin a special hospital for diseases of the skin, we have reason to believe that the scheme has now sufficiently progressed to allow of the out-

patients' department being already available for use. The hospital is to be non-sectarian. Dr. C. M. O'Brien, who is an old Middlesex Hospital man, and at present an examiner in the Apothecaries' Hall, Ireland, and formerly senior member of the resident staff of one of the Dublin hospitals, has been appointed physician. Mr. G. B. White, who is also an examiner, and known as a contributor to our pages, has been appointed surgeon.

Strabismus a Sign of Neuropathic Inheritance.

THERE is a popular idea that a squint is associated with a more or less marked mental peculiarity, and this view is supported by Dr. de Micas, who has found that the immediate and collateral ancestors of persons who squint comprise many with neuropathic antecedents. Of course, any ametropic child may squint, but if, with the error of refraction, is associated this neuropathic predisposition, a squint is the rule. Even in the absence of any error of refraction, the children of neuropathic parents appear to be peculiarly liable to this deformity, which, indeed, may be the outward and visible sign of the morbid inheritance.

DR. NESTOR TIRARD, Professor of Materia Medica and Therapeutics in King's College, London, will deliver a course of three lectures on Pharmacy and the New Pharmacopœia" at the Society of Apothecaries on Tuesday next and the two Tuesdays following at four o'clock. Members of the medical profession will be admitted free on presentation of their cards.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

A FIGHTING DOCTOR FINED.—One of the most respected physicians in Perth, one day last week, happened to be out on his bicycle, and to have occasion to pass a blacksmith standing on the road. He rang his bell to no purpose, and as he passed close to the fellow was knocked off his cycle by what he averred later in Court to be an intentional protrusion of an elbow. On picking himself up and remonstrating, the blacksmith showed an intention of fighting, and the doctor, wishing as he explained, to get the first exchange, got in the first blow, drawing blood. The doctor may have been hasty, but the other surely was most to blame. However, it was the blacksmith who got off scot-free in Court and the doctor who was fined one pound.

EDINBURGH MEDICAL STUDENTS START FOR THE TRANSVAAL.—On Saturday night a party of medical students left Edinburgh for London, purposing to go out to South Africa under the leadership of Dr. Neethling of Bradford, to act as an ambulance party in aid of the Boers. The scheme is said to have originated in the South African Union in Edinburgh, and is suggested to be financed by Sir James Sivewright. The men are all Cape Colony born and bred, and British subjects, though almost all of Dutch extraction.

FACULTY OF PHYSICIANS AND SURGEONS.—At a meeting of the Fellows of the Faculty of Physicians and Surgeons, held on the 6th inst., the following office bearers were duly appointed for the ensuing year:—President: Dr. H. C. Cameron. Visitor: Dr. James Finlayson. Councillors: The President ex-officio. also as representative to the General Medical Council—the Visitor ex-officio; the Treasurer ex-officio; Dr. John Glaisler, Dr. Bruce Goff, Dr. Robert Perry, Dr. D. N. Knox, Dr. John Barlow, Dr. J. Lindsay Steven, Dr. W. L. Reid. Treasurer: Dr. James D. Maclaren. Hon. Librarian: Dr. James Finlayson. Secretary and Librarian: Dr. Alexander Duncan. The usual examiners, both for the Fellowship and for the License were appointed.

SEQUEL TO GLASGOW UNIVERSITY RECTORIAL ELECTION.—On the day of the election, the Students' Representative Council lodged a protest with the senators regarding the action on the part of Professor George Gilbert Ramsay during the election. The names of three students were tendered as having being forcibly interfered with, in fact assaulted by the professor, while keeping the door on behalf of the Liberal party. The students were requested to meet Professor Ramsay-Stewart and the Principal on a certain day. They accordingly presented themselves, when they discovered that no official member of the Representative Council, by whom the protest was lodged, had been invited to attend. Under the circumstances, the students summoned to appear declined to discuss the matter until such an official member was requested to attend and was present. The secretary of the Students' Representative Council was then sent for, with the result that Professor G. G. Ramsay agreed to apologise individually to the three students concerned, and also to the students generally through the secretary of the S.R.C.

PROFESSOR SIR WILLIAM T. GAIRDNER, K.C.B.—The worthy and gifted Professor of Practice of Physic, as he likes to call it, has just entered upon his seventy-sixth year of age and his thirty-eighth session as Professor of Practice of Medicine in the University of Glasgow. He was a graduate of Edinburgh University as long ago as 1845, and was in 1863 appointed Medical Officer of Health for the City of Glasgow, being the first officer of the kind, which post he held for eleven years, when he resigned and his assistant, Dr. J. B. Russell, was appointed to succeed him. Sir William holds many honorary titles, and is Physician-in-Ordinary to the Queen for Scotland. On December 25th, 1856, he was one of four medical men who were present at the post-mortem examination on the body of Hugh Miller, and he is and always has been a great favourite of the students, by whom he is known as W. T. G.

MEDICAL SOCIETY OF LONDON.

LAST Monday's meeting was devoted to clinical cases. Dr. Cautley showed two cases, one a curious one of aphasia and agraphia in a man, æt. 71, in process of cure, which he attributed to a small hæmorrhage in the second and third frontal convolutions pressing on the centres for speech and writing. (2) A lad with a well-marked systolic thrill and bruit perceptible over the base of the heart as well as in the neck and back, which he thought must be due to a congenital defect of the aortic valves, especially as there was hypertrophy of the left ventricle.

In the remarks that followed, however, arguments were advanced in favour of the lesion being of the nature of a persistent ductus arteriosus, though the absence of cyanosis was against it. The lad's health was good, and though the bruit was very loud it did not appear to involve much obstruction.

Dr. Ewart showed an Italian, who came with symptoms which at first sight suggested that he was suffering from Addison's disease. There was great loss of flesh, weakness, vomiting and pigmentation of the skin and nails; but on further consideration the pigmentation was found to be of old standing, and probably due to his occupation as an asphalte-layer. His liver and spleen were much enlarged, and there was an increase in the white corpuscles and eosinophiles, with a decrease in the red corpuscles. There was no history of malaria, so that, although the idea of its being a case of Addison's disease must be dismissed, the diagnosis remains obscure.

Dr. Ewart also showed an interesting patient, in whom an attack of persistent lockjaw was relieved by a deep incision into an inflamed portion of gum, of which Dr.

Kingscote gave two other examples under his own observation.

Mr. H. L. Barnard showed a man, æt. 20, with an enormous *hernia cerebri*, which had followed removal of a large piece of skull done to relieve serious pressure symptoms of four years' standing. Great relief of the symptoms followed, though the tumour could not be reached, and its nature is still obscure.

Mr. Wallis showed three cases, two of Pott's fracture, and one of fractured tibia, in which he had secured coaptation of the fragments by wiring, with excellent results.

Lastly, Mr. Morgan showed a young man who, after treatment of a large axillary abscess, suffered occasionally from solid œdema of the arm and forearm, the hand being exempt, due presumably to blockage of the lymphatics.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

MEDICAL ATTENDANCE *GRATIS* AT THE R.A.M.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—A former patient of mine, a student at the Royal Academy of Music, tells me that she will no longer have occasion to consult me because a certain medical man has volunteered to attend the pupils of the Academy *gratis*.

Now, the pupils of the Royal Academy of Music are presumably persons in fairly good circumstances; in any event, they are scarcely persons who can have any claim to gratuitous medical treatment, and it would be interesting to know what motives could have prompted this medical pseudo-philanthropist to place his services gratuitously at their disposal. Possibly some of your readers may be able to throw some light on conduct which has excited mixed feelings in my bosom.

I am, Sir, yours truly,

A GENERAL PRACTITIONER.

Literature.

McKEOWN ON "UNRIPE CATARACT." (*a*)

DR. MCKEOWN is well known in connection with the treatment of so-called "unripe" cataract. In the preface he informs us that he brought the matter before the profession in 1884, and from that time up to the present his injection and irrigation method of treatment of immature cataract has been constantly followed in his practice. He has now resorted to it in about 700 cases of various kinds. The present volume is the outcome of the experience which he has gained in this special subject. To those who are desirous of learning the latest details of the author's method the work will prove mightily useful. But the treatise is really a monograph upon the subject of cataract, and as such it may be usefully perused by all ophthalmic surgeons. After discussing the classification of the disease the author proceeds to describe in detail the methods of operation. It would rather seem that this chapter had been placed in the wrong position; presumably, it should have followed that on "Operations for Cataract." The author points to six methods of dealing with the cornea. Three of these are preliminary:—(1) The needle operation; (2) Foster's artificial maturation; (3) the introduction of a liquid inside the capsule of the lens immediately before the stage of capsulotomy, and three which are applicable after expulsion of the body of the lens; (4) By pressure and friction on the outer surface of the eye whether by spoon or finger, and directly on the eye, or on the eye through the medium of the lids; (5) scooping out by a scoop introduced into the eye; (6) the force and disintegrating action of liquid introduced into the eye. Dr. McKeown has not much to say in favour of Foster's method, and in any case he believes it to be of limited application. In regard to the introduction of liquid into the capsule at the time of operation he claims that it renders transparent substance opaque, breaks up striated, flaky, mother-of-pearl cornea, and separates cortical substance from the capsule. These, of course, are great advantages in comparison with other methods. So far as the irrigation method is concerned, after the lens has been expelled, the author lays down that the liquid presses the posterior capsule of the lens backwards, usually causes the cut and torn capsule to come forwards, and to flap about according to the direction and force of the stream, and reaches every part of the interior of the capsule, searches every corner for cortical remains, whether large or small, concealed or exposed, opaque or transparent. The author further points out that he has had experience of three combinations of methods, viz:—(1) Combination of injection by fine hollow needle and massage; (2) combination of scooping with irrigation; (3) combination of irrigation with massage. A list is also subjoined of cortical cataracts, and details given of the methods of treating them which in the author's hands have proved to be most beneficial. A useful chapter follows upon the subject of preparation for operation. Here we notice that Dr. McKeown pledges his faith in chinosol as an antiseptic agent, so much so, that he new uses no other. He significantly remarks that if a solution of perchloride of mercury be used for washing out the anterior chamber, the cornea is apt to become opaque, with disastrous effects to the vision, whereas he adds that he has several times irrigated the anterior chamber in cases of severe suppurative keratitis, with a solution of chinosol, without any opacity of the cornea being caused. The other chapters in the volume are "Detailed Description of Apparatus for Injection and Irrigation and Method of Use," "Operations for Cataract," "Post-Operative Incidents and Treatment," and a "Statement of Cases." Two appendices also are added, in one of which is discussed the ever verdant question of iridectomy in cataract operations. Whether or not Dr. McKeown's methods of the treatment of cortical cataract are destined to come into favour among ophthalmic surgeons, cannot be determined at present. If it were always possible to extract a cataract in its capsule, there would be no need for surgeons to concern themselves about the cornea, but since it is impossible to deny that the operation of cataract extraction is often seriously complicated when there is soft lens matter to deal with, it is well to know that the method of treatment in such cases elaborated by Dr. McKeown holds out prospects of the attainment of good results.

(*a*) "A Treatise on Unripe Cataract." By William A. McKeown, M.D., M.Ch., B.U.I., Surgeon to the Ulster Eye, Ear and Throat Hospital, Belfast; Lecturer on Ophthalmology and Otology, Queen's College, Belfast. Illustrated by 9 plates, containing 60 original drawings. London: H. K. Lewis.

KINGSCOTE'S ASTHMA. (*a*)

THE author of this work is kind enough to inform us in his preface that it is not to be considered an exhaustive treatise on asthma. The caution is not necessary, for there is no possibility of such a mistake being made. The book is divided into sixteen chapters, and practically only three of them are devoted to asthma. It is not until the twelfth chapter is reached that there seems to be even the most remote reference to that subject. This, we think, is pretty clearly shown by the fact that the initial headings to this chapter are:—"Introduction—History—known to be described by Hippocrates." Even in an exhaustive treatise on the subject we should expect to get beyond the time of Hippocrates at so advanced a stage of the work. In this short chapter quotations are frequent, but the next article on "Etiology" is made up almost entirely of extracts, the late Dr. Hyde Salter, whose book was published as far back as 1868, being laid heavily under contribution. The chapter on "Treatment" is ambiguous, and although the author professes to "define his practice," we are left very much in doubt as to the methods

(*a*) "Asthma: Recent Developments in its Treatment." By Ernest Kingscote, M.B., C.M., L.R.C.S.Edin., Fellow of the Medical Society of London. London: Henry J. Glaisher. 1899.

he adopts. A perusal of his "Illustrative Cases" throws very little light on the subject, although in a case of aortic disease (p. 130) the author states that he "read the Riot Act." Whether this document was read aloud to the patient, or perused by the author for his own edification in the privacy of his own chamber, we are not told, but we fail to understand how the reading of a legal document, or of any number of them, could cause the disappearance of a cardiac murmur. There is a mystery about the whole procedure which we are unable to fathom. The author gets very neatly over any difficulty that might be experienced in connection with the bibliography of the subject by referring the reader to the Index-Catalogue of the Surgeon-General of the U S. Army. He evidently lays considerable stress on a series of "Don'ts" which he copies from a Trans-Atlantic paper. The following are examples:—"Don't conclude that every murmur means disease of the heart; don't neglect to note the character of the pulse when you examine it; don't examine the heart through heavy clothing." For whose benefit these sage maxims are reproduced we "don't" know. If books were classified on the same principle as stage plays this particular work would undoubtedly be placed in the category of farcical comedy.

LIFE OF MAN ON THE HIGH ALPS. (a)

Professor Mosso has long been known as a past master of the subject of muscular work and of the influences brought to bear on it by various concomitant circumstances. He is also an expert Alpine climber. No one, therefore, could be better fitted for a study of the variations induced in the phenomena connected with muscular action or of the circulatory, respiratory and other changes produced by residence in high altitudes. The present volume is worthy of its author's reputation. Wishing to study some of the problems presented by life in the High Alps, Professor Mosso determined to take up his abode on the summit of Monte Rosa, 4,560 metres above the sea, in the hut named after the present Queen of Italy. Here he could conduct at his leisure a number of accurate researches into the various effects produced by high altitudes upon the bodily processes. The subjects of his experiments were provided in the persons of ten soldiers belonging to the Italian Alpine regiment. It would be impossible here to detail the facts observed by Professor Mosso during his stay on Monte Rosa, or even a tithe of the experiments recorded in this book. In the first place we may say that it is exquisitely illustrated, and that the translator has done his work with great ability.

The chief subjects investigated comprise the phenomena shown by muscular force, respiratory action, circulation of the blood, and condition of the heart, mountain sickness, diet, body temperature, training and cerebral conditions as produced at great heights.

Perhaps the most interesting part of the book for those who are not specialists in physiology, is that which deals with accidents caused by excessive fatigue and nervous exhaustion. Mosso has before now shown that every act of the will, even by the simple forcible clinching of the hand, causes some degree of cerebral fatigue; that this contraction of the muscles brings about a consumption of force in the brain, which requires renewal.

In mountain climbing he notes that the member of a party who occupies the foremost position, and so is at the fore end of the rope, suffers sooner from fatigue than the others. This is not only due to the greater amount of work entailed in cutting steps, &c., but arises also from the greater responsibility. On the other hand, however, the front man of an Alpine party having to cut steps and pick the way, is always stronger and more full of courage than those who have to wait upon him. Illustrative examples are also given of the profound mental effect which the severe labour and excitement caused by Alpine ascents produce. The numerous other points of interest must be consulted in the original. The whole book is an example of the truism that truth is stranger than fiction.

(a) "Life of Man on the High Alps." By Angelo Mosso. Translated from the Italian by E. Lough Kiesow. London: T. Fisher Unwin. 1899.

Medical News.

Another case of death from anthrax was the subject of an inquest at the London Hospital on Saturday last, the victim being a man, æt. 54, a horse-hair curler. It was stated that another man was at present under treatment at St. Bartholomew's Hospital for the same disease.

Royal College of Physicians, Edinburgh; Royal College of Surgeons, Edinburgh; and Faculty of Physicians and Surgeons of Glasgow.

The quarterly Examinations of the above Board in Edinburgh, took place in October, with the following results:—

First Examination, 4 Years' Course. Of 11 candidates entered, the following 5 passed the examination:—

Randal Herley, William Anderson, Norman Pigott Fairfax, John Wilson, and Patrick James Kerwin: and 1 passed in Histology and 1 in Chemistry.

First Examination, 5 Years' Course. Of 35 candidates entered, the following 13 passed the examination:—

Lionel Walpole Thomson, Thomas McMuster Glen, Peter Oswald Jollie, John Joseph Lawton, John Archibald Turnbull, John Bryden, Cecil James Todd, David Haig, John Walker, Gerald William Smithwick, Michael John McCarthy, Robert Septimus Walker, and Edward Rainsford Mumford; and 3 passed in Physics, and 2 in Biology.

Second Examination, 4 years' course. Of 20 candidates entered the following 7 passed the examination:—

William Christopher Brown, Sidney Gerald Gomes, Claude St. Aubyn Farrer, William Henry Burnhill, Felix MacSwiney, Walter Percy Warburton, Morgan Howard Howard Jones, and 2 passed in anatomy, 1 in physiology, and 3 in materia medica.

Second Examination, 5 years' Course. Of 22 candidates entered the following 10 passed the examination:—

Ryder Percival Nash, Clara Hind, Joseph William Robert Sutton, Percy Jeremiah Bateman, John Browne Grogan Mulligan, Daniel Joseph Cagney, Robert Thompson, John Arthur Doyle, William Robert Addison Coates, and Thomas Fryer Okell.

Third Examination, 5 years' Course. Of 29 candidates entered the following 17 passed the examination:—

Charlotta Rudd, John Blair Conner, Henry Ayrton Chaplin, George Herbert Leon Hammerton, David Crombie, William Brown Heagerty, Alexander Wilson, Frew, Henry Christian, Ernest Quin, Prudence Elizabeth Gaffikin, John Philip Cameron, Alice Miles, Charles Stephenson Oliver, Robert Peel Parker, John Bulman Mason, John Bell Walker, George Weldon Hibbert, and Basanta Kumar Chatterjee, and 1 passed in Pathology and 2 in Materia Medica.

Final Examination. Of 107 candidates entered the following 52 passed the examination and were admitted L.R.C.P.E., L.R.C.S E., and L.F P. and S G.:—

William Hewley Wharton, Sydney Edgar Price Philip, Heywood Hadfield, John Archibald Wolverson, William John Morgan, John Allen Scotland, Martin Francis Ellis, Nellie Jardine, Elizabeth Beatty, Alice de Boer, Daniel William Jones, Eyre William Powell, Charles George Streeton, Leeds, Bartholomew, Francis Murphy, Alice Learnmonth McKenzie, William Morris Williams, Allan Douglas Cameron, William Frederick Oliver, James Curtis Franklin, Douglas Massey Burnside, Nathaniel Hodgetts, James Duncan Wilson, John James Scanlan, Jean Sinclair, Dobson Robertson, William Welsh, John McClintock, Arthur Gibson, Roderick McKenzie Skinner, Joseph Fulton, Prabala Rama Chandrayya, Arcot Kodanda Parri Mudali, James Clement Purcell Reardon, Charles Braginton Salway, John Smith Guthridge, Charles Richardson White, James Michael O'Sullivan, George Powell Hay (with honours), Henry Grattan Johnston, Ewen Mackenzie, Sidney Jacob, Robert James Love, John Kirkpatrick, William Ebenezer Waymark, Hugh John Drennan Mackay, Bartholomew Connolly, Lionel Robert Popham, James Valentine Roche, James Michael Aloysius Manning, John Joseph Fuller, Harry Parker Dally, Charles Louis Francis, and Robert Jackson Mackay; and 12 passed in the division of Medicine and Therapeutics, 2 in Surgery and Surgical Anatomy, 13 in Midwifery, and 10 in Medical Jurisprudence.

The following gentlemen, having passed the requisite Examinations, received the Conjoint Diploma in Public Health:—

Maurice Paterson, John William Myers, William McLean, Joseph Chambers, John Geddes McColl, and Alexandre di Fonceca Dias.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

THE WAR FUND.

THE sum now being raised for the widows and children of soldiers killed in the Transvaal War is assuming magnificent proportions. Contributions from Her Majesty the Queen to working men in various factories flowing in from all sides and from all parts of the United Kingdom. Theatrical managers and manufacturers alike are vying with each other in special efforts, the latest being that of "Vinolia," which promises to contribute one halfpenny for each cake of soap sold within a month; and so enormous is the consumption of this popular article, that the proprietors anticipate the War Fund will benefit by nearly £7,000 from this source alone.

TYPEWRITTEN letters may be reproduced to the extent of several hundreds from one original, all equal in appearance to an ordinary typed letter, and for this work the "Automatic Cyclostyle" has no rival, the best possible results being obtained on account of the evenness of rolling.

A PHILANTHROPIC ADVERTISEMENT.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

"A little nonsense now and then,
Is relished by the best of men."

SIR,—The offer made under above heading in your "Notices to Correspondents" last week, reminds me of a similar offer made by an American, who advertised he would remove all of a person's teeth for two dollars and insert a complete new set for ten dollars, besides giving six months' credit. "People are fond of bargains, so there was a rush for the dentist's office. He was busy for two weeks pulling teeth, and at the end of the time numbers of people had empty gums, and a bone dust factory in the neighbourhood doubled its workmen to grind the teeth into bone dust. While people were waiting for the new sets the abandoned scoundrel eloped with the hotel keeper's wife, and now 2,000 or 3,000 people cannot eat anything tougher than gruel or soup. All the butchers have shut shops, and not a biscuit has been sold for months. One man, it is said, whittled out a wooden set for himself, but the first glass of whiskey he took set the teeth on fire. The dentist will hear of something to his advantage if he comes back."—From "Awful Crammers," by Josh Billings.

I am, Sir, yours truly,
A. D.

GENERAL PRACTITIONER.—The treatment of alopecia areata is varied, and fully laid down in the text books on dermatology. As opposed, however, to drug treatment, a French authority claims that much can be done by means of mechanical irritation. He recommends a stiff brush to be applied to the affected area, and to be used from four to six times a day so as to cause hyperæmia of the part.

PROFESSOR CHIENE ON MISTAKES IN DIAGNOSIS.

The most common cause of mistakes, remarked the speaker in a recent address, is the imperfect, careless examination of a patient. Ignorance is thought to be the most common cause of mistakes. My experience does not lend itself to that view. To imperfect examination, I think, is due the majority of my mistakes. Learn from your mistakes. Be methodical as well as thorough. When you touch in surgery, make your diagnosis, if possible, painlessly.

THE WEIR-MITCHELL TREATMENT.

A CORRESPONDENT writes:—Weir-Mitchell published his original plan in a work entitled "Fat in Blood, an Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria." Playfair also describes the method in his work on 'The Systematic Treatment of Nervous Prostration and Hysteria." The subject is also dealt with at some length in Allbutt's "System of Gynæcology." The last edition of the first-named work is dated 1898.

Meetings of the Societies and Lectures.

WEDNESDAY, NOVEMBER 15TH.

ROYAL MICROSCOPICAL SOCIETY (20, Hanover Square, W.).—7.30 p.m. Mr. A. Earland: Exhibition of Foraminifera.

SOCIETY OF ARTS.—8 p.m. Sir J. W. Barry: Opening Address of the 146th Session.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.)—4.30 p.m. Dr. Eddowes: Keratoses. (Post-graduate Course.)

THURSDAY, NOVEMBER 16TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Dr. A. H. N. Lewers: On some Interesting Cases of Fibroid Tumours of the Uterus.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL.—5 p.m. Dr. D. Grant: Diagnosis of Nasal Diseases characterised by Pain, Disturbances of Smell, &c.

FRIDAY, NOVEMBER 17TH.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND (Physiological Theatre of the London School of Medicine for Women, Hunter Street, W.C.).—4 p.m. General Meeting. Election of Officers for the ensuing year. Communications: - Mr. S. Boyd: A Persistent Left Inferior Vena Cava. - Miss Stoney (introduced by Mr. S. Boyd): Specimen of Sacculated Œsophagus.- Prof. A. M. Patterson: Child's Skull showing Parietal Perforations.- Prof. B. C. Windle and Mr. F. G. Parsons: Note on the Morphology of the Biceps Flexor Cruris.—Mr. C. B. Lockwood: Lantern Demonstration of Certain Points in the Lymphatic System of the Appendix. Meeting of Council to Elect Members of Committee of Management.

Vacancies.

Bracebridge Asylum, Lincoln.—Junior Assistant Medical Officer, unmarried. Salary £125 per annum, with furnished apartments, board, attendance, &c.

British Hospital, Buenos Aires.—House Surgeon. Salary £200 first year, £250 second, £300 third, with board, lodging, and wine allowance. Apply to Dr. Louis Colbourne, Berkhamsted, Herts.

Carmarthenshire Infirmary.—Resident Medical Officer for 12 months, unmarried. Salary, £100 per annum, with furnished apartments, board, attendance, fire, gas, and washing.

Derby Borough Asylum.—Assistant Medical Officer. Salary £120 per annum, with board and washing.

Liverpool Dispensaries, 34, Moorfields, Liverpool.—Senior Surgeon of the East Dispensary, unmarried. Salary £300 per annum, with board and apartments.

Suffolk General Hospital.—House Surgeon. Salary, £100 a year, with board, lodging, and washing. Apply to the Secretary, Bury St. Edmunds.

Three Counties Asylum.—Second Assistant Medical Officer, unmarried. Salary commencing at £125 per annum, with board, apartments, washing, and attendance. Apply to the Clerk to the Visiting Committee, St. Neots, Hunts.

Appointments.

BAKER, JOHN, M.B., C.M.Aberd., Deputy Superintendent of the State Asylum at Broadmoor.

BENDLE, L. H., L.R.C.P., M.R.C.S., Medical Officer to the York County Hospital.

CLOME, NAPIER, L.R.C.S.Irel., L.R.C.P.Edin., Medical Officer for the Chard No. 2 Sanitary District.

MCELLIGOTT, MAURICE G., D.P.H., L.R.C.P., L.R.C.S.,Irel., Medical Superintendent of Belper Isolation Hospital.

SCOTT, W. J., L.R.C.P., L.R.C.S.Irel., Medical Officer for the No. 1 Sanitary District of the Windsor Union.

SMITH, W. BROWNLOW, B.A., M.D., B.Ch., B.A.O. (T.C.D.), Deputy Medical Superintendent of the Belper Isolation Hospital.

SQUIRE, M.F., M.B., B.S.Durh., L.R.C.P.Lond., M.R.C.S., Medical Superintendent and Medical Officer of the Workhouse for the Parish of Paddington

WILLIS, HARRY LEGGE, M.R.C.S., L.R.C.P.Lond., Junior Assistant Medical Officer to the Govan District Asylum.

Births.

NOBLE.—On November 7th, at The Moorings, Walthamstow, the wife of W. G. Noble, L.S.A., of a daughter.

WOHLMANN.—On October 28th, at Gay Street, Bath, the wife of Arthur Stanley Wohlmann, M.D., B.S., of a daughter.

Marriages.

HAMILTON—DEARMAN.—On November 8th, at St. Giles's Church, Bramhope, Roger Kerr Hamilton, M.R.C.S.E., L.R.C.P.I., of Woodbine Cottage, Whittle-le-Woods, Chorley, to Edith, eldest daughter of William Dearman, of Sydney, N.S.W.

Deaths.

ADAMS.—On November 10th, at 241, Mosley Road, Birmingham, Gerald W. Adams, M.R.C.S., L.R.C.P., aged 35, son of Dr. Ernest Adams, of Clifton, Derby.

BURY.—On November 8th, at Eastbourne, John Walter Bury, M.D., aged 63 years.

DIXON.—On November 7th, at Chepstow, Thomas Dixon, M.D., formerly of Cheshunt, and Norfolk Crescent, London, aged 74.

MORLEY.—On November 11th, at 45, High Street, Portsmouth, Frederic Morley, M.R.C.S., L.S.A., aged 57.

WIGAN.—November 9th, at Portishead, Somerset, of pneumonia, Margaret, the beloved wife of George Wigan, M.D., aged 73.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, NOVEMBER 22, 1899. No. 21.

Original Communications.

THE TREATMENT OF ACUTE PSYCHOSES BY REST IN BED.

By DR. P. SÉRIEUX,

Physician to the Asylum for the Insane for the Department of the Seine.

[SPECIALLY TRANSLATED FOR THE MEDICAL PRESS AND CIRCULAR.]

(*Continued from page* 502.)

THE data which we have given are far from complete, and are useful in so far as they define the general indications for applying the treatment. They justify, however, the use of this treatment in certain cases from a physiological point of view; in cases of excitement for example, it has the advantage of moderating cardiac and respiratory movements, which are always somewhat tumultuous, and of lowering the temperature which is sometimes above normal. In conditions of depression rest in bed regulates the functions of nutrition, overcomes irregularities of the circulation, and prevents the patient from taking cold, while it also checks disassimilation.

From a clinical point of view, most authorities are agreed on the indications for the bed treatment. They can be very briefly formulated:—The treatment is indicated whenever rest of the brain or of the entire organism is necessary. Moreover, with persons suffering from the acute psychoses, the special symptom to be looked for is the exhausted state of the brain and of the organism in general. Cerebral exhaustion brought on by irritation of the moto-sensory and sensory centres in the cortex, exhaustion following agitation, insomnia, and inanition plainly call for rest, physical as well as mental.

It is unnecessary to emphasise the indications for physical rest, the importance whereof was insisted upon by the earlier observers. Weir-Mitchell looks upon his method as particularly suitable in cases of prostration, anæmia, and emaciation. According to Ludwig Meyer, who has for thirty-five years practised this treatment, it is especially to the physical manifestations that we must look for indications of the necessity for this treatment, and the length of time it will require to be applied. This author admits that mental symptoms are markedly benefited thereby. In short, physical conditions requiring rest in bed are loss of appetite, emaciation, general debility, advanced age, the puerperal state, chlorosis, anæmia, circulatory disturbances, and febrile or subfebrile conditions. These various symptoms frequently present themselves in melancholics and in maniacal patients, as well as in post-infectious, toxic, and puerperal psychoses. With regard to indications for psychical and cerebral rest, they are always present in acute cases.

It does not matter whether they are states of excitement, depression or confusion, or even of acute delirium with hallucinations—all these psychoses originate from more or less serious impairment of nutrition of the cerebral cortex, and sometimes even of the whole cerebro-spinal axis (polyneuritic psychoses). If the brain be overwrought by undue activity of the motor zones (maniacal conditions), of the sensory zones (melancholia), of the sensorium (hallucinations), or if its activity be paralysed for the time being by a toxic influence (confusion), in all these cases it is a matter of primary importance to give the intoxicated or overwrought organism rest, so as to permit the processes of nutrition to return to normal. Rest in bed alone can secure complete repose of the brain. Apart from the fact that the horizontal decubitus facilitates the cerebral circulation, and the brain is therefore better supplied with blood, the treatment further renders complete relaxation of the muscles possible, with, consequently, rest of the motor centres. It also reduces to a minimum peripheral stimulation (thermal, visual, auditory, cutaneous, &c.), and therefore all motor reflexes. It is favourable to sleep, and it diminishes the intensity of hallucinations by reducing the sources of excitement.

Rest in bed, moreover, advantageously modifies the environment. In a ward where all the patients are in bed order and silence are seldom disturbed because of the absence of every kind of excitement and disorder associated with promiscuity. Conversation with, or the mere sight of, other patients, their goings and comings, the meals in common, intensify the sufferings of melancholic people, just as they excite maniacal patients, and reinforce the sensory disturbances of patients suffering from hallucinations. All these troublesome influences are avoided in our wards, where patients are ensured physical as well as mental repose.

In short, rest in bed is advised in all the acute psychoses, on account of the necessity for complete rest of body and mind. This gives one some idea of the number of sufferers amenable to the treatment, the proportion varying from a third to over a half of the total inmates.

In a good many foreign asylums an excellent method has been adopted in virtue of which every patient on admission, after having taken a bath and put on clean clothes, is kept in bed for several days This method is justified by the fact that there are very few patients who, on admission, are not emaciated and prostrated by restlessness, insomnia, and inanition, or whose general state of health does not leave much to be desired.

We agree with Paetz, who asserts that patients who at first appear to be free from nutritional disturbance nevertheless display symptoms of excitement, and exhaustion, circulatory, digestive, and nutritive disturbance. The majority, we find, are quite incapable of calling one's attention to these various symptoms, and this shows the necessity of a general method of investigation applied in a systematic manner.

Under treatment by rest in bed a fairly rapid im-

provement both in the physical and mental condition of the patient is brought about. Excitement and irritability are calmed, fits of depression are rendered less frequent, and hallucinations become less vivid, digestion is less hampered, and the general condition improved. Lastly, the patients have every opportunity of obtaining refreshing sleep on the occurrence of an interval of comparative quiescence.

In short, the amelioration of the symptoms of acute psychoses following rest in bed is unquestionable. We may be asked whether the same can be said of influence of rest in bed on the subsequent course of the disease; in other words, does the treatment bring about recovery sooner or better than other methods of treatment? It is impossible to answer such a question categorically, but one fact appears to us incontestable, viz., here we have a method of treatment which invariably attenuates the intensity of the more acute symptoms of mental disease, which gives the exhausted brain, and the organism as a whole the best chance of remedying grave disturbances of nutrition. Such a method must rationally conduce to recovery. It certainly averts the disastrous physical and psychical complications to which the fatal termination in acute cases is invariably due, and it helps to avert dementia and passage into a chronic condition. It may not be amiss to give the opinions of various authors on the benefits of rest in bed. Professor Ludwig Meyer, with his wide experience, states that, with few exceptions he had to congratulate himself on the results of the treatment. One of the most marked features of this treatment, he observes, is the rapidity with which the first signs of improvement make their appearance. Timofeier and Govseier agree that attacks of delirium treated by rest in bed display less intensity and pass off sooner. According to Bernstein, patients treated in this way do not recover more quickly, but their symptoms are markedly attenuated, and Rohrick states that without shortening the period of the attack the treatment obviates denutrition (collapsus), and reduces the symptoms of agitation. There are other advantages, in addition to those already mentioned, to be placed to the credit of this treatment. The use of hypnotics and sedatives can more easily be dispensed with, and isolation of patients in special wards, which has been so much abused, is rarely called for. The nursing of the patient is facilitated. the patient does not contract uncleanly habits (gâtism, coprophagy) as many isolated patients are apt to do. Organic affections no longer run the risk of being overlooked and consequently not treated, though these might easily escape recognition were it not for the facility of examination ensured by the patients being undressed and in bed. Visceral complications which might be caused by sudden changes of temperature or prolonged exposure to cold in melancholic patients, for example, who dislike movement of any kind are avoided by the equable temperature which is maintained. In addition to this the treatment by rest in bed leads the patient to be treated not as a pariah, but as an ordinary patient as well by his nurses as by the members of his own family. This treatment, moreover, in certain cases may impress the imagination of the patient, and assist in convincing him of the morbid character of his symptoms, and so accustom him to the idea that he requires care. Lastly, this treatment has one result which, in our minds, is all important, viz, the complete transformation which it brings about in the environment of our lunatic asylums. The mere fact that half the patients are in bed, and the suppression of isolation in padded rooms, the "prison," where it has long been the custom to huddle together the curable and the incurable cases, go far to convert the lunatic asylum into an ordinary hospital for the treatment of mental disease. Disciplinary measures are replaced by appropriate therapeutical treatment, and the attendants become nurses. We have done with the aggregations of restless and agitated patients, who mutually excite each other, rendering any serious examination of the symptoms impossible. Instead of these "lunatic dens" we have wards where those suffering from acute diseases, requiring as much care as patients suffering from typhoid, are treated in bed, are carefully looked after and daily examined..

(To be continued.)

REMOVAL OF MYOMA UTERI BY ABDOMINAL HYSTERECTOMY (a).

By CHARLES RYALL, F.R.C.S.,

Surgeon to the Cancer Hospital, Brompton, and to the Gordon Hospital for Diseases of the Rectum; Surgeon to Out-Patients, London Lock Hospital.

S. E., æt. 48, an unmarried woman, was admitted into the Cancer Hospital on July 18th, 1899, and gave the following history:—For the last *ten years* she has suffered from *pain* in the abdomen, over the sacrum, and down the thighs, and this has been getting worse of late. Palliative treatment had been tried for some considerable time, but without alleviating her symptoms to any great extent, and she was therefore anxious to have any operation performed that would give her the necessary relief.

She was a well-nourished woman, and never had any previous severe illness.

The catamenia were regular, duration about five days, amount lost not great, and always accompanied with pain.

On examination, a hard and irregular shaped tumour could be felt rising out of the pelvis and reaching upwards to a point about midway between the umbilicus and the pubis. Per vaginam a hard rounded swelling was found in Douglas's pouch, and appeared to be part of the tumour that was felt in the abdomen. The whole mass was incorporated with the uterus and almost completely fixed in the pelvis.

Abdominal hysterectomy was recommended as the only means of curing the pain, and moreover there was every evidence that the tumour was increasing in size, and frequency of micturition, combined with troublesome constipation, showed that the functions of the bladder and rectum, were being interfered with.

Operation, July 28th, 1899.—The abdomen was opened by the ordinary median incision, extensive *adhesions* of the *omentum*, *small intestine*, and *sigmoid* had to be freed before the tumour could be brought into view. After ligating and severing the upper parts of the broad ligaments, turning down a flap from the anterior surface of the uterus, and partly enucleating the tumour in the pouch of Douglas, one was enabled to lift the whole mass out of the pelvis. There was no difficulty then in securing the uterine vessels and cutting through the cervix. The only other things of note in the operation were the enucleation of a small myoma from the cervical stump, and the method adopted in dissecting the posterior flap. Instead of dissecting it from above downwards, a procedure which is not always easily accomplished, it was dissected from below upwards after the cervix had been divided. The operation was finished off in the ordinary way, which has been described so many times, and the patient did not appear to suffer from any great amount of shock.

I saw her daily for a week after operation, and during that time she made rapid progress in recovery,

(a) Read before the British Gynæcological Society, November 9th, 1899.

and on the last day of the week she was taking solid food and appeared to be perfectly well. I saw her again on the twenty-fifth day after operation, and then learned that she had gone on very well up to the twenty-first day and had not given the least cause for anxiety. On the twenty-first day she was seized with sudden and acute pain in the calf of the right leg, and on examination no pulsation could be felt in the posterior tibial artery though it persisted in the dorsalis pedis artery. The following day the pulsation disappeared from the dorsalis pedis and dry gangrene set in. On the third day after the onset of these symptoms she developed aphasia which rapidly became complete. When I saw her on the twenty-fifth day after operation she was unconscious and had lost control of both sphincters. There was marked rigidity of the muscles of the right side of the body, both pupils were equal and dilated, and the left proved to be less active to light than the right. The right leg was undergoing dry gangrene to within two inches of the knee joint. The patient became gradually worse, and died on the twenty-eighth day after operation.

No post-mortem examination was made owing to the objection of her relations.

Clinically, one was unable to detect any signs of arterial or cardiac disease, and I am at a loss to explain why she should have developed this trouble. An embolus apparently first lodged in the posterior tibial artery, and then thrombosis extended backwards to the bifurcation of the popliteal and thus implicated the anterior tibial. The cerebral trouble was quite independent of this.

NOTES ON AN UNSUCCESSFUL CASE OF ABDOMINAL HYSTERECTOMY FOR MYOMA. (a)

By HERBERT SNOW, M.D. (Lond.), &c.,
Surgeon to the Cancer Hospital since 1876.

Considering that more may often be learnt from a failure than from even a brilliantly successful case, I venture to bring the following under the notice of the Society. Although incomplete, the facts seem to me of sufficient importance to be narrated very briefly; and of considerable significance in relation to a prevailing fashion in technique.

Sarah L., single, æt. 38, was admitted into the Cancer Hospital on August 14th last, with multiple myomata uteri, noticed five to six years. There had been recently a rapid increase, with a feeling of distension and weight in the lower part of the abdomen. Latterly there had been amenorrhœa for periods of two to three months. The mass filled Douglas' pouch. In front, the large "lump" was prominent slightly to the right of the umbilicus. A consultation was duly held, and the patient pronounced suitable for abdominal hysterectomy.

The patient was a rather florid young Jewess, highly neurotic, and with obvious indications of free resort to alcohol. She had no albuminuria, or other sign of organic disease. There was plainly "alcohol in the family;" as before the operation, a brother came to see the patient in the hospital ward, in an advanced stage of intoxication, and had to be turned out.

Abdominal hysterectomy was performed on August 25th. The method adopted was that modification of Dr. Heywood Smith's, which I have previously described before the Society, which involves dissecting off thin muscular flaps, and not merely the peritoneal coating of the uterine tumours. The Trendelenburg posture was necessary. The abdominal wall was sutured on the line I have invariably used for cœliotomies during the past two years, and which has always answered perfectly, viz., a catgut continuous suture for the peritoneum, and interrupted silk or silkworm gut for the remainder of the abdominal wall. The only untoward point in the operation was that the dissection of the projecting bosses took over two hours, and so involved prolonged etherisation, always more or less hazardous in an alcoholic patient. [Specimen and temperature-chart exhibited.]

The next day all was well. There was no vomiting, a good pulse, and a very favourable temperature-reaction. The next morning my favourite enema of glycerine and peppermint water was administered early, and the bowels acted well. All through the night, however, the patient was very restless and excitable. The season, it will be remembered, was then excessively hot. On paying an early visit at ten o'clock, I was informed she had tried to get out of bed, had called out that they were giving her ether instead of soda-water, had been pushing away the nurses with all her strength, and had, in short, been so violent that the friends had been sent for merely to restrain her. The tongue was moist and clear; and the attack was hysterical rather than maniacal, the patient subsequently expressing to the nurses her contrition for having been so troublesome. When I saw her she was exhausted by these struggles, and the pulse was rather slow; but she was calm, answered rationally, and showed no bad symptom. At twelve, however, she began to collapse. The house surgeons transfused, but without even transient improvement. She died at half-past two. Being a Jewess no autopsy could be obtained.

In explaining the mode of death, I am loth to fall back upon the vague term "shock." There may have been internal hæmorrhage; but I consider that possibility negatived by the absence of any improvement after the transfusion. I would ask the Society to remember the highly interesting case reported last session by my colleague, Mr. Charles Ryall; and to bracket mine therewith. In that instance, vomiting persisted after cœliotomy, and death took place in about six days. Then it was found that the peritoneum had failed to unite; that the internal catgut layer of sutures had ruptured, and that the intestines lay in direct contact with the muscular parietes.

Although unable to verify the view, I therefore infer that death was due in this unfortunate case also to rupture of the flimsy catgut layer holding the peritoneal edges. I submit to the Society that the present fashion of suturing in layers is highly dangerous, without provision to secure the whole thickness of the parietes. *We are completely at the mercy of our patient.* So long as she lies still, all goes well; but otherwise, the slightest tendency to hysteria or to mania proves unavoidably fatal. The old mode of a single layer of silkworm gut sutures traversing every coat was really far safer than that recent plan of numerous layers, amounting in Howard Kelly's hands actually to four.

Provided primary union is secured, there is little chance of the common bugbear, parietal hernia. But, certainly, so far as I have seen, we can much more confidently rely upon obtaining that union by an independent layer of peritoneal suture than by the former plan. Hence I suggest, as the ideal method, three or four silkworm gut sutures traversing the whole parietes, in addition to the two layers of catgut for peritoneum, and silk for muscle and skin. This would render impossible the accident I presume with confidence to have here taken place.

(a) Read before the British Gynæcological Society, November 9th, 1899.

THE STRAWBERRY:
ITS PLACE IN THE HISTORY OF THERAPEUTICS.

By JOHN KNOTT, M.A., M.D.,
Ch.B. and Dip. Stat. Med. (Univ. Dub.);
M.R.C.P.I.; M.R.I.A., Etc.

The recent recommendation of the use of the strawberry as a special dietetic treatment of the innumerable ills of gout, may make the therapeutic history of this very palatable fruit interesting to the majority of the reading members of the profession. I have accordingly culled the most important evidence on the subject from the pages of the prominent herbal authorities of the past centuries, and submit them for the perusal of the readers of the Medical Press and Circular.

The quaint and always entertaining John Gerard gives his readers the following information on the subject of the therapeutics of the strawberry:—

"*The Kindes.*—There be diuers sorts of Strawberries, one red, another white, a third sort greene, and likewise a wilde Straw-berrie, which is altogether barren of fruit.

"*The Description.*—The Straw-berry hath leaues spred vpon the ground, somewhat snipt about the edges, three set together vpon one slender foot-stalke like the Trefoile, greene on the vpper side, and on the nether side more white: among which rise vp slender stems, whereon do grow small floures, consisting of fiue little white leaves, the middle part somewhat yellow, after which commeth the fruit, not unlike to the Mulberrie, or rather the Raspis, red of colour, hauing the taste of wine, the inner pulpe or substance whereof is moist and white, in which is contained little seeds: the root is threddy, of long continuance, sending forth many strings, which diagnose themselues far abroad, whereby it greatly increaseth.

. . . . . .

"*The Temperature.*—The leaves and roots do coole and dry, with an astriction or binding quality: but the berries be cold and moist,

"*The Vertues.*—A. The leaues boyled and applied in manner of a pultis taketh away the burning heate in wounds: the decoction thereof strengthneth the gummes, fastneth the teeth, and is good to be held in the mouth, both against the inflammation or burning heate thereof, and also of the almonds of the throat: they stay the ouermuch flowing of the bloody flix, and other issues of bloud.

B. The berries quench thirst, and do allay the inflammation or heate of the stomack: the nourishment which they yeeld is little, thin and waterish, and if they happen to putrifie in the stomacke, their nourishment is naught.

C. The distilled water drunke with white Wine is good against the passion of the heart, reuiuing the spirits, and making the heart merry.

D. The distilled water is reported to scoure the face, to take away spots, and to make the face faire and smooth; and is likewise drunke with good successe against the stone in the kidnies.

E. The leaues are good to be put into Lotions or washing waters, for the mouth and the priuie parts.

The ripe Straw-berries quench thirst, coole heate of the stomack, and inflammation of the liuer, take away (if they be often vsed) the rednesse and heate of the face.

In the voluminous "Theatrum Botanicum," Parkinson gives the following description and history:—

The Names.

The whole plant is called in Latine Fragaria, and the berries Fraga a fructus fragrantia odoris & gustus, for it hath no certaine Greek name that I know, unless as Tragus thinketh it may be referred to the τρίφυλλον of Dioscorides, or as others thinke to the κόμαρον Comaron of Apuleius, but neither of them is likely; others suppose that Dioscorides did understand this plant under his πενταφύλλ. Some have called it Rubus Idæus non spinosus, but there is a shrubbe like unto the Raspis that beareth no thornes. as I have showed. Pliny maketh mention of Fraga, lib. 25, c. 9. Servius calleth them Mora terrestria, and therefore some would referre it to the Chamæbatus: the Italians call the plant Fragheria, and the berries Fraghe and Fragole; the French Fraisier and Fraises; the Germans call the fruit Erdheer; and the Dutch, Erdbesien; and we in English, Strawberries.

The Vertues.

These Strawberries . . . . the leaves of them all being cooling in the first degree, and yet some say hot and drying in the second, the roote is more drying and binding, the berries while they are greene are cold and drie, but when they are ripe they are cold and moist: the berries are excellent good to coole the liver, the bloud and spleene, or an hot chollericke stomacke to refresh and comfort the fainting spirits, and to quench thirst; they are good also for other inflammations, yet it behoveth one to be cautetous, or rather to refraine them in a feuer least by their putrifying in the stomacke, they encrease the fits and cause them to be the more fierce: the leaves and rootes boiled in wine and water and drunke doe likewise coole the liver and blood, and asswage all inflammation in the raines and bladder, provoketh urine, and allaieth the heate and sharpenesse thereof: the same also being drunke staieth the bloudy flixe and womens courses, and helpeth the swellings of the spleene; the water of the berries carefully distilled, is a soveraigne remedy and cordiall in the palpitations of the heart, that is, the panting and beating of the heart, and is good for the overflowing of the gall, the yellow jaundise; the juyce dropped into foule ulcers, or they washed therewith or with the decoction of the herbe and roote, doth wonderfully clense them and helpe to cure them. All lotions and gargles that are made for sore mouthes or ulcers therein, or in the privie parts, or else where are made with the leaves and rootes hereof, which is good also to fasten loose teeth, and to heale spungie foule gummes: the same also helpeth to stay catarrhes or defluxions of rheume into the mouth, throate, teeth, or eyes: the juyce or water is singuler good for hot and red inflamed eyes, if some thereof be dropped into them, or they bathed therewith. the said juyce or water is also of excellent propertie for all pushes, wheales, and other eruptions of hot and sharpe humours into the face or hands, or other parts of the body to bath them therewith, and helpeth to take away any rednesse in the face, and spots or other deformities of the skinne, and to make the skin cleare and smooth; some use thereof to make a water for hot inflammations in the eyes, and to take away any filme or skin that beginneth to grow over them, or other defects in them that any outward medicine can helpe in this manner: Take what quantity of Strawberries you please, and put them into a brasse vessell, with a little salt cast upon them, which being covered, set into a wine cellar for eight dayes, in which time the berries will be dissolved into a greene water, which, being cleared from the rest, keepe in a glasse close stopped to use when you neede; a droppe or two put into the eyes serveth for the purpose aforesaid; some in misliking both salt and brasse for the eyes, make a water both for the eyes and for the deformities in the skinne, be it morphew, leprey, or the like in this manner: Into a large destillatory or body of glasse, they put so many Strawberries as they thinke meete for their use; if a few, the lesser glasse body will serve, which, being well closed, let it be set in a

bed of hot horse dung for twelve or fourteene dayes, and after distilled carefully and the water kept for your use.

But good old William Salmon gives, as usual, the most comprehensive account of all (*Herbal*, London, 1711).

Of Strawberry.

I. *The Names.*—It has no Greek Name that we know of; but it is called in Latine, Fragaria: and in English, Strawberry. The Fruit is called Fraga; (à fructis fragrantia odoris & gustus:) Strawberries. Pliny, lit. 25, cap. 9, makes mention of Fraga; and Servius calls them Mora terrestria: Yet it is no species of the Morus, whether you understand by it the Mulberry or Bramble.

II. *The Kinds.*—Authors make many Kinds hereof, but those which are most common with us, are 1. Fragaria Sylvestris vel Nemorensis, Wood-Strawberry. 2. Fragaria vel Hortensis, Garden Strawberry. 3. Fragaria vel Fraga Magna Alba, Fraga Maxima Bohemica, the great white Strawberry. 4. Fragaria Viridis, the Green Strawberry. 5. Fragaria Minime Vesca, sive Sterilis, the Wild, or Barren Strawberry.

III. The First, or Wood Strawberry.—The Description of this Plant is the General Description of all the Kinds, the material or chief difference being in the Form of the Fruit: Its Root then is reddish and long, with several small Fibres or Threads at it: which sends forth from the head thereof long reddish Strings, running upon the Ground, which shoot forth Leaves in many places, by which it is much increased. Its leaves are closed together at first springing forth, which afterwards spread themselves into three divided Parts or Leaves, every one standing upon a small long Footstalk, green on the upper side, grayish underneath, and snipped or dented about the edges: From among which, rise up small Stalks, bearing four or five Flowers at the tops, consisting of five white round pointed Leaves; something yellowish in the bottom, with some yellow threads therein: After which come the Fruit, made of several small Grains set together, in a Fleshy Substance (not much unlike in substance to a Mulberry, Raspberry or Brambleberry;) which are very red when they are ripe, and of a pleasant Winy taste, (as are all the kinds) in which are enclosed many small blackish Seed. The Berries of the Wood Kind are very red, and the smallest of all the sorts.

IV. The Second, or Garden Strawberry (which is our most Common kind. This according to the Opinion of Parkinson, is only the Wood-Plant Transplanted into our Gardens, where by the richness of the Soil it is advanced in Goodness, being full as red, if not redder; almost as large again, and also meliorated in its Winy Taste.

V. The third, or great white Strawberry. This is a very large Strawberry, extremely Fleshy, and of an admirable Taste, and for Beauty surpasses all others: Parkinson says that he had seen some of the Berries measured, which had been near five inches about: I have seen them of an extraordinary bigness, admirable to behold. I am apt to believe, that this is the so much admired Virginia kind, which I have seen grow to an admirable perfection in the Gardens in Carolina, exceeding any that ever I saw in England. It has been no long Inhabitant with us, being first brought hither from Bohemia. At first for want of Skill in managing it, it very rarely bore any fruit; but now, if Planted in good Ground, it bears in a vast plenty. Formerly a Gardiner (one Vincent Sion), living by the Bank-Side, near the old Paris Garden Stairs, said that from seven Roots, in one year and a half, from their increase, he had Planted an acre and a half of Ground, besides those which he gave away to his Friends, which bore strawberries of that Magnitude or Greatness never before mentioned. If you would have them bear kindly, you must not suffer them to grow with many Strings, but still cut them away. The Fruit of this differs, not from the Garden red, but in its Magnitude, this being so very much bigger, and not so globular, but of a more Oval form; and in its Color, it being much whiter, viz, of a yellowish white on one side, and enclining to redness on the other, when it is full ripe.

VI. The fourth or Green Strawberry. It differs not from the second kind or Garden Strawberry, but in its Fruit only, which is green on all sides when it is ripe, except on the Sunny side, where it is a little red or reddish; and in magnitude is much equal to the second or Garden kind.

VII. The fifth, or Wild, or Barren strawberry. Its Root is like the former, and in its Leaf much like to the first Wood kind, but differs in its flower (if it has any) which is Green, bearing rather a small head of green Leaves, many set thick together like unto a double Ruff, in the midst of which stands the Fruit, which, when ripe, shews itself to be soft, and something reddish, like unto a Strawberry, but with many small harmless prickles on them, which may be eaten and chewed in the Mouth, without any manner of hurt, and is pleasant like a Strawberry; but it is truly without any great Sap or Juice, and a little Styptick or harsh upon the Taste. It is no great Bearer, but those it does bear, are set at the top of the Stalks close together, pleasant to behold, and which a Gentlewoman may wear in her Bosom as a rarity instead of a Flower.

VIII. Gerard says, Its Roots and Leaves are like the others, but somewhat less, its Leaves softer, slightly indented about the edges, and of a light green color: Among which rise up slender Stems, bearing such Flowers as the Common Strawberry does, but lesser; which whither away, leaving behind a barran or chaffy head, in shape like a Strawberry, but of no worth or value.

IX. *The Places.*—The first grows in Woods both in England and America; upon Hills, Vallies, Woody and Shadowy places: But the four first kinds are inhabitants in our Gardens, all which I have seen grow admirably in Carolina, exceeding in Beauty, Largeness, and Pleasantness, any I ever saw grow in England. The Barren kind is a Wild sort, and has been found growing (as Gerard says), on Black-heath, Greenwich Park, &c., but for its rarity has been brought into Gardens.

X. *The Times.*—The Leaves are said to continue Green all the year: In the Spring they spread further with their Strings, and Flower in May, the Berries being ripe in June and July. The Barren one Flowers in April and May, but never bears any Edible Fruit.

XI. *The Qualities.*—The Roots, Leaves and Berries whilst green, are cold and dry in the first Degree, but the Roots more than the Leaves. Abstersive, Astringent, Arthritick, and Vulneraly. The ripe Berries are temperate in respect to heat or cold, and moist in the first Degree: Cool the Blood, Liver and Spleen, Comfortative and Cordial.

XII. *The Specification.*—The Leaves and unripe Berries stop Fluxes and Catarrhs, cool the heat of Fevers, heal Ulcers in the Mouth, Throat, and Tonsils; and stop the Courses in Women.

XIII. *The Preparations.*—Of the Roots, Leaves, and Green Berries are made, 1. A Liquid Juice. 2. A Decoction in Wine or Water. 3. A Lotion or Gargarism. 4. A Distilled Water. 5. An Ophthalmick. 6. The Ripe Berries. 7. A Syrup of the Same. 8. A Distilled Water from the same.

The Virtues.

XIV. *The Liquid Juice.*—Taken to the quantity

of three or four spoonfuls or more, either mixed with the Syrup of the ripe Berries, or with a little Mutton Broth, Morning and Night, it cools the Blood and Liver, allays Inflamations of the Reins and Bladder, provokes Urine, takes away the heat, sharpness, and scalding thereof; stops Women's Courses and the Bloody Flux, and decreases the Tumour or Swelling of the Spleen. Applyed to the Gums it fastens loose Teeth, stops Catarrhs, or Defluxions of Rheum to the Mouth, Throat, Teeth, and other Parts, and is singular good for hot, red, and inflamed Eyes, being dropt into them: As also to repell hot, red, and sharp Tumours or Eruptions in the Skin, whether Face, Hands, or other parts; and to take away redness of the Face, Spots or other Deformities of the Skin.

XV. *The Decoction of Roots, Leaves, or unripe Fruit in Water and Wine.*—It has all the former Virtues, being used in the same manner, and may be taken to half a Pint at a time Morning and Night.

XVI. *The Lotion or Gargarism.*—Take of the Liquid Juice or Decoction a Pint, Honey three or four Ounces, Spirit of Wine two Ounces, mix and dissolve. It cleanses and heals foul Ulcers in the Mouth, Throat, Privities, or other parts, heals Ulcerated and Spungy Gums, and fastens loose Teeth.

XVII. *The Distilled Water of the same Roots, Leaves and Berries.*—It is good for hot and inflamed Eyes, redness of the Face and Skin, and other Deformities of the same; hot Eruptions of the Same, Anthonies Fire, &c.

XVIII. *The Ophthalmick.*—Take of the former Distilled Water a Pint, Honey three Ounces, Spirit of Wine two Ounces, mix and dissolve. Dropt into the Eyes 3 or 4 times a day it is good against an Ophthalmy, redness, inflamation, and hot Rheums in the Eyes.

XIX. *The Ripe Berries.*—They cool a hot and cholerick Stomach; as also the Blood, Liver, and Spleen: quench Thirst, and refresh weak and fainting Spirits.

XX. *The Syrup of the same Berries.*—It has all the same Virtues, and may be given two or three Ounces at a time upon Occasion.

XXI. *The Distilled Water of the Ripe Berries.*—It is a Cosmetick for the Skin, good against Fever, and Inflamations of the Eyes; Anthonies Fire, and other like hot Eruptions; Melancholy, Faintings and Passions of the Heart.

All readers of the above record must admit that the *latest* of the "*new*" remedies for gout has in former ages occupied a rather prominent position in the therapeutic armamentarium. And that the judicious internal administration of strawberries – with or without cream or other correspondingly pleasant adjuvant—will always prove "comfortive and cordial" as well as "arthritick," to the gouty as to those not so afflicted, the present compiler, for one, entertains no doubt whatever.

Clinical Records.

ST. GEORGE'S HOSPITAL.

Persistent Lockjaw in an Edentulous Subject, Relieved by Incising a Tender Portion of the Gum. (a)

By William Ewart, M.D., Cantab.

The patient, a decorator, æt. 47, moderately addicted to alcohol, was suffering from an extensive chronic ulcer of the right leg. His illness began with a severe cold, three weeks before his admission into St George's Hospital, on September 20th, 1899 (Med. Reg. No. 1605). The lockjaw set in suddenly in the night, a week later, when he woke in a fit of suffocation, due to the closure of his lips, unsupported by teeth, whilst the nasopharynx was probably closed by a spasm of the muscles of the palate. The same nocturnal attacks continued to occur in the Hospital until the trismus was relieved. The rigidity of the jaws, of the floor of the mouth, of the platysma of the neck, and of the abdominal muscles was intensified by excitement, but there was neither opisthotonos, nor any spasm of the limbs. Speech, respiration, and alimentation were much impeded, leading to loss of flesh and weakness.

The case was diagnosed from the first as one of reflex spasm from periosteal irritation and tenderness at the left posterior extremity of the upper jaw, and local treatment was recommended. This was finally resorted to, after various remedies had proved ineffectual, and the symptoms rapidly disappeared after the tender gum had been freely incised.

The case is a good illustration of the reflex tetanoid symptoms occasionally induced by irritation of the dental nerves, These cases do not present the complete symptoms of traumatic tetanus, they do not end fatally, and they are invariably cured by a removal of the offending cause. The few cases of fatal tetanus which have been observed after operations on the teeth were probably cases of accidental infection with the bacillus.

The case exhibited is a perfect instance of a purely reflex causation due to nerve irritation, since, owing to the absolutely edentulous and clean condition of the gums the mouth contained no source of septic infection.

A Case of Pigmentation of the Skin and of Partial Pigmentation of the Nails, simulating Addison's Disease, in an Asphalt Worker, and of Anæmia associated with Hepatic and Splenic Enlargement.

The patient, æt. 43, an Italian born in England, has been out of health since May, when he was laid up in bed for seven weeks with a severe attack of influenza, followed by great loss of weight and of strength. On admission he presented marked brownish discolouration of the skin, without any staining of the buccal mucous membrane, slight pyrexia, some dulness, and a few râles at the right apex, and considerable depression. The liver was moderately enlarged, and the spleen much increased in size. One of the left cervical glands was much enlarged, but is now much smaller. The diagnosis of Addison's disease was made on the strength of the pigmentation, of the feebleness of the pulse, the muscular weakness and of the clinical history of progressive emaciation since the influenza, and the brownish discoloration of the distal portions of the nails was regarded as an unusual feature of the affection. On further inquiry, however, it was ascertained that the discolouring of the skin had existed for upwards of twenty years, and that the patient had been constantly exposed to the smoke of heated asphalt. These circumstances, and the total absence of pigment from the proximal ends of the nails, both in the hands and in the feet, led to the abandonment of the original diagnosis, although the patient had greatly improved under treatment by suprarenal extract. The association of a glandular swelling with a marked splenic enlargement had suggested the unlikely view that the case might be one of Hodgkin's disease. The patient had had an attack of jaundice at the age of fifteen years, but no recent symptoms of hepatic disease. The blood presented decided decrease in the number of red cells with moderate leucocytosis, and the eosinophilic cells were increased in number.

(a) Shown at the meetingof the Medical Society of London, Nov. 13th, 1899.

CANCER HOSPITAL.

Case of Myomatous Uterus Removed by Subperitoneal Hysterectomy (a).

Under the Care of Dr. F. A. Purcell,
Surgeon to the Hospital.

C. P., of Clapham, æt. 36, married, a housewife, admitted to the Cancer Hospital, September 13th,

(a) Read before the British Gynæcological Society, November 9th, 1899.

1899, one child 13 years old, one miscarriage six weeks after. Menstruates regularly, amount normal. Looks a fairly healthy woman, but anæmic, tongue clean, bowels regular, defæcation not painful. A year or so ago she noticed herself getting stout, and suffers pain in abdomen at varying intervals. Has a yellow vaginal discharge, which, on examination proved to be non-specific. This was treated for four weeks, operation in consequence was postponed. Urine, sp. gr. 1020 acid, with a trace of albumen.

Abdomen distended by tumour in hypogastric region, it encroaches into right and left inguinal regions, it is dull, firm on palpation, movable, abdominal wall moves freely over its smooth surface, cervix low down in vagina. The mass fills Douglas's pouch.

October 11th—*Operation:* Under gas and ether the abdomen was opened in the middle line from umbilicus to pubes, a large myoma uteri turned out about the size of a fœtal head at full term, peritoneal flaps were dissected down in front and behind, right appendages and ovary being left attached to the uterus. The left ovary was allowed to remain. The neck was severed above the os and within the flaps, the uterine arteries then caught and tied. A further wedge-shaped piece was cut from the neck, to admit the surface above being sewn together by means of three sutures of catgut. The peritoneal flaps were carefully stitched together with catgut, no blood was lost, the pelvis was dry cleaned, the omentum carefully placed, and the abdominal wound united by single rows of silkworm gut sutures. On the ninth day, October 20th, stitches were removed, patient had no marked rise of temperature, and her convalescence was uninterrupted. The ovary removed was cystic, the left ovary which remained was normal.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held Thursday, November 9th, 1899.

The President, Dr. Macnaughton-Jones, in the Chair.

Specimens.

Dr. Herbert Snow showed the specimen from an unsuccessful case of Hysterectomy for Myoma, the notes whereof will be found under the head of "Original Communications."

Dr. F. A. Purcell showed a Myomatous Uterus removed by Subperitoneal Hysterectomy. The notes of the case are published under the head of "Clinical Records."

Mr. Charles Ryall showed a specimen of Uterine Myoma removed by Abdominal Hysterectomy, the details whereof will be found under "Original Communications."

In the discussion on these specimens, Dr. Purcell said that there was no doubt that Jewesses were not good subjects on which to operate. The late Sir Andrew Clark laid stress on this fact, and used to advise that a Jewess should never be operated on if it could be helped. Dr. Snow had not given any account of the amount of urine passed after the operation; with all the trouble that he had experienced in dealing with the uterine artery, it was quite possible that the ureter might have been kinked, and the cause of death might have been uræmic poisoning. In Mr. Ryall's case the method of dissecting the posterior flap was of great interest; but in his own experience there was usually no special difficulty in this step of the operation. He would suggest that perhaps in Mr. Ryall's case also, the cause of death might have been renal.

Dr. Mansell Moullin agreed with Dr. Snow that suture *en masse* was the best method of securing the abdominal wound; but it was still capable of being improved on. There was no object in securing the peritoneum separately; this as well as the skin was ite well secured by the through and through suture; was advisable, however, to suture the layer of fascia parately, and he thought that this was best done by terrupted catgut sutures. It was a mistake to suppose that buried sutures strengthened the wound; on the contrary, they were a source of weakness. Catgut was therefore eminently suitable, since it became absorbed as a rule in four days. It was, as a matter of fact, during the first forty-eight hours that the sutures were most necessary.

Dr. Heywood Smith did not agree with Dr. Mansell Moullin's views as to the best method of suturing. With one layer of sutures, hernia was formerly a not infrequent complication; but since the introduction of three layers this accident had been of much rarer occurrence. It was not advisable to sew the peritoneum with catgut, because peritoneum was best secured with a fine suture, whilst catgut, to be efficient, must be thick. The best material for the peritoneum was fine silk. For the middle layer, catgut answered very well; and for this purpose it gave much less trouble than silkworm gut. He regarded the three-layer method as the typical one for abdominal wounds. With regard to Mr. Ryall's case, he pointed out that in all cases of operation for fibroids there was risk of embolism. But as to the cause of embolism, he thought there were no facts known.

Dr. Bedford Fenwick said that they were all agreed that wounded peritoneum united very readily; so that the old idea that failure of healing in the peritoneum might give an opportunity for suppuration in the wound to extend into the abdominal cavity was a fiction. If they put complete sutures through the peritoneum and abdominal wall, the peritoneal surfaces were sure to unite. It seemed to him a fallacy to provide against a theoretical danger by putting interrupted sutures through the peritoneum and leaving them there, and so introducing an actual danger; it was much better to employ sutures which they could remove in seven days. Cases in his practice in which there had been peritonitis seemed to have been due to the buried sutures. True, the peritoneum had a protective action, and might prevent this result; but in other cases it might not. He thought it probable that the danger of ventral hernia might be diminished by the use of a separate suture for the fascia; but it ought to be some absorbable material, and should not remain in the peritoneum as an irritant; consequently, the best material was catgut. He had seen such good results from through and through sutures, that he was loth to believe that there was any advantage in the three or four layer method.

Mr. Bowreman Jessett said that until three or four years ago he always used the single layer of sutures; then he yielded to the fascination of the triple layer method and met with disaster and disappointment; as a rule he had to fish out the sutures afterwards with a crochet hook, even when he had taken the precaution of boiling them immediately before use, because they suppurated. He then went back to the old system. The reason of failure in the old plan was the practice of passing the sutures straight through the abdominal walls; the fascia retracts beyond the muscle, and so often escaped inclusion. The best results were obtained by picking up each layer carefully in one suture. Mr. Ryall's case was very interesting; it was curious how those cases of embolus came about. He had some time ago a case of a lady with a large ovarian cyst; she did well for three weeks and then got an attack of hemiplegia, from which she was still confined in the hospital, though it was twelve months ago. This might also have been due to embolism. Phlegmasia dolens also was common after hysterectomy, but he had not seen a case of embolism of the tibial artery. He did not think it was necessary to form a definite posterior flap, as Mr. Ryall suggested; at any rate when doing a panhysterectomy.

Dr. Inglis Parsons said that eight months ago a patient came to him who had had her ovaries removed at a provincial hospital; hernia had followed after a few weeks. She was again operated on, but with a like result. Each time the abdominal wall had been closed with a single layer of sutures. He did not think that this was enough in the case of a patient with thin abdominal walls. He cut out the circular cicatrix, then cut down above the original incision, dissected out the

layers separately, and sewed up the peritoneum with fine silk, the muscles and fascia with silkworm gut, and the skin with silver wire. There had been no return of the hernia since. Dr. Bedford Fenwick and Dr. Mansell Moullin had said that they objected to buried sutures; if thick silk was used, the objection was valid, since it was apt to set up irritation; and for the middle layer he thought that both silk and catgut were unsuitable. With regard to the question of securing the peritoneum, one of his colleagues had a suture abscess some years ago in one of his cases, resulting in infection of the peritoneal cavity and a fatal issue; and he thought this would not have happened if the peritoneum had been sewn up.

Mr. CHARLES RYALL suggested that in Dr. Snow's case the cause of the fatal result might have been traumatic delirium. In his own case, to which Dr. Snow had referred, the first symptom of trouble was shock, from which, however, she rallied, and there was then nothing to show that the wound was at fault. Then shock again supervened, and the wound was found gaping. With regard to the method of suturing it was to be remembered that the suturing of the peritoneum did not add to the strength of the abdominal wall; the object of it was to protect the peritoneal cavity from raw surfaces. To suture the abdominal wall in three layers was anatomically correct; and what was anatomically correct could not be surgically wrong.

The PRESIDENT observed that Dr. Snow had broached a subject of great importance to every operator, viz., the hysterical temperament. His case was typical of this condition, and it was one of the most serious that a surgeon could tackle. In such cases a short operation was specially to be aimed at. He thought that the fatal result must be regarded as an instance of sudden death from vascular disturbance. On the question of sutures many battles had been waged, and at present the war was still going on over material and methods. In America and on the Continent operators with the widest experience had all adopted the plan of sewing up in three layers; and this seemed to him the most workman-like method. For some years past he had given up the single-layer plan; and on only two or three occasions had he had to remove a buried suture on account of suppuration. The peritoneum should be closed for the purpose of protecting the bowel. With regard to operations on Jewesses, it was well known that these patients were very liable to glycosuria; and he believed that under these conditions operations were very dangerous. He had no fear of using silk or catgut for buried sutures, as long as it was aseptic; and he could not agree with Drs. Bedford Fenwick, and Mansell Moullin that a rapidly-absorbable suture was a desideratum; on the contrary, he thought that with such sutures they were more likely to get hernia. While agreeing with Mr. Ryall in the use of the triple layer method, he could not quite endorse his generalisation that what was anatomically correct could not be surgically wrong, for he thought that not uncommonly what was anatomically correct might be surgically inadvisable.

Dr. SNOW, in reply, thought that one great objection to the layer-to-layer method was the time it occupied; and this was often an important element in recovery. He agreed with Dr. Bedford Fenwick's remarks on the rapidity of peritoneal union; in a long operation he had seen the peritoneum show signs of uniting before the operation was finished. Mr, Ryall's case illustrated the same point. In reply to Dr. Purcell, he said that uræmia could be excluded in his case, for the bowels and kidneys acted on the day after the operation.

Dr. PURCELL and Mr. RYALL briefly replied.

Mr. BOWREMAN JESSETT showed, for Dr. A. Duke, (1) a new curette; (2) a prehensile forceps.

Dr. R. H. HODGSON read a short communication on "A Case of Tuberculous Peritonitis Simulating Abdominal Tumour, with Operation, followed by Recovery," which we hope to publish next week with the discussion thereon.

MR. ROBERT BENT BALL, Regius Professor of Surgery in the University of Dublin, has been seriously ill of typhoid fever, but is now able to be out of bed and is steadily recovering.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD NOVEMBER 9TH.

The President, Dr. BURGESS, in the Chair.

MR. SIMEON SNELL introduced the following cases:—(1) A young woman who had been the subject of tuberculosis of the ocular conjunctiva, illustrating the value of treatment by application of lactic acid. (2) A similar case in a young woman in which the left upper eyelid (inner surface) had been chiefly affected; treated also by lactic acid. (3) A young girl with double papillitis associated with incomplete palsy of both external recti: vision was hardly affected. (4) A man with bilateral palsy of external recti (no optic neuritis), with symptoms of ataxic paraplegia coming on after influenza. (5) A man with a fragment of steel embedded in the 1-ft lens.

Mr. SIMEON SNELL exhibited a number of lantern slides from photographs taken at several large works bearing on the causation and prevention of eye accidents in trades.

Dr. ARTHUR HALL read notes of a case of

ASTHENIC BULBAR PARALYSIS.

The patient, a married lady, æt. 42, began with symptoms of general weakness, was easily tired on slight exertion, could hardly hold a tea-cup to drink out of. This was in November, 1896. One day she fell down in the house, from her legs giving way altogether. About two months after this began, slight ptosis, especially in the left eye, was noticed; there was also some ocular paresis, variable in amount and difficult to estimate. She was apparently free from this in the morning, but as the day went on her symptoms got worse. Except for this muscular weakness, there was no evidence of organic nervous disease. Weir-Mitchell treatment was tried, and the patient improved greatly during a few weeks; but after a somewhat profuse menstrual period she relapsed, and new symptoms were added, notably, a nasal twang in the voice, occasional attacks of dyspepsia, some difficulty in swallowing. One day, some six months from the commencement of her illness, she suddenly turned queer whilst drinking some soup, gradually lost consciousness and died from failure of the respiratory centre a few hours later. At the autopsy nothing abnormal could be found in the brain pons or medulla oblongata. Portions of these were carefully preserved and examined with great care, but no evidence of disease in the nerve cells, fibres, or interstitial tissue was discovered.

Dr. W. N. BARKER read the notes of 22 cases of

POISONING FROM TINNED BEEF

which occurred in Sheffield on October 11th. All who had partaken of the meat suffered, but especially the children, of whom there were twelve. The amounts eaten varied from a piece the size of a hazel nut to ½lb. The symptoms came on usually about 2½ hours after eating the meat, the onset being marked by drowsiness and giddiness, followed by headache, abdominal pain, profuse vomiting, and diarrhœa. Collapse was a marked feature in the majority of the cases. The treatment was washing out of the stomach, repeated if necessary with stimulants and purgatives. One case died, convulsions occurring before death. Post-mortem, hæmorrhagic erosions in stomach wall and a general hyperæmia of gastro-intestinal tract. All the other cases convalesced rapidly Dr. Robertson described the meat as looking well, and it had a faint sweetish odour. The bacillus enteritis of Gärtner was found in all the cultures. This bacillus was the active cause in most of the similar reported outbreaks. In this case Dr. Robertson thought the active toxin had been introduced in the meat.

THE Golden Square Hospital for Diseases of the Throat, Nose, and Ear, after undergoing reconstruction and enlargement at a cost of upwards of £10,000, was re-opened last week by Lady Rothschild, whose husband is the President of the institution.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, November 18th, 1899.

The Diagnosis of Typhoid.

At the meeting of the Society for Innere Medizin, Hr. Pierkowski explained his simple process for the rapid determination of typhoid. He uses a preparation of alkaline urine gelatine with an addition of ½ per cent. of peptone, and 2 per cent. of gelatine and cultures, at a temperature of 22 degs. C. After fifteen hours, typhoid bacilli are seen to have developed with long spiral-shaped offshoots; whilst coli bacilli show at the most small pointed offshoots. The proof is available from the third day of the fever to the end. It is important that the urine used should be only slightly alkaline, and the alkalescence is most easily attained by adding a small quantity of urine already become alkaline by standing, to fresh urine.

Hr. Burchardt said that in repeating the test in fourteen cases he had found the colonies in twelve; in two the attempts failed, as the nutrient soil had been too strong'y alkaline. In his experience, however, not only the form described by Pierkowski had been developed, but also some with small offshoots. The latter also he saw always with B. coli. In the case of other cocci there were scarcely ever any off-shoots; he saw them once in the case of a boy suffering from angina. The urine gelatine was very suitable for the early diagnosis of typhoid. The reaction, however, gave the earliest certainty. He had seen symbioses of typhoid and coli bacilli.

Hr. Schütze had made use of the test six times in v. Leyden's Klinik, and in five had found Pierkowski's forms. The sixth case showed itself at the post-mortem to be a perimetritic exudate. In one case Pierkowski's process gave a positive result, whilst Widal's did not. It was the case of a woman of 40, with high fever, great prostration. without roseola, and with slight splenic enlargement. Positive diazo reaction and the remittent fever gave rise to a suspicion of typhoid, which Pierkowski's process confirmed, so that its use was to be recommended.

Injection of Gelatine before Operation for the Prevention of Hæmorrhage during It.

Dr. Karchesy has an article on the subject in the *Kln. Therapeut. Wochensch.*, 37/99. It had already been ascertained that by the injection of gelatine into the peritoneal cavity the coagulability of the blood was much increased. The knowledge was applied practically by the injection of a 1 per cent. to 3 per cent. solution of gelatine in an average quantity of 200 mm. subcutaneously for the purpose of producing coagulation in the dilated walls of an aortic aneurysm. This method of procedure introduced by Lancereaux was followed by the writer, in his case for the prevention of hæmorrhage in large operations. An hour before the operation 200 gms. of a 2 per cent. solution of gelatine in 0 8 per cent. saline fluid were injected subcutaneously into the thigh. The gelatine solution was certainly sterile, and it had been kept in an ice chamber. Previous to using, the gelatine was melted in warm water, and injected by means of a syringe holding 50 grms. The punctures were made some distance from one another in order to spread out the gelatine over a larger area. After the injection the limb was bandaged to further absorption by pressure. On making the incision the muscular tissues were found to be drier than usual, and they glistened abnormally like wax. The larger arteries and veins bled as before on being severed, the smaller, however, and the capillaries distinctly less, and soft clot was readily formed on the surface of the wound. Examination of the urine at the close of the operation, showed that the gelatine had already entered the circulation. In all cases a heightened temperature was observed.

The practical value of the injection surgically speaking could not be very high.

At the Medical Society Dr. Schuster showed a case of

Recovery from Tetanus.

The case was of interest, as it had afforded opportunities of trying the different therapeutic measures recommended. The patient, a boy of six, was admitted into Professor Mendel's Klinik in July. The mother, a not very intelligent woman, stated that on the 3rd the boy fell on to a bench on the left side of the head, and from there to the floor. Some days after the face was drawn to the left, and three days later there was trismus. On admission there was no sign of a wound, nor any abrasion. Beyond the spasms there was nothing apparently in the nerves. In addition to the continuous tension, there were spasmodic attacks, which came on about every fifteen minutes, and which could be excited by the least disturbance, such as walking across the floor. The diagnosis of severe tetanus was confirmed; temp. 38 degs. C. On the following day an injection of tetanus antitoxin (Tizoni) was given direct into the dural sac. The operation was not easy owing to the continued movement of the patient. The first visible result of the injection was a rise of temperature to 39 degs. C., and the attacks increased from 50 to 70. The following day the condition was unchanged. The next day the symptoms were much worse, complete asphyxia, dilated pupils not reacting to light. A second injection was made, but no improvement, and a fatal ending was considered certain.

On July 20th, as it seemed as if nothing could do any harm, 10 grms. of pig's brain, emulsified with 30 ccm. of water, were injected into the abdominal wall (Kochiewicz Wasserman and Takaki had shown that brain and spinal marrow substance of most animals had the property of binding the tetanus poison). The operation was well borne; the temperature rose again, however, to 39 degs. C., but the next day improvement set in. On July 28th there were only four attacks, and in the beginning of August the boy was discharged cured. The case was not an absolute proof of the effectiveness of the method, but in view of the desperate nature of the case it encouraged the employment of this form of treatment, especially as the tetanus antitoxin treatment had not come up to expectation. According to Holsti's statistics, of 174 cases, 73 died. In consequence of the want of success the French had proposed other methods, injection of the antitoxin direct into the brain, whilst Jacob injected it into the dural sac, and other authors had proposed to treat the tetanus with other substances that in experiments fixed the tetanus virus.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, November 18th, 1899.

INJURY BY THE RÖNTGEN RAYS.

AT the Gesellschaft der Aerzte, Kaposi showed an elderly gentleman suffering from a severe form of dermatitis which had extended over the body after treatment with the Röntgen rays for epilation on the back of the hands. Kaposi said this was not an isolated case, as he had now met with severe forms of erythema, eczema, necrosis, and gangrene after treatment by the rays. Many of these diseases are aggravated and complicated by this treatment within four weeks after the application, when transplantation has often to be resorted to before the patient can be cured. The histological examination demonstrated severe injury to the tissues, particularly the vascular constituents.

Notwithstanding the success of Schiff and Freund in the treatment of sycosis and favus, Kaposi thinks that these dangers should be borne in mind when treating these conditions by the Röntgen rays. Schiff tells us that out of eighty cases he has only had one which has gone wrong. This admission in an enthusiast is in itself sufficient to prove that there is danger in the treatment.

Benedikt thought the Röntgen rays were safe enough as a diagnostic agent, but dangerous as a therapeutic factor, and should not be used unless under special circumstances.

Kaposi said that he hoped none of the members would believe that he condemned the rays in diagnostic investigation.

AN UNUSUAL FORM OF SYPHILIS.

At the Medical "Club" Reines exhibited a patient who had acquired syphilis four years ago, and a year and a half later had severe tertiary symptoms although carefully treated with specifics. Later on gummatous infiltrations appeared on the left eyebrow which proved refractory to treatment, although he had gone to Lindewiese, where such cases usually improve, with the result that other gummata appeared in the lachrymal sacs. On his return he presented himself at Lany's clinic with a large fluctuating swelling over the left temple which appears to have been the original centre of disturbance, and where a lamella of the bone was found necrosed. Since that time the conditions had very little changed, and all specifics had proved quite useless. He is of opinion that a cure might be effected if nutrition were improved.

ATROPHY OF THE RIGHT ARM AFTER INJURY TO THE LEFT.

Kienböck brought forward a country labourer, æt. 32, who had always enjoyed perfect health till he fell from a cart about the end of August last, the whole distance fallen being only 1½ metre or five feet, but immediately on falling the wheel passed over his left arm, fracturing the humerus at the distal end, with a nasty wound.

For some time after the fall, he lay unconscious on the ground, but after recovering walked home with the assistance of a friend. It should be noted here that nothing was observed to be wrong with the right arm, as no visible injury was sustained nor any trace of weakness present. Strange to say the right arm is now greatly atrophied, more particularly the muscles of the fingers, so that the movements of the fingers and wrist are greatly diminished.

On the other hand, sensibility is normal, the deeper reflexes exalted, while no injury can be detected in the nervous system. The left, or injured arm is free and mobile about the wrist and fingers without any appearance of atrophy. The patient's own observations are that the right arm began to gradually wither away some time after the injury without any apparent cause, but within the last two weeks had more rapidly gone down.

The first diagnosis of the case would probably be in favour of an ascending nerve injury having produced in the cord a descending neuritis leaving the left arm unaffected, but it is more probable that the case is a chronic form of anterior poliomyelitis with a congenital weakness in the anterior ganglia of the cord. The imperfect development of the muscles of the lower extremities lend confirmation to the latter hypothesis, the injury no doubt having excited the progress of the disease in the right side, but, properly speaking, without other primary lesion to the cord. Such cases are of considerable interest from a forensic point of view, as the injury could not be held to be the real cause of the disease.

Eulenburg and Jolly record similar cases which they attribute to a preceding neuritis or central injury, which was not present in the preceding case.

Special Article.

THE WELLCOME PHYSIOLOGICAL RESEARCH LABORATORIES.

MESSRS. BURROUGHS & WELLCOME have just completed some excellent Physiological Research Laboratories at Herne Hill, and last week we had the privilege of inspecting them, an excursion which could not fail to be interesting to a medical visitor, especially as Dr. Dowson, the medical director of the establishment, personally conducted the party over the buildings and grounds, pointing out the particular points of interest.

All the apparatus is of the most modern description, and all the arrangements have been most carefully planned and carried out. Of course cleanliness—surgical cleanliness—is a marked feature of the institution, as it must be if success is to attend any branch or department of bacteriological work. Even the sinks are detached from the benches and walls, so that they are readily accessible for thorough cleansing.

The taps by Baird and Tatlock and Tyler, of Newgate Street are so constructed that even with a large stream of water there is no splashing. An excellent incubator of Hearson's was particularly noticed. It is fitted with a new and ingenious automatic registering valve, so that the temperature is maintained constantly at 37 degs. C., and requires no supervision. An incubator on a very much larger scale has been built in a sort of cellar, which is heated by warm air. Arranged round the room are shelves in tiers for the various cultures; each tier having a different temperature owing to the rarefied warm air being constantly highest, and so providing suitable temperatures for the different cultures.

The researches on animals: chiefly mice, guinea pigs and horses, are of course of the greatest practical interest. One small stable is kept exclusively for horses

when they just arrive, here they are isolated and kept under observation for a time to make sure they are healthy; this point having been satisfactorily settled, they are then housed in the large stable with stalls for about twenty horses.

Diphtheria toxin was injected into a horse for our benefit, a process which it had already undergone some sixteen times, and this gave us an opportunity of observing the ornate precautions which are observed in operations of this kind. These admirably fitted laboratories with their simple yet thoroughly satisfactory arrangements are calculated to inspire every confidence in the trustworthiness of the products therein prepared. Not indeed that the preparation of serums is the only, or the chief, object of this costly installation. It is pleasing to note that with a public spirit which is rare in connection with commercial undertakings every facility and inducement are offered for studying points—and they are many—which still call urgently for full investigation.

The Operating Theatres.

MIDDLESEX HOSPITAL.

Operation for Perforated Gastric Ulcer.—Mr. John Murray operated on a woman, æt. 18, who had been admitted with symptoms of perforated gastric ulcer. She had suffered for some months from anæmia, and for a fortnight previous to admission had complained of epigastric pain after food On the evening previous to admission she was suddenly seized with violent pain in the epigastrium. She vomited once; she became profoundly collapsed, with a subnormal temperature. When admitted twelve hours after perforation had occurred, the patient was pale and collapsed; the temperature a few points above normal, pulse 120, respiration entirely thoracic, no apparent movement of the abdominal wall; the woman complained of extreme tenderness of the abdomen most marked in the epigastric, left hypochondriac and left iliac regions; the abdominal wall was rigid; there was no marked distension of the abdomen, the liver dulness was almost entirely obliterated, and there was dulness over the lower part of the abdomen up to a point midway between the umbilicus and the pubes. At the operation an hour after admission an incision five inches long was made in the middle line between the ensiform cartilage and the umbilicus; on opening the abdomen the anterior surface of the stomach was first examined, but was found to be normal; the omentum between the stomach and colon presented an œdematous appearance, and on tearing through it a quantity of fluid escaped from the lesser peritoneal sac; the opening in the omentum was enlarged, and the stomach drawn out of the wound, and its posterior surface carefully examined; there was a good deal of lymph adherent to its surface, and near the lesser curvature towards the cardiac end a small perforation was found partly concealed by lymph, the wall of the stomach at this spot being thickened and indurated. The opening was closed by a double row of Lembert's sutures invaginating the walls of the stomach, and the viscus replaced in the abdomen. No solid particles of food apparently had been extravasated, but a quantity of slightly turbid yellowish fluid was found in the peritoneal cavity, and there was a considerable amount of inflammation of the peritoneal coat of the intestine. The peritoneal cavity was carefully sponged out; and as a quantity of the fluid was found in the pelvis, a small opening was made between the umbilicus and the pubes to facilitate the thorough cleansing of that part of the abdominal cavity. A glass tube was passed through this opening into the pelvis and the ends of the wound united with a few points of suture. A rubber drainage tube was passed from the upper wound into the lesser peritoneal sac, the wound being then sutured with silkworm gut, the sutures going through the whole thickness of the abdominal wall. The patient was very much collapsed, and a brandy enema was administered before she left the table. Mr. Murray said that the diagnosis in the case seemed perfectly clear; the history of pain after food for a fortnight; the sudden onset of pain in the epigastrium accompanied by the marked collapse, and the loss of liver dulness which he knew was not present until shortly before admission, together with the signs of acute peritonitis, all pointed to perforation of a gastric ulcer. He pointed out that the only difficulty in the operation consisted in finding the perforation; this was due to two causes: first, the position of the perforation; secondly, to the fact that the posterior surface of the stomach was partially covered by lymph. With regard to the closure of the perforation, he thought the method of invaginating the stomach wall by means of Lembert's sutures was infinitely preferable to excision of the ulcer, first of all because of the longer time the latter procedure occupied, together with the additional hæmorrhage which excision entails, and secondly, because the results of the former showed that healing readily occurred after simple suture. Moreover, in the present case excision of the ulcer would have been almost impossible, owing to the situation of the lesion. He did not wash out the peritoneal cavity: first, because the condition of the patient was so bad that it was advisable to complete the operation as quickly as possible; secondly, as no solid portions of food had apparently escaped from the stomach, and the contents of the peritoneal cavity consisted only of slightly turbid serum, thorough cleansing of the peritoneum could be effected by sponging. He thought that in these cases it was always advisable to drain the pelvis by means of a tube introduced above the pubes, and that the additional precaution of draining the lesser peritoneal sac was advisable, because in that situation the peritonitis was most marked. In closing the upper wound he employed silkworm gut sutures passed through the whole thickness of the abdominal wall in cases where buried sutures were liable to become infected; he preferred this method, he remarked to that of closing the incision layer by layer, but he considered that closure in three layers was to be recommended in aseptic cases, owing to the less likelihood of the subsequent development of a ventral hernia; hernia was, however, not so likely to occur after wounds above the umbilicus.

We understand that the Army authorities are taking up a large number of civilian chemists to do the work of the Army Compounders at home, the latter having been sent off to the war. These new hands will receive 5s. 6d. per day.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 22, 1899.

IDEAL ASYLUMS FOR THE INSANE.

A VERY interesting and appreciative description is given in the *Newcastle Chronicle* of the new asylum extension at Coxlodge. It is satisfactory to see so much public attention given to the latest developments of asylum construction, and the new views which find practical application in the adminstration of modern asylums. In the article referred to the following statement appears. "A tour through the eight wards is a pleasant experience. It leaves, above everything, the impression of cheerfulness and perfect wholesomeness, and one cannot help feeling that, under such circumstances as these, the lot of the unfortunate inmates is alleviated and lightened so far as all human skill, and care, and consideration, can work to such an end. *In such a place*, surely, the thought of imprisonment can never enter. It is a refuge not a gaol." This is all very interesting and satisfactory so far as it goes, but there can be no question that it is only those who specially inquire into our asylums for the insane who really know anything of the subject. As a matter of fact the greatest ignorance prevails regarding asylums, their internal arrangements, treatment of the patients, and character of the staff. It is much to be regretted that, even in our own profession, there is a great deal of stupid talk, simply because medical men do not take so much interest in the subject as to prompt inquiry on the spot. Ninety-five per cent. of our medical men have never been through the wards of an asylum, and now that insanity has become a compulsory subject of medical instruction, it would appear that some who have had such instruction, have only studied mental disease on the threshold of the asylum, and not in view of its medical environment. Medical superintendents should give post-graduate courses in the wards, and in this way the old prejudice would be wiped out to a large extent, and it would be seen that asylum medical men are doing as good work in their own department, as in any other department of medicine. From the statement which has already been quoted there is a line not quite correct, viz., "In such a place, surely, the thought of imprisonment can never enter." This statement is too optimistic. It does not take into account that asylums have still locked doors, and that the more intelligent and sensitive patients must realise this and feel the jar of lock and key. Above all things freedom is dear to the insane as well as to the sane, and when we can do without locked doors in asylums (and in some asylums, we must admit, this to some extent has been done) the last lingering association of the olden times will be wiped off the slate of memory. He is a very demented patient, indeed who does not appreciate the sense of freedom, the conditions of home life, and the feeling of liberty. Into the details of the article referred to, we need not enter, for they are details which find repetition in our new asylums. Suffice it to say, that such articles cannot be too widely broadcast, and the public and our profession cannot too soon make themselves more correctly *au fait* with the management of our modern asylums. They have sprung into being without due recognition, and they are veritable hospitals for the insane in the best sense of the term. Newcastle has done well in this matter, and her citizens ought to know it.

THE HOSPITAL QUESTION IN THE ANTIPODES.

THAT the burning question of hospital abuse is growing apace in our Australian colonies has been made more and more apparent of recent years. Its dimensions, however, have reached a size that will come as a surprise to members of the medical profession in Great Britain, who have long had their own troubles of a similar kind. The whole subject has been carefully investigated by Mr. L. Bruck, of Sydney, who has embodied the results of his labour in a pamphlet entitled, "The Uses and Abuses of the Public Hospitals in Australia, Tasmania and New Zealand." While many of the points raised resemble those with which British readers are only too familiar there is a peculiar feature in the Antipodean position arising from the fact that in nearly all cases half the annual cost of hospitals is contributed by Government. Under such circumstances the statement can hardly be wondered at that these institutions are frequently established merely as a blind to induce a medical man to settle in a sparsely-populated district. Five years ago the then Chief Medical Adviser to the New South Wales Government advised that no government assistance should be granted to any hospital unless the Principal Government Medical Officer certified the actual need of such an institution. That simple and obvious precaution has not been taken, so that the inordinate increase of needless hospitals goes on with the aid of public money. This

state of matters is incapable of any serious defence, and it seems to show that in Australia as in Great Britain special medical legislation of the kind is enacted regardless of the interests of views of the profession. It appears that throughout Australasia there is one hospital to every 12,299 persons, an allowance which certainly would seem to be far above the needs of the case, unless, indeed, we are to conclude that the average prosperity of the community has fallen to so low an ebb as to forbid them paying for medical attention. At any rate the case as represented by Mr. Bruck demands the careful consideration of every medical practitioner throughout the whole of the vast area—about seven eighths of the size of Europe—which is dealt with in his pamphlet. He estimates the value of medical attendance on in and out-patients, including operations, at the great total of £625,741, which sum represents services rendered gratuitously to the community by the profession. Yet medical men appear to be just as anxious to encourage the multiplication of hospitals, and to secure honorary posts in those institutions in Australasia as they are elsewhere. In other words the individual fights for his own hands and ignores the benefits to be derived from combination. The pay system at hospitals flourishes in these colonies, a parasitic plant of evil growth that has done much to sap the honesty of the medical charities in our own country. Most members of the profession here at home will agree with Mr. Bruck's contention that all public hospitals should be absolutely free to all comers, and not one penny ought to be received from the patients. Naturally our professional brethren across the sea will point to the example set by such classical institutions as Guy's, St. Thomas and the London Hospitals, to say nothing of smaller fry in shoals. Perhaps one of the best means of control that could be devised over the hospitals would be to make a medical man's recommendation compulsory to every admission. Pay wards can never be tolerated by general practitioners unless they are permitted to attend patients therein. The out-patient departments in Australasia appear to be no better than our own, and the writer of the article does not hesitate to say that they are "mere mediums for pauperising the people," and further, that "deducting the very poor who are fit subjects for gratuitous treatment, there must be considerably more than half of all the patients who could afford to pay for medical advice and medicine." One hospital at Bulong offers medical attendance and medicine for the modest sum of one shilling a week to all residents in the district within a radius of a mile and a quarter. This scheme, be it remembered, is carried on by means of the Government subsidy previously mentioned, which enables an institution to be conducted on these disreputable lines at the expense of the taxpayers of the Colony. Mr. Bruck is not content with destructive criticism alone, for he concludes with thirty-two practical suggestions. Among the chief suggestions are that the words "for the sick poor" be placed upon everything connected with the hospitals, and "for the destitute poor" in connection with out-patient departments; that a medical man's recommendation be a compulsory condition of admission; that patients' payments be abolished; that any patient found imposing upon a medical charity be prosecuted for obtaining money under false pretences; that accident and emergency patients who can pay for treatment be detained only so long as absolutely necessary; that all public hospitals be carried on by Government; that if boards of management be retained one half of their members shall be chosen from the honorary medical staff of the institution; that no honorary medical officer hold any one post longer than four years." There are other stringent and cogent recommendations made by Mr. Bruck, whose directness are nowhere more strikingly shown than in the concluding advice, which is printed in large type, and runs: "Finally, I most emphatically suggest that subscribers withhold their subscriptions from all those charitable institutions which do not adopt the more important of these suggestions." That passage reveals a thorough-going conviction and belief as to the practical power of the purse that should appeal to our Anglo-Saxon relatives in the Antipodes.

THE TEMPERANCE QUESTION.

IT would be interesting and certainly of great value if we could ascertain the views of the medical profession throughout the country on the temperance Question. Some medical men are inclined to consider it from a social, others from a religious, and some from a political, point of view. Taking the clergy as a body we should find some difference of opinion if dealing with it as a religious question; for when the Right Rev. Dr. McGee declared that he would rather see England "free than sober," it is not likely that the Right Rev. the Archbishop of Canterbury would be supported in his views by all the ministers of the Church of England. It does not certainly appear easy to find support, in the Holy Scriptures for teetotalism; and we think that such a question as that of temperance had better be dealt with by the medical profession than by the Church. If we limit the discussion to evidence for and against alcohol, from a medical point of view, we must begin by defining accurately what we mean by the word alcohol. If we intend it to mean strictly the chemical compound (C_4H_5OHO) obtained by the distillation of fermented saccharine fluids we must be careful not to allow liquids such as wine and beer to be treated in the same way as pure alcohol. It is true that they are obtained by the fermentation of compounds containing sugar, yet there is only a small percentage of alcohol, and a great deal more that is not alcohol in them. The teetotalist is one who avoids carefully every fermented liquid on account of its containing alcohol. We might ask him if his views of fermentation would extend to the making of bread, and generally to all forms of fermentation, whatever they may be. If we ask such a man why he objects to

alcohol he would say that it is on account of the evils of drunkenness. That it is a reasonable objection if it is impossible to use fermented liquids in any way without such an effect. Total abstinence according to him is the only way to deal with the evil of drunkenness. It was the plan preached by Mahomet and instilled into the very life of his followers. It is, probably, from seeing the condition of the Mahommedans of to-day, that Dr. McGee preferred freedom to sobriety in this country. But if we admit in this argument that drunkenness is a great evil, it does not follow that we believe that alcohol is nothing but a poison. Opium is a poison, and arsenic, and many others of the gifts presented by Nature for the good of man, and if we turn from them because some poor weak creatures will indulge in excess, are we acting for the best? To what extent are we justified in allowing the lunatic to be at large? Some antivaccinationists, and teetotallers, and anti-opinionists, and other kinds of fanatics are ready to sacrifice themselves to what they think is a noble cause. We see the same spirit in the wild delirium of religious excitement, particularly in some parts of the world; but it is doubtful whether the character of the English people is likely to lapse into any such a pitiable condition. Drunkenness is an evil, but it is well to consider whether the indulgence in any kind of poison is not akin to a concentrated essence ending in suicide. The tendency shown by many to indulge in excess in the use of any such agents as opium or alcohol is, in the opinion of the profession, an evidence of disease, and if the teetotalist hopes to cure the disease by doing nothing but withholding the agent, it must be clearly shown that this plan succeeds. Some of the strict teetotallers belong to the class of people who regard all disease as a divine infliction, which man has no right to contend against, and the medical profession would not be appealed to by them for help to cure any such malady as drunkenness. To leave those free who are suffering from this malady, and are a danger to society, is a question that the medical profession ought to take a great interest in. To put a poison in the way of the feeble and the ignorant is certainly unwise, but to say that we ought never to use the process of fermentation, though of great value to many, is absurd It is well for us to study somewhat closely the process of fermentation, There is no doubt but that it is impossible to obtain more than a certain percentage of alcohol in any fermented liquid; and that the separation of alcohol by distillation is not a part of that process. The simple fact that alcohol will arrest fermentation, suggests the doubt whether it is wise to use it without great caution. It seems as if it is necessary to deal with alcohol obtained as it is, in a very different way from those liquids which have simply undergone the process of fermentation. "Beer therefore," says one of the best writers on the chemistry of common life, "is food as well as drink. A little beef eaten with it makes up the deficiency in gluten, as compared with milk; so that beef, beer and bread—our characteristic English diet—are most philosophically put together, at once to strengthen, to sustain, and to stimulate the bodily powers." Surely all sensible men will agree upon the best way of treating those evils against which the temperance reformers are struggling, if they will look at the subject in the way in which we believe most of the members of the medical profession do, though the views of the profession have not yet been expressed. So far as legislation is concerned, the chief point to consider is the sale of liquids containing alcohol, certain restrictions being imposed on those which contain a high percentage, or in which the alcohol is not the simple result of fermentation. All distilled spirits require control, and if this were entrusted to the medical profession, it might simplify matters.

Notes on Current Topics.

A Serious Blunder.

An extraordinary blunder on the part of a medical man came to light last week at the Cardiff Assizes where a woman was to be tried on a charge of having wilfully murdered her husband. It seems that in the early part of last month her husband was found dead in bed under somewhat unusual circumstances. At the inquest the accused stated that the deceased had been ailing for several days with laboured breathing which mustard plasters failed to relieve. The medical man who had made the post-mortem examination gave evidence to the effect that death was the result of a broken neck caused by a violent blow, of which there were marks behind the ear, and he formally asserted that there were no signs of pneumonia in the lungs, whereupon the woman was arrested on the charge of murder. At the magisterial inquiry which followed, the medical witness repeated his statements, and located the exact spot where the neck had been broken. Subsequently an order was obtained for a re-examination of the body by an expert appointed by the Home Office, who found that there was no trace of a broken neck, while on the other hand there was abundant evidence of death having been due to acute pneumonia. The accused was at once admitted to bail, and the prosecution has since been abandoned. Mr. Justice Bucknill in ordering her release, expressed himself in very strong terms on the terrible blunder that had been committed by the medical witness who, he urged ought to make every compensation in his power to the unfortunate victim of his carelessness, she having had a narrow escape of her life in consequence thereof. In his lordship's strictures we must all concur but with the feeling of shame and regret which all practitioners of medicine must feel at such an unprecedented occurrence is mingled a certain dose of curiosity as to the possibility of so grotesque an error. A broken neck is not an occult lesion as to the existence whereof there can be any room for uncertainty, and the pneumonic lung is tolerably characteristic. In any event this unhappy and regrettable occurrence cannot fail to emphasise our

oft-reiterated contention that the conduct of post-mortem examinations is quite a special department of medical work for which the training and experience of the average practitioner equip him very imperfectly.

Epidemics and Circulating Libraries.

The danger which circulating libraries entail to the public at large in times of epidemic is now pretty generally recognised, and sundry plans have been suggested having for object the disinfection of books which have been exposed to infection. Now the disinfection of books by any means short of destruction is practically impossible, and it is high time the sanitary authorities took steps to circumscribe the mischief which books may be the means of causing when infectious disease is prevalent. The Medical Officer of Health is empowered to close schools when this step appears to be indicated in the interest of the public health, and he ought to have the power to prohibit, or at any rate to regulate, the circulation of books. The least that could be done would be to oblige librarians to exact from every applicant for the loan of books to sign a declaration of the freedom of the house from infectious disease, false statements being punishable by fine or imprisonment. We doubt, however, if this plan would work satisfactorily, and it would be far better to prohibit the loan of books altogether for a time. This step would not condemn the inhabitants of the stricken town to intellectual idleness, but it would oblige them to purchase their literature instead of borrowing it, a result which would not excite much opposition at any rate on the part of publishers. It is hardly necessary to add that the destruction of all books known to have been in an infected house would be an indispensable corollary of these measures of precaution.

The Annual Meeting at the Royal College of Surgeons, England.

The annual meeting of the Fellows and Members of the Royal College of Surgeons, England, took place at the College on Thursday (16th) last, and about fifty of the "body corporate" were present. Owing to the absence of the President, Sir William MacCormac, the chair was taken by the senior Vice-president, Mr. H. G. Howse. The proceedings were of the usual character, that is to say, after the chairman had drawn attention to the report of the Council for the past year, the ever redoubtable champion of the members' cause, Mr. Joseph Smith, again assumed his accustomed warlike attitude, and "went for" the Council for not agreeing to the oft-repeated claim of the members for direct representation on the governing body of the College. The usual arguments, now hoary from their antiquity, were advanced in favour of this reform, and the usual resolution embodying the wishes of the members in this regard was also, as usual, carried by an overwhelming majority. Sir Thomas Smith rather transferred the responsibility of the Council's refusal of the reform to the Fellows, inasmuch as he stated that upon two occasions the Fellows had been directly appealed to for their decision in the matter, and in each instance that decision had been in the negative. Personally, it would seem that some members of the Council are favourable to the desire of the members being gratified, but, however this may be, it is quite certain that the time has not yet come when the Council will give way on this much debated point. In one respect, at least, the Council should be chary of granting the reform, for if this contentious matter were removed from the arena of debate, it is quite impossible to say what else the "body corporate" would find to discuss at these annual meetings. A resolution was then passed calling upon the Council to prohibit the Fellows or Members from accepting duty in connection with the medical aid associations. But the Vice-President pointed out that, however unprofessional the holding of such appointments might be, they were not illegal, and serious difficulties would be encountered were the Council to attempt to enforce the suggestions contained in the resolution. The only course, therefore, open to the members of the College was to try and bring the pressure of public opinion to bear on the Legislature with a view to an alteration in the law.

The Side-Saddle.

The Health Protection Society of Cleveland, U.S.A., have undertaken a campaign against the side-saddle for women which they hold to be injurious, and they advocate the ordinary masculine position on horseback for females. While they are on the war-path they also tilt against the fashionable tall hat corsets, and trailing skirts. If this Society should attain any measure of success in their campaign we shall be greatly surprised, for they are proceeding on the utterly fallacious assumption that the care of the health is the primary object of every intelligent citizen and the lady members of his family, whereas it, in reality, comes low down on the list of objects to be aimed at.

Intercostal Neuralgia.

The etiology of this common, troublesome, but not very dangerous complaint is ill-understood, but its occasional occurrence in epidemic form has suggested the possibility of its being an acute infectious disease. Although it is not usually attended by any marked depreciation of the general health, the suffering which it entails is often of exceeding severity, and excites suspicions of pleurisy or pneumonia, from which, indeed, it can be distinguished only by very careful clinical investigation. Dr. T. F. Reilly, of New York, recently described an epidemic of the kind which he had observed. His cases were characterised by chilliness and malaise, lasting a few hours, followed by pain along one or more of the intercostal nerves, rapidly increasing in intensity and often associated with a mild febrile movement. In a certain proportion of the cases a herpetic eruption developed along the track of the inflamed nerves or in some other situation. Obstinate constipation was a marked feature in all, and in none was there the tender spot which is invariably complained of in ordinary inter-

costal neuralgia. He referred to a similar epidemic reported from Germany, where upwards of a hundred cases occurred within a few weeks. Quinine and other drugs failed to afford relief, and strapping of the thorax was the only measure that appeared to reduce the pain. There does not seem to have been any close relationship between the prevalence of this affection and any particular type of weather, and the precise nature of the affection must for the present remain matter for conjecture.

Morphine and Alcohol in the Profession.

IN a paper read not long since before the New York State Medical Associatisn by Dr. T. D. Crothers, some startling conclusions were brought forward bearing on the alleged proclivity of medical men to indulgence in morphine and alcohol. The author's averages are arrived at in a rather obscure way, and we do not feel justified in accepting his statement that 10 per cent. of medical men in general are addicted to the morphine habit. In this country, for instance, it is obviously at variance with fact, though, on the other hand, it is possible that the percentage of medical men addicted to the use of alcohol in excess would compensate for the error in respect of morphine. He refers to the fact that of ninety-two victims of the morphia habit treated in a certain German institution, nearly a third belonged to the medical profession, and there really seems to be some ground for the assertion that medical men are, as a class, more addicted to the abusive use of morphine and alcohol, than the members of other professions, and although it is not difficult to explain this proneness it is none the less a very disquieting tendency.

Lactation in a Virgin.

La Medecine Moderne gives publicity to a curious letter addressed to a physician by a young lady under the following circumstances:—The distressed applicant had had charge of an infant six months of age whom it was necessary to wean, a process to which the infant objected in the way that is the wont of infants under similar circumstances. To console her irritable charge she put it to her own breast, which, she adds, were not very voluminous, but in the course of a few days the breasts underwent an increase in size, and to her surprise and uneasiness a fairly copious secretion of milk became manifest, sufficient, with a little assistance, to satisfy the infant, whose health and development left nothing to be desired. Her object in applying to the physician was to ask advice how to put a stop to a condition of things which, she felt, was, to say the least of it, unusual in a virgin. It is not to be supposed that any difficulty was experienced in arresting the secretion, but the substance of the letter appears genuine enough to give it a physiological interest. We remember to have heard of similar occurrences, more or less well authenticated, in non-pregnant females, even of advanced years; indeed, an abundant lacteal secretion has actually been noted in the newly-born, even of the male sex.

Bird's Eye Statistics.

DR. SYMONS, the Medical Officer of Health for Bath, has adopted a method of formulating his death-rates that is worthy of a passing note by those who are concerned in either drawing up or in reading such documents. His plan is to issue a short comparative list by which the relations of Bath mortality to that of other parts of the United Kingdom may be seen at a glance. Thus, for example, the death rates per thousand annually of all ages for all causes alone and for zymotic causes is recorded for the two weeks ending October 28th and November 4th. This is first given for the 33 great towns at 21·1 and 18·5 general, and 2·2 and 2 zymotic. The lowest in the first week was at Cardiff, with the remarkable figure of 10·1 and zymotic 0·3; for the second week, lowest at Derby, with 11·3, and no zymotic. London showed 21·1 general and 2·0 zymotic during the first week, and 18·6 general, 1·6 zymotic during the second week, and, as one might expect, this nearly approached the total average. The highest rate for the first week at Bristol, which reached 29·7 with 1·9 zymotic, and for the second week at Bolton, which registered 25·7 and 3·5. After this it is an easy task to estimate the significance of the Bath crude death rate, which has no zymotic and gives, 18·8 and 20·8 for the respective weeks, or when corrected 15·8 and 16·7. A similar comparative method is adopted by Dr. Symons in his quarterly returns of zymotic and infantile mortality. Statistics, although doubtless full of interest and value, are usually presented in undigested form and any attempt to furnish results in a readily understandable summary is worthy of all commendation. Bath appears to occupy a most enviable position as regards general healthiness, and has acted wisely in securing the "whole time" services of an energetic Medical Officer of Health.

The Infantile Death-Rate in Cheshire.

THE Cheshire Council has been much exercised over the infantile death-rate and high general mortality in the boroughs of Hyde, Stalybridge and Dukinfield. The Public Health Committee sent in a resolution, afterwards withdrawn, to call the attention of the Local Government Board to that point, as well as to certain insanitary conditions prevailing in the three districts mentioned and the absence therein of isolation hospital accommodation. The chief point to be noted with regard to the insanitary conditions is that they had been under report for the past five years. So far as the infantile mortality is concerned the lot of Cheshire much resembles that of the rest of the United Kingdom, the inhabitants whereof have grown accustomed to the ever present massacre of the innocents going on in our midst. The causes of this lamentable waste of human life are manifold. Artificial feeding accounts for a great deal of the damage, and insanitary environments, especially by its indirect contamination of milk, may be credited with more. Summer diarrhœa, which is a filth disease of mixed microbial origin, should materially lessen before a rigidly enforced hygiene of milk.

Then there is overcrowding, which flings its bane over almost every domestic condition, including ventilation, the storage of food, close contact of sick and healthy, spread of infection and other equally important contributory causes of infantile mortality. It may be broadly asserted that the greater amount of that destruction is preventable. Science is gradually bringing within her grasp the exact causes of the evil, and it is to be hoped that some day in a not very distant future the raising of the general standard of intelligence will put an end to this great reproach of modern civilisation.

A Nefarious Trade.

THE magistrate at the Thames Police Court last week was called upon to deal with a case which threw a lurid light upon "tricks of the trade." The prosecution was undertaken by the Poplar Board of Works, and the defendent was a man whose occupation was that of selling bad condensed milk for human consumption to a pastry cook. In all he disposed of 385 tins to the latter, and futher investigation revealed the disturbing fact that millions of tins of bad condensed milk were stored in a warehouse in Barking. In the course of the proceedings the pastry cook admitted that it was usual in his trade to pay a very low price for condensed milk. The price in this instance was a halfpenny a tin, or three shillings and sixpence for a case of seventy-two, while the proper price of such would be from eleven shillings and ninepence to fifteen shillings. Thus a considerable profit can be made out of tins containing unsound condensed milk, and apparently there is a ready market for them. This being the case, the local authorities throughout the metropolis should keep an eye upon the pastrycooks in their respective districts. Apart from the gross fraud practised upon the public by the use of such an unwholesome addition to our food supplies, it cannot fail to be deleterious to the health, and provocative in all probability of dyspepsia or other intestinal irritation. It is satisfactory to record that the substantial fine of £50 and ten guineas costs was imposed upon the defendant, or in default, three months' imprisonment. To deal leniently with a case of this kind would be simply to place a premium upon the fradulent practice, whereas to exact a heavy penalty is likely to act as a deterrent in the prevention of its repetition.

The Operative Treatment of High Myopia.

PROFESSOR SILEX, of Berlin, stated at the Utrecht Congress of Ophthalmology that the method of treating high myopia by removal of the transparent lens should in his opinion only be resorted to with caution, as much mischief might be caused by it. During a period of nine months in Berlin he had observed twenty-three cases of detached retinæ after extracting the transparent lens, while during the same period he had only met with three detached retinæ in non-operated cases. On the other hand, Von Heppel, at the same meeting, expressed his belief that comparing the number of myopes who have been operated upon with those not operated upon, the detachments of the retinæ were about equal.

The Members' Gown at the Royal College of Surgeons, England.

BY persistently "pegging away," the members of the Royal College of Surgeons have at last been able to persuade the Council to grant them a special gown. It is a little difficult to understand when the gown could be worn by the members. Even the Fellows have found it a very difficult matter to make any use of their gown, so much so, we believe, that probably about 90 per cent. of the Fellows have not the remotest idea what their gown is like. The only occasion upon which the academic apparel can be appropropriately worn is, it would seem, at the annual ceremony of the Guild of St. Luke held, in St. Paul's Cathedral. But we question very much whether any Fellow or member would consider it worth his while to incur the expense of obtaining a gown merely for the purpose of enabling him to give it an annual airing in the cathedral of the Metropolis. Therefore, we think, that although the members are now entitled to wear a gown in connection with their diploma, there is reason for doubting whether they will find the privilege of any use to them.

The Toxic Effects of Aniline Dyes.

IT is, of course, well known that aniline dyes are virulently toxic. But it is set down that many cases occur in which their virulent effects are not shown. An instance, however, was recently reported in the public press of an American girl who was poisoned by the ink used on typewriter ribbons. She stained her fingers with the ink, and thus conveyed some of the latter to a sore on her upper lip. Acute toxic symptoms subsequently quickly developed, associated with great œdema and pain locally, and a fatal result shortly afterwards ensued. This unfortunate incident should be accepted as a warning by all typists to avoid letting any of the ink in the ribbons come in contact with a sore that may be present upon their skin. Although the rapidity and fatality of the symptoms in the above case rather point to a septic cause, nevertheless it is wise to be careful, especially when, under such circumstances, prevention against accidents is a matter of no difficulty.

Veils and Red Noses.

A GERMAN physician formulates an indictment of the veil as a cause of acne rosacea affecting the nose, and he relates a number of instances in which young women, otherwise in excellent health, developed this distressing condition consequent upon the habit of riding, cycling, &c., in veils. His view is that the lesion is caused by the friction of the skin against the veil, impregnated with moisture from the breath, the effect being exaggerated by the tightness with which it is necessary to attach the veil when indulging in athletic pursuits. The remedy is obviously to abandon the use of the veil or to wear it loose, anointing the nose with lanoline or other suitable lubricant.

International Congress of Malaria.

The Liverpool School of Tropical Diseases have just embarked upon another new enterprise. The authorities thereof are now making arrangements for the organisation of an International Congress upon the subject of malaria, to be held under the auspices of the school in that town. It is stated that the researches of Major Ronald Ross in connection with malaria have attracted considerable attention in Germany, France, and other countries having possessions in the Tropics, and it is felt that the time has arrived when an international exchange of opinion upon the subject would be generally advantageous. The conference will probably be held early next summer, and from the favourable reception which the proposal has already received, it is anticipated that the attendance will be fully representative of those who have given special attention to investigating malarial and other tropical diseases.

The Presidency of the Royal College of Surgeons, Ireland.

We noted recently that a movement had been set on foot in Limerick to present to Dr. Thomas Myles, Surgeon to the Richmond Hospital, and Vice-President of the Irish College of Surgeons, a testimonial on the occasion of his election as President, and we now observe that the Limerick Urban Council has resolved to present him with the freedom of the city on that occasion. While congratulating Dr. Myles upon his anticipated honours, we desire to remove a misapprehension which seems to exist. Unless the existing President, Mr. Swan, retires—which we have no reason to think he contemplates doing—Mr. Myles's promotion to the Chair in the College cannot take place until the first Monday in June, 1900, when, without reasonable doubt, he will be elected President, and will be in a position to accept the demonstrations of appreciation offered to him by his native town.

The Dublin Preliminary Examinations.

We publish elsewhere a note of the results of the examinations of the present month and of October, 1898. For this examination thirty-seven candidates entered, eighteen passed and nineteen were rejected, For the October examination sixty-four candidates entered, thirty-two passed and thirty-two were rejected. Owing to the severity of these examinations the numerical strength of the Medical Student Classes at the Dublin medical schools and hospitals will be considerably reduced for the next few years. Are the General Medical Council aware that many of the rejected candidates at these examinations have no difficulty in finding an "open door" elsewhere, and pass an examinatiou, and have their names registered as medical students? These are the preliminary examinations which the University interest in the General Medical Council have been, in vain, trying to crush out of existence, just as the College of Physicians interest tried, in vain, to crush out their rivals, the Apothecaries' Hall. It is difficult to respect a public body which allows itself to be used in this way for the benefit of particular educational cliques.

The Operative Treatment of Tuberculous Peritonitis.

The operative treatment of tuberculous peritonitis has generally been regarded as satisfactory, and yet some figures recently published by Wunderlich refer to a rather high percentage of failures. Out of ten patients operated upon four died within three months, three grew worse, and only three at a subsequent examination were found to be in good health. The recorded cases of tuberculous peritonitis now amount to 500; among those 68·8 per cent. had ascites; 27·2 per cent. adhesions; and in 4 per cent. suppuration occurred. After three years of observation, it was found that recovery had taken place in 23·3 per cent. of the first cases, and in 9·8 per cent. of the second. Of the suppuration cases 9 died out of 20.

The Evil Example of the Leicester Guardians.

The evil example of the Leicester Board of Guardians in refusing to comply with the Vaccination Act is now being followed by the Luton Board of Guardians. The anti-vaccination section, being strong on the Board, have determined to set the Local Government Board at defiance. By a vote of two to one, they have resolved to terminate the contract with the public vaccinator of Luton, and have also refused to pay the fees of this official. Of course, the central authority will call upon the Guardians to conform with the law, and if the demand be not complied with the same procedure will be adopted to compel compliance, as was put in force at Leicester. It is lamentable that public officials should thus childishly determine to resist authority.

The Opening Meeting of the Dublin University Biological Association.

On Tuesday, the 28th inst., at 8 p m., Dr. William R. Dawson will inaugurate, as President, the session of this Association in the front hall at Trinity College, with an address on "The rôle of the Blood Supply in Mental Pleasure and Pain." The speakers at the meeting will include:—William Aldren Turner, M.D., Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, London; Professor D. J. Cunningham, D.Sc., M.D., F.R.S., Professor J. M Purser, D.Sc., M.D., and Conolly Norman, F.R.C.P.I., Medical Superintendent, Richmond District Asylum.

Drug Trade Contract Trade.

The tenders presented by drug contractors to Irish Boards of Guardians since the new regulations of the Irish Local Government Board came into force throw much light upon the drug contract system. Under the old system the contractors tendered whatever prices they pleased, and if they had friends on the Board of Guardians no questions were asked. Under the new system the Local Government Board quoted a reasonable maximum price for each article, and invited the contractors to state what discount they would allow

off the official prices. We note that one firm in Dublin has last week obtained a contract by quoting 50 *per cent.* off list prices, from which we may conceive what a profit may be made on drugs and to how vast an extent the ratepayers were robbed under the old system.

M. Balland, the Principal Pharmacist at the Invalides in Paris, has just presented to the Academy of Sciences a communication on the nutritive value of fruits. He finds that of ripe fruits, such as strawberries, raspberries, &c., 72 to 92 per cent. are composed of water. The nitrogenous matter which they contain does not, in some instances, amount to more than 0.25 per cent. of their weight. The most sustaining fruits are nuts, but it is questionable whether they are digested.

PERSONAL.

Sir Hugh Beevor, Bart., M.D., has been appointed a full Physician at King's College Hospital, London.

Mr. Edward William Scott Carmichael, M.B., C.M., was last week elected to the post of Surgical Registrar to the Royal Infirmary, Edinburgh, vacant by the death of Dr. W. M. Hutton.

We regret to learn that Lady Stokes, wife of Sir William Stokes, Professor of Surgery in the Royal College of Surgeons in Ireland, has been dangerously ill with typhoid fever, but, we are glad to say, is now convalescent.

Dr. Josiah Blomfield has been presented with a cheque for 100 guineas by the Board of Management of the Licensed Victuallers' Asylum, in recognition of his completion of fifty years' service as Medical Officer to the Institution.

We learn that Mr. William I. Wheeler, Surgeon to the City of Dublin Hospital, has been and is still seriously ill of typhoid fever at his residence in Merrion Square, Dublin. It is hoped that his illness will shortly take a turn for the better.

Senior Assistant-Surgeons M. S. A Caldeira and A. X. Dias, of the Bombay Medical Department, have been promoted to the honorary rank of Captain; and First-class Surgeons H. D. Walker and D. B. Fonseca have been raised to the position of Senior Assistant with the honorary rank of Lieutenant.

It is understood that Mr. Edmund Owen does not intend to seek re-election on the Court of Examiners of the Royal College of Surgeons, England, when his term of office expires in December. Mr. Anderson and Mr. Page go out of office at the same time, but will offer themselves for re-election. Written applications for the office must be sent in before December 6th.

Royal College of Surgeons in Ireland—Dental Examinations

The following candidates have passed the primary part of the examination for the Licence in Dental Surgery of this College:—Mr. E. T. Pasley, Waterford, and Mr. H. Schlegel, Dublin.

Scotland.

[from our own correspondent.]

Women Doctors in Edinburgh.—The female doctors and their supporters in Edinburgh are difficult to please. The infirmary has stretched several points within the last few years in their behalf, but still they hanker after more. They have a medical and a surgical ward allotted to students of their sex exclusively, they have the entry to all the special departments, but they ask for more. They wish to see female clinical tutors appointed to the wards they attend, so that they may have tutorial instruction from those of their own sex. They have just established a nursing home in a square close to the university and infirmary, supplied with three beds for paying patients, and prospectively with a few for women only able to pay nominal fees; while the staff will be entirely confined to women. A guinea a week will be charged in the case of paying patients, only half-a-crown to the others. If the paying beds be constantly in service £150 a year would come in. The lady doctors of Edinburgh had guaranteed £100 *per annum*, and £180 was looked for from the public.

The scheme is commendable so far as it goes, but when the promoters of it proclaim that the reason underlying their action is due to the lack of opportunity given by the infirmary authorities to medical women they are hardly charitable. Do they aspire to the appointment of female residents, female chiefs, female lecturers? If they do their penalties will assuredly surpass any theoretical, sisterly gain, and their opportunities of sitting at the feet of Gamaliels, whose rank accords with the wide range of choice permitted by large numbers of male students in accordance with the monetary return accruing from them, will be exchanged for that of teachers of their own sex, who, if really competent, will not be content with the remuneration afforded.

The Fellows of the Royal College of Surgeons of Edinburgh held their annual dinner on Friday of last week, Dr. Dunsmure, their President, in the chair. A feature of the dinner consisted in the entire absence of all but the loyal items from the toast list, the questionable delights of after-dinner oratory being replaced by contributions from the harmonists, a very clever quartette of part-song singers of local upbringing, and musical interludes supplied by a small orchestra of first-class executants. The result was much appreciated.

Bumbledom and Biology.—The Medical Officer of Health for Glasgow recently suggested to the Town Council of that city that it might be useful were provision made for the biological testing of the milk supplied to the citizens from different sources, with the view of ascertaining how far it was contaminated with the bacillus of tuberculosis. An ex-Baillie, when the matter came up before the Council, at once wished to know if the biological testing of milk was not vivisection. After a confused and muddled argument arising from this, a member of the Council became so affected by the thought of the tortures experienced by poor tubercle bacilli, undergoing vivisection that he moved the rejection of the Medical Officer's report. Ultimately, however, one was found to assure the Council Members that no cruelty was intended by the Medical Officer, that it was better that an animal should suffer than man, and so influenced the corporate mind that the suggestion was unanimously agreed to. Even if the tests made use of included the inoculation of a few guinea-pigs and mice, is it not immensely more important that the milk supply of hundreds of thousands of human beings should be proved to be innocuous or dangerous to them, as the case may be, than that a few guinea-pigs inoculated with the milk should be killed whenever they show indisputable signs of tuberculous infection from the milk—the milk, in fact, which the objectors to the trials of the guinea-pig give to their own children, and take themselves, at much the same risk.

An anti-vivisector who objects to the practical testing of milk because it may possibly harm an animal, and subjectively cause it to become diseased, cheerfully, we

suppose consents to the similar though not so immediate vivisecting of his child, because that does not involve the infliction of a prick of a needle, a prick no more painful than his women-folk experience every time they sew a seam.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

"THE DECLINE OF SYPHILIS."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been drawn to your Leader of November 15th, in which I am reported as having said at Brussels that "in England among the more educated classes syphilis is almost infinitely rare." Of course I never said anything so absurdly untrue. What I did say was, "*inherited* syphilis, &c." I was arguing in support of the two years before marriage rule, and alleging that it was now generally observed by the class mentioned.

I am, Sir, yours truly,
JONATHAN HUTCHINSON.

15, Cavendish Square, W.,
November 15th, 1899.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The cheery optimism which pervades your leading article under the above heading in your issue of November 15th is surely very misplaced, and your last phrase "— syphilis as a disease has been latterly robbed of a good deal of its terrors, and is progressively on the decline," contains a very dangerous assertion, especially when made in the columns of a medical paper of sixty years' reputation. I have not had the opportunity of reading Mr. Hutchinson's speech at Brussels, but I hope you will allow me to discuss the various points contained in it which are brought forward in your article. I suppose that the mention of deaths from "inherited syphilis" means the infant mortality in children of syphilitic parents, the statistics upon which are very misleading by the fact of their being so difficult to obtain, yet even accepting the statement that this mortality has been reduced in fourteen years in a proportion of from seventeen to twelve, how can Mr. Hutchinson scout the idea that the inheritance of syphilis is a means of reducing the stamina of the race when he acknowledges in the same breath there *is a mortality* from inherited syphilis, thus showing that a constitutional disease is transmitted to the offspring of the affected parents which may prove fatal, and, if not fatal, may lead to serious complitions; is it not much more logical to believe that the stamina of the race is not reduced in late years owing to the fact that the syphilis is not transmitted *at all* in a large number of cases owing to the parent, the original recipient of the disease, having been cured by our improved methods of treatment, and how much more would this apply to the third generation even if the taint had appeared, and then been eradicated by treatment in the second. On this account inherited syphilis, I am quite willing to admit, is declining, but the same cannot be said of acquired syphilis, and after more than twenty-five years experience I cannot endorse the explicit statement that "among the more educated classes in England syphilis is almost infinitely rare," and "we scarcely ever see it at all," if so, why the account that follows of the pilgrimage of members of the educated classes to Continental health resorts for systematic treatment, which treatment, by the way, is almost always undertaken in the tertiary stage of the disease. The dictum "there is an improvement in the treatment which is likely to be productive of a great diminution in the prevalence of syphilis" would be very true did it say, "prevalence of *inherited* syphilis and prevalence of *tertiary* syphilis. I was much astonished at the statement, "in English practice we scarcely see a secondary stage at all, we suppress it altogether, and this because mercury is administered before secondary symptoms develop" In my opinion no treatment will prevent the appearance of secondary symptoms; in hundreds of cases I have begun the mercury from the very first apparition of the initial lesion, and I have in every case seen the secondary symptoms appear; it seems to me that one might as well hope to suppress by treatment the eruption of small-pox or the rash of scarlet fever. When we consider the difficulty that even the most experienced surgeon has in the diagnosis of venereal sores we must allow that in all probability simple (so inaptly called soft) sores, or even a spot of herpes, in these cases of so-called non-appearance of secondary symptoms may have been mistaken for the initial syphilitic lesion, and treated most unnecessarily with mercury. Now, Sir, comes a phrase in your article with which everyone who has studied syphilis will most heartily agree: "By this means" (*i.e.*, by treatment) "much is done to prevent the manifestations of tertiary symptoms." This, to my mind, and as I have endeavoured to point out over and over again, is the key of the whole position, for the object of the surgeon in the administration of mercury for eighteen months, two years, or even more is to safeguard his patient as far as possible against tertiary symptoms which constitute really the dangerous part of syphilis.

As you very correctly say, the most valuable observations would be based entirely upon hospital practice, and the reason of this is not, as you assert, that it is mainly among the lower orders that the dissemination of syphilis occurs, but because of the greater field of observation, for in my own experience of venereal diseases in hospital patients, and in private cases, there is, *pro ratio*, a higher proportion of syphilis to simple (or soft) sores and gonorrhœa in the latter than in the former. In neither class of my patients, however, have I noticed any decrease of acquired syphilis.

I am Sir, yours truly,
H. DE MERIC.

Duke Street, Portland Place, W.

EXCESSIVE OPERATIVE INTERFERENCE IN APPENDICITIS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of October 25th, you refer to a protest of mine against the doctrine that every case of appendicitis should be operated on the moment the diagnosis is made, and that the appendix should be removed in every case. You ask, "whoever in the land of Nicholas Senn advocates operation unless, first, the condition is of itself serious, or second, has recurred on several occasions?" Had you read the debate in the American Medical Association at Denver, in June, 1898, you would have seen that my protest was called out by the stand taken by Dr. Murphy (of button fame) advocating instant operation in every case, the moment the diagnosis of appendicitis was made, and the removal of the appendix in every case. This opinion is shared by Dr. John B. Deaver, Dr. Robert T. Morris, and others. It was against this doctrine that I somewhat vehemently protested. Moreover, as has been amply shown, even the men who advocate it in theory do not practice it in fact.

I am, Sir, yours truly,
1729, Chestnut Street, Philadelphia, W. W. KEEN.
November 7th, 1899.

INCONSISTENCIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—You rightly consider that an anti-vivisectionist who condones the hunting of tame deer is a little inconsistent, and you ask "Why cannot the anti-vivisectionists try and put a stop to this degraded cruelty, perpetrated in the sacred name of sport?" I am personally acquainted with a great number of anti-vivisectionists, every one of whom views with horror and disgust the adventures of the Queen's Buckhounds, and is using what interest he can exert to put a

stop to them. The Rev. J. Stratton, of Wokingham, Reading, is a prominent worker on our side, and he has for years past devoted much of his time to protesting, by voice and pen, against this scandalous "sport." Tell us what more we can do in the matter and we will do it. But all this has nothing to do with the crusade against what we consider scientific cruelty, and we cannot refuse the support and influence of persons who, while condoning the cruelties of some kinds of sport, are able and willing to help us in what we cannot but feel is a great ethical question. But, Sir, we are all more or less inconsistent on some point or other. Emerson said that "Inconsistency is the bugbear of little minds"; and certainly we should do nothing in the way of progress if we waited till we were all properly consistent in all we do.

I notice that on the same page in which you suggest the rectification of antivivisectionist inconsistency you say that "the whole system [of death certification] is so riddled with inconsistencies and fallacies as to be in not a few instances worthless." I will so far add that the hospital residents "know little and care less about the interests of outside practitioners." This is brave of you and perfectly true. I know something of the ways of the ignorant and supercilious young fellows. They are very inconsistent but they have their uses, and if our hospitals were to be closed till we had reformed their uncultivated ways it would seriously imperil medical education. *Verbum sapienti.*

I am, Sir, yours truly,
EDWARD BERDOE, L.R.C.P.E., M.R.C.S.
London, November 17th, 1899.

Obituary.

DR. REGINALD SOUTHEY, F.R.C.P.

WE regret to have to announce the death of a widely-known and popular member of the profession in the person of Dr. Reginald Southey, F.R.C.P., who died at his residence, Belringham, Sutton Valence, Kent, on the 8th inst. Dr. Southey was the youngest son of the late Dr. Henry Herbert Southey and nephew of Robert Southey, the poet. Born in 1835, he was educated at Westminster School, whence he proceeded to Christ Church, Oxford, where he graduated B.A. in 1855, M.A. in 1857, M.B. in 1858, and M.D. in 1866. At Oxford he obtained a first-class in the honour school of Natural Science, and was appointed a Radcliffe Travelling Scholar. He became a member of the Royal College of Physicians of London in 1860, and was elected to the Fellowship in 1866. He delivered the Goulstonian lectures before the College in 1867 and the Lumleian lectures in 1881. Dr. Southey was formerly physician and lecturer on forensic medicine and hygiene to St. Bartholomew's Hospital. In 1883 he was appointed, on the retirement of Dr. Nairne, a Commissioner in Lunacy, an office which he retained until about a year ago. He was the author of "The Nature and Affinities of Tubercle" and "The History of Bright's Disease," and contributed various papers to the St. Bartholomew's Hospital reports, the transactions of the Royal, Medico-Chirurgical, Clinical, and Pathological Societies, and translated Vol. XIV. of Ziemssen's "Cyclopædia of Practical Medicine.

Laboratory Notes.

BRAND'S NUTRIENT POWDERS.

(Prepared by Messrs. Brand and Co., Mayfair.)

THIS powder is claimed to be prepared from "muscle fibre only, from which the moisture has been removed at a temperature below the coagulation point of the muscle proteids. It is sterilised and tasteless, and is rapidly and easily digestible. It contains all the constituents of lean meat in an unaltered condition."

The statement as to its rapidity and ease of digestion is one that must be left to medical men to ascertain by actual use, though we entertain no doubt on this point, as the other statements of the manufacturers are completely borne out by the figures that we have obtained on analysis, which are as follows:—

Moisture	11·0	parts.
Dried solids	89·0	„
	in 100	parts.

The composition of the dried solids shows them to consist practically entirely of flesh and bone-forming constituents, that is to say,

Albumenoids	82·5	per cent.
Mineral matter	4·5	„

The mineral matter consists almost entirely of phosphates of calcium and potassium, and is free from added salt, which is a far too frequent addition to many of the ordinary meat preparations. On treating some of the powder with water, filtering and then heating the aqueous solution, we obtained a considerable precipitate of albuminous matter.

It will at once be admitted by those who are familiar with the examination of meat preparations, that this is an ideal way of presenting the entire and unaltered constituents of lean meat, and we have the fullest confidence in commending this preparation to medical men.

Literature.

NORRIS AND OLIVER ON DISEASES OF THE EYE. (*a*)

THIS monumental work, of which the present volume forms the third, is a credit to editors and publishers alike. Nothing of the kind on this special subject has ever been attempted before, and the enterprise which has been shown in its production is deserving of the commendation of the ophthalmological world. The following is the list of local diseases dealt with:—"Diseases of the orbit," "diseases of the eyelids," "operations performed upon the eyelids," "diseases of the lacrymal apparatus," "diseases of the conjunctiva and sclera," "diseases of the iris and ciliary body," "diseases of the choroid and vitreous," "diseases of the retina," "the anatomy of staphyloma posticum and the relationship of the condition to myopia," "diseases of the optic nerve," "glaucoma," "wounds and injuries of the eyeball and its appendages," "sympathetic ophthalmia." In addition a chapter is added upon "Operations usually performed in eye surgery." Thus it will be gathered that in this list there are two important omissions, namely, injuries and diseases of the cornea and cataract. Presumably for some editorial reason, the articles upon these subjects have been reserved until the concluding volume of the work. We have not space to enter upon a detailed criticism of this volume, suffice it, however, to say that all the articles are up-to-date, and worthy of their contributors, and that the reputation of the "system" already attained by the previous volumes is in this well maintained.

ELLISON'S MASSAGE. (*b*)

WE have read over this volume of 124 pages with much pleasure, and it would appear that the author had in view the intention of providing a short summary of the elementary knowledge necessary for those beginning the study of massage. The subject is divided into twelve chapters of carefully-written matter. A medical preface has been written by Dr. H. H. Hulbert, Medical Officer of the School of Physical Health Culture, London, in which he states he has carefully read through the chapters on the anatomy and physiology of the body, and have found these an embodiment of simplicity, clearness, and accuracy. The whole work is evidently

(*a*) "System of Diseases of the Eye." By American, British, Dutch, French, German, and Spanish authors. Edited by William F. Norris, A.M., M.D., and Charles A. Oliver, A.M., M.D., Philadelphia, U.S.A. Volume III. Local Diseases, Glaucoma, Wounds, and Injuries, Operations. With 50 full-page plates, and 186 text illustrations. London and Philadelphia: J. B. Lippincott Company (no date).

(*b*) "A Manual for Students of Massage." By M. A. Ellison, L.O.S., Member of the Society of Trained Masseuses. London: Bailliere, Tindall, and Cox. 1899. Price 3s. 6d.

the outcome of diligence and perseverance in overcoming the many difficulties which necessarily attend the study of both the theoretical and practical sides of massage. We have read and reviewed many works on this important subject, and we have an idea that the enthusiastic authors of such books very often imagine that massage is a "cure all" in every disease under the sun. This we feel justified in saying by way of warning is not the case. However, anyone wishing to get a good practical knowledge of the subject will do well to peruse the pages of this little work before us.

CLARKE'S ORTHOPÆDIC SURGERY. (*a*)

It is to be regretted that so many practitioners are unaware of the simplest rules in connection with this important branch of surgery. When a case of either congenital or acquired deformity turns up in their practice they invariably give the patient or friends a letter to the nearest instrument-maker with directions to construct an appliance which he thinks suitable for the case. The instrument-maker, as a rule, is quite ignorant of the anatomical or physiological cause of its progress, and of the termination which is likely to occur, and makes a costly instrument or appliance which may appear to be suitable, but in the end goes a short way to effect a cure of the deformity present. Many surgeons of repute may be very skilful in the use of a scalpel, but when their services are required in connection with the suggestion of a mechanical appliance for the cure of a deformity they display a hopeless ignorance of how such an appliance should be constructed or applied. If practitioners would only devote some special attention to this branch of surgery they would not have the profession divided up into so many "specialisms," which may be good or bad, as the case may be, for the public, but it is certainly not to the advantage of the practitioner, who frequently has to confess his ignorance with this branch of his work.

The careful perusal of such a work as that before us might remedy many a defect in our practical knowledge of the subject. At page 4 the author states the reason why he directed his attention to the study of orthopædic surgery.

He says: "When I began my work as surgeon to out-patients I felt the lack of training in orthopædic surgery. For help with simple rachitic deformities I sent for an instrument maker whom I knew to be employed at a large general hospital. I found that he usually made the instruments *to fit the deformity*, and so to exclude the possibility of any improvement being obtained. For cases of club-foot I sought the assistance of another instrument maker, who had been recommended to me as being employed at a general hospital and a large special hospital for children. This man was always ready to air his views on the anatomy and pathology of the various kinds of club-foot.

"His pathology was grotesque, and the instruments he made were usually wrong in principle."

We have carefully read through this work of nearly 450 pages, and consider the subject has been very fully treated. The illustrations are numerous, and, on the whole, very good. We strongly recommend the work to those interested in this special branch of surgery.

WALTERS' SANATORIA FOR CONSUMPTIVES. (*b*)

This book appears at a psychological moment, when all the world is keen upon the cure of consumption. Its author has dealt with the whole question of special sanatoria in a systematic and thorough manner, and has then given detailed sketches of individual institutions in different parts of the world. The questions of sites, construction, furniture, general and special hygiene, diet, exercise, rest, medical supervision, the rôle of fresh air, cost of building and maintenance, are all duly considered. Indeed the book is a mine of information for all who are interested in the subject. The question of the duration of treatment is an important one, and we learn that the practice with regard to that point differs widely in various countries. Thus at Basel a minimum of thirteen weeks is fixed. Three months is a common period abroad, although most medical officers of these sanatoria regard that as scarcely sufficient to train the patient in necessary hygienic methods and to put him on the road to recovery. "At Canigou patients who begin to be home sick are sent home for a time, to return again for further courses of treatment. Dr. Giresse regards this interruption as a concession to human frailty rather than as medically desirable. In some sanatoria quite a different system prevails, the patient staying until he is apparently cured, irrespective of how long he may require. Thus, at Nordrach patients stay until for about twenty examinations no tubercle bacilli have been found in their sputa, and until the injection of their sputa into a guinea-pig (which is next done) does not cause tuberculosis. At Davos and other Alpine sanatoria at least two winters and one summer are advised; in Colorado, too, at least two years' residence is considered necessary. At the Adirondack Cottage Sanatorium patients stay until they are apparently cured; the average stay being six months, and one year nominally the limit." The author thinks that in most cases if a patient has made progress he may be sent back after a few months, with directions for a prompt return in case of relapse. The descriptions of the Sanatoria are helped by numerous illustrations and ground plans, which add much to the practical value of the work, which will doubtless remain for some time the standard book upon this important subject.

(*a*) "Orthopædic Surgery: A Text-Book of the Pathology and Treatment of Deformities." By J. Jackson Clarke M.B Lond., F.R.C.S., Surgeon to the Out-Patients at the North-West London Hospital; Surgeon to the Orthopædic Hospital. With 309 illustrations. London: Cassell and Company, Limited. 1899.

(*b*) "Sanatoria for Consumptives." By F. R. Walters, M.D., Physician to the North London Hospital for Consumption. London: Swan, Sonnenschein and Co. 1899. Price 10s. 6d. net.

Medical News.

British Gynæcological Society.

The annual dinner of this Society took place on Thursday evening last at the Café Monico, the president, Dr. MacNaughton-Jones in the chair, supported by a large gathering of Fellows and many distinguished guests. The toast of the guests was responded to by Sir James Dick, Director-General R.A.M.C., who defended the medical department of the Army, and by Surgeon-General Jamieson, who, in a humorous speech, said he had had some experience of gynæcology himself when in Canada, where he was in medical charge of a regiment of 500 men, with 500 wives and 1,200 children. He referred to modern improvements in the equipment of the army medical department, of which Mr. Makins, before leaving, had remarked that he could find no addition to suggest except a few nail-brushes. He remarked that the suggestion for the employment of civil surgeons in the field had emanated from himself, so it could hardly be construed as a reflection on the department. He referred to the incidence of enteric fever, and mentioned incidentally that they had made a series of observations at Netley on the value of the various filters in the market, and only two had been found worthy of confidence, viz., the Pasteur-Chamberland, and the Berkefeld filters. He called attention to the experiments that were being carried on with anti-typhoid inoculations adding that while the mortality among the vaccinated was only 7 per cent., that among the unprotected was about double, the conditions being the same in the two series. Dr. F. Roberts, the president of the Medical Society of London, humorously remarked that if there had been a gynæcological society in Canada, there would probably not have been 1,200 children. He asked why if the Government thought it necessary to send out civil surgeons to the war they did not also send civil physicians, seeing that the bulk of the mortality in warfare was generally from disease rather than injury. The toast of the Society was responded to by Sir James Crichton Browne in a

characteristically amusing speech, in which he fully admitted the excellent work that had been done, and was being done, by it. An excellent selection of vocal music and recitations agreeably filled the intervals between the toasts, and the proceedings were continued until a late hour.

Royal Medical and Chirurgical Society.

The Fellows' dinner of this society was given at the Whitehall Rooms, Hotel Metropôle, on Saturday last, the President, Mr. Thomas Bryant, in the chair, supported by the Bishop of London and a number of guests representing the sister societies, the Royal Colleges, &c. The toast of the guests was proposed in a singularly felicitous speech by Dr. Pye-Smith, and was responded to by the Bishop of London who, in a happy vein, referred to the many points of contact between medical and clerical work. The President of the Royal College of Physicians of London also replied. The toast-list closed with that of the Chairman, proposed by Mr. Timothy Holmes, which was enthusiastically drunk. Dr. Beevor and Dr. Habershon contributed some vocal music, and Dr. G. Ogilvie some racy Scotch and other stories, which were listened to with great interest.

Seventh International Otological Congress.

We are asked by the Honorary Secretary to announce that owing to the date for holding the International Medical Congress falling in 1903, it has been decided that the next International Otological Congress will be held in 1902. The meeting will be held at Bordeaux under the presidency of Dr. Moure.

The Mortality of Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of several of the populations:—Calcutta —, Bombay 49, Madras 38, Paris 18, Brussels 16, Amsterdam 13, Rotterdam 18, The Hague 17, Copenhagen 15, Stockholm 17, Christiania 17, St. Petersburg 19, Moscow —, Hamburg 15, Dresden 16, Breslau 21, Munich 24, Vienna 16, Prague 21, Buda-Pesth 19, Trieste 27, Rome 15, Turin (10 days) 13, Venice 17, Cairo 31, Alexandria 27, New York (including Brooklyn) —, Philadelphia 15.

The Tallerman Free Institute Trust.

Under the above title a new medical charity was formally brought into existence last week at the Langham Hotel, Portland Place, London. Its ends and aims are simplicity itself, and more than justify the launching of a scheme that bids fair to bring valuable relief within the reach of the poor throughout the length and breadth of the United Kingdom. As most of our readers probably know, the special treatment introduced by Mr. Tallerman consists in the local application of air superheated to a temperature varying from 250 deg. F. to 300 deg. F. Although the heat is applied to a limited part of the body the beneficial effects are shown upon the whole system. The results in chonic, rheumatic and gouty conditions il remarkable, and still more so in the mixed or rheumatoid or osteo-arthritic types. For some years past a few charitably-disposed persons have applied an apparatus given them by the inventor to poor inhabitants of a densely-populated South London district. A mission room was borrowed for the purpose, and the cost of the undertaking has been merely nominal. It has occurred to Mr. Tallerman that the poor of the United Kingdom might be benefited by the extension of a similar system of free institutes. He has accordingly called together an influential, general and executive committee to assist in carrying out that intention, and has generously offered to provide free of all cost the necessary apparatus. It is clear that the proposal is fraught with blessing for the crippled and suffering poor of Great Britain, for upon them falls the brunt of diseases of the osteo-arthritic type. The suggestion is that local committees be formed in the chief provincial towns by prominent clergymen and citizens, and that each one appoint an honorary medical officer, who will determine the eligibility or otherwise of candidates for relief. The charity is meant solely for the necessitous poor. Responsible applications from medical men and clergymen wishing to undertake the formation of local centres may be sent, accompanied with full particulars, addressed, The Tallerman Free Institute Trust, under cover of the Editor, Medical Press and Circular. It is only fair to state that Mr. Tallerman has not advertised his treatment in lay papers, and always worked loyally with the medical profession, whose support he certainly appears to merit in his new philanthropic departure.

Vital Statistics.

The deaths registered last week in thirty-six great towns of England and Wales corresponded to an annual rate of 18·0 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of this year:—

Birkenhead 19, Birmingham 19, Blackburn 24, Bolton 16, Bradford 16, Brighton 14, Bristol 24, Burnley 16, Cardiff 16, Croydon 10, Derby 10, Dublin 37, Edinburgh 17, Glasgow 17, Gateshead 15, Halifax 10, Huddersfield 13, Hull 16, Leeds 20, Leicester 20, Liverpool 25, London 17, Manchester 19, Newcastle-on-Tyne 16, Norwich 17, Nottingham 18, Oldham 19, Plymouth 17, Portsmouth 17, Preston 18, Salford 19, Sheffield 16, Sunderland 18, Swansea 11, West Ham 14, Wolverhampton 20. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles 1·1 in Bradford, and 2·7 in Birkenhead; from scarlet fever, 1·1 in Oldham; from whooping cough, 1·0 in Salford; from fever, 1·2 in Wolverhampton and in Sheffield, and 2·0 in Nottingham. In none of the large towns did the death-rate from diarrhœa reach 1·0 per 1,000. The 142 deaths from diphtheria included 68 in London, 10 in Sheffield, 7 in Leeds, 7 in Leicester, 6 in West Ham, 6 in Liverpool, 5 each in Portsmouth, Birmingham, Manchester and Blackburn, and 3 (each in Dublin, Glasgow, and Brighton. Two deaths from small-pox were registered in Hull, but not one in any other of the other large towns.

PASS LISTS.

Public Health Examinations of the Colleges of Physicians and Surgeons in Ireland.

The following gentlemen have passed the examination for the Conjoint Diploma in Public Health of these Colleges:—

Honours: Dr. E. J. McWeeney. Pass: Dr. B. H. Draper, Dr. J. J. Earls, Dr. T. W. Heywood, Dr. G. G. Lawson. Passed Part I.: Dr. J. C. McWalter.

Society of Apothecaries of London, November, 1899.

The following candidates passed in:—

Surgery: F. G. Aldrich (Section I.), Charing Cross Hospital; E. Brookes (Section II.), Westminster Hospital; J. M. Edwards (Section I.), Charing Cross Hospital; D. Hamilton, Royal Free Hospital; F. Marriott, Edinburgh; G. G. Membery (Section I.), Toronto; T. C. Mitchell (Sections I. and II.), Leeds; H. J. Pickering (Sections I. and II.), St. Bartholomew's Hospital; and E. D. Wortley (Sections I. and II.), St. Bartholomew's Hospital

Medicine: C. B. S. Amos (Section I.), Royal Free Hospital; G. H. Bedford (Section I.), Guy's Hospital; R. F. Ellery (Section II.), St. Bartholomew's Hospital; R. T. Forster (Section I.), Leeds; J. B. Hall (Section II.), Leeds; W. K. S. Hay-Coghlan, St Mary's Hospital; G. G. Membery (Section I.), Toronto; and T. C. Mitchell (Sections I. and II.). Leeds.

Forensic Medicine: C. B. S. Amos, Royal Free Hospital; G. H. Bedford, Guy's Hospital: T. Burdekin, University College Hospital; E. E. Evans, Royal Free Hospital; R. T. Forster Leeds: M. P. Gabe, Middlesex Hospital; W. K. S. Hay-Coghlan, St. Mary's Hospital; G. G. Membery, Toronto; and T. C. Mitchell, Leeds.

Midwifery: J. B. Clemens, St. Thomas's and London Hospitals; F. R. Featherstone, Guy's Hospital; R. T. Forster, Leeds; W. K. S. Hay-Coghlan, St. Mary's Hospital; H. Jessop, Birmingham; G. L. Parsons, Westminster Hospital; J. B. Pooler, Birmingham; and C. H. Williams, St. Bartholomew's Hospital.

The Diploma of the Society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:—Messrs. M. P. Gabe, D. Hamilton, F. Marriott, T. C. Mitchell, H. J. Pickering, and E. D. Wortley.

The Dublin Colleges—November Preliminary Examination

Honours in Order of Merit.—J. W. Harvey, M. Campbell, M. J. C. Kennedy.

Pass—Alphabetically.—J. L. Allen, E. A. Bernard, F. L. Bradish, H. L. Cohen, W. J. Connolly, J. F. Crean, M. B. Fisher, P. E. Harrison, B. Jackson, T. R. N. Miles, J. Murray, J. O'Kelly, E. H. Patman, W. D. Sammon, S. W. Talbot.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

A QUESTION FOR WELSH PATHOLOGISTS.

Dr. ROSWELL PARK, of Buffalo New York, writes to a correspondent as follows:—"I ask you to institute an inquiry for me based upon the statement recently made in my hearing by a gentleman who seemed more or less conversant with the Welsh language. We were speaking of appendicitis, and he made the statement that long before this disease was known the Welsh had a common term for the appendix, which was known in their vernacular as the death-trap or death-drop. If this be really so, it would be exceedingly interesting to know just whence the idea came which was thus embodied in so significant an expression."

Perhaps one of our Welsh correspondents may be in a position to help us in the elucidation of this matter.

EX ŒQUALI.—Professor Oster said the other day that instead of proceeding on the Anglo-Saxon principle of considering every fever innocent of typhoid until it was proved guilty, it would be well to try the Gallic plan of considering every fever guilty until it proved that it was innocent of the charge of being typhoid.

SENECTUS.—Our correspondent will find on reference to the report of the trial that the charge was withdrawn.

A FORTIORI.—The power is vested in the hands of the Privy Council.

F.R.C.S.—The system that requires the canvassing of Governors is decidedly objectionable. Unfortunately it is your only vehicle towards the appointment.

M.R.C.P.—Our correspondent will find an action at law decidedly expensive, even if it wrings an apology from the other side. We suggest that an agreement to appoint an arbiter would be a wiser and more satisfactory way of adjusting the difficulty. Above all, we counsel the avoidance of lawyers except as a very last resource.

AGGRIEVED.—Under the Copyright Act of 5 and 6 Will. IV., c. 65, lecturers are protected if, at least two days before the delivery of lectures, their author gives written notice of his claim to two Justices of the Peace living within five miles of the place of delivery. It is highly probable, however, that the law, or the construction of the law, in respect of the copyright in reports of lectures and speeches will be modified.

NEMO.—The rule laid down by Dr. Fordyce Barker was to give iron when the menses are scanty and lack colours, and arsenic when the flow is too frequent, too profuse, or too prolonged.

Meetings of the Societies and Lectures.

WEDNESDAY, NOVEMBER 22ND.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square).—4.30 p.m. Dr. Morgan Dockrell: Benign New Growths. (Post-graduate Course.)

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20, Hanover Square, W.). 5 p.m. Ordinary meeting, 4.30 p.m. Informal Exhibition of Cases.

THURSDAY, NOVEMBER 23RD.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL (Gray's Inn Road).—5 p.m. Dr. D. Grant: Treatment of Inflammatory and Specific Affections of the Nose.

FRIDAY, NOVEMBER 24TH.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Papers:—Mr. Howard Marsh: A Case of Senile Tuberculosis —Mr. Arthur E. Barker: A Case of Excision of the Cæcum for Carcinoma of the Ileo-Cæcal Valve and Obstruction—Dr. Chas. W. Chapman: A Case of Obstruction of the Inferior Vena Cava, probably Syphilitic (with Patient).

MEDICAL GRADUATES COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.). 4. p.m. Consultation (Ear and Throat), Dr. Dundas Grant.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Obstetrical Section. Exhibits:—1. Dr. Purefoy, Five Cases of Myomatous Uterus, three Removed by Supra-Vaginal Amputation and two by Pan-Hysterectomy; Four Cases of Ovarian Cyst; Two Mutilocular Ovarian Cysts; Two Cases of Cystic Ovary; Two Cases of Pyo-salpinx; Three Ectopic Gestation Sacs: One Case of Carcinoma Uteri; Two Cases of Removal of the Clitoris for Malignant Disease; One Cystic Ovary Removed by Colpotomy; One Calculus Removed from Bladder (size of a walnut)—2. Dr. Alfred Smith, Seven Fibro-Myomatous Uteri Removed by Retro-Peritoneal Hysterectomy: Six Ovarian Cystomata; One Dermoid Cyst; One Pyo-salpinx—3. Dr. Kidd, Myomatous Uteri Removed by Abdominal Hysterectomy—4. Dr. Glenn, Coccyx excised for Persistent Coccygodynia due to Dislocation; Case of Tuberculous Tubes: Tube Removed for Salpingitis in a Case of Ventro-Fixation for Fixed Retro-Version; Case of Myomatous Uterus Removed by Retro-Peritoneal Hysterectomy; Sac of Umbilical Hernia following labour. Papers:—1. President's Address (Dr. A. V. Macan); 2. Demonstration by Dr. Macan of Laplace's Instrument for Gastro-Enterostomy and Intestinal Anastomosis—3. Dr. Cole-Baker, Observations on a Successful Case of Cæsarian Section —4. Dr. Purefoy, Case Illustrative of a Rare Form of Ulceration in the Female Urethra—5. Dr. Kidd, Short Notes on a Case of Wound Celled Sarcoma of Ovaries.

TUESDAY, NOVEMBER 28TH.

SOCIETY OF APOTHECARIES (London, at 4 p.m.)—Lecture by Dr. Nestor Tirard on the Pharmacopœia in its Relation to Medical Men.

CLINICAL DEMONSTRATION.—4 p.m. Dr. Fletcher Beach Case of Epilepsy and other Convulsive Disorders.

Vacancies.

Birmingham City Asylum.—Junior Assistant Medical Officer, unmarried. Salary commencing at £100 per annum, with board, apartments, washing, and attendance, &c.

British Hospital, Buenos Aires.—House Surgeon. Salary £200 first year, £250 second, £300 third, with board, lodging, and wine allowance. Apply to Dr. Louis Colbourne, Berkhamsted, Herts.

Ballyshannon Union, Kinlough Dispensary District.—Medical Officer. Salary £100 a year as Medical Officer, and £20 as Medical Officer of Health, together with Vaccination Fees. Applications to J. B. Chism, Clerk of Union. (See Advt.)

Carmarthenshire Infirmary.—Resident Medical Officer. Salary, £100 per annum, with apartments, board, attendance, and washing. Apply to the Secretary, 13, Guildhall Square, Carmarthen.

City Asylum, Nottingham.—Second Assistant Medical Officer, unmarried. Salary £125, with board, apartments, and washing.

County Council of Salop.—County Medical Officer of Health. Salary £750 per annum, to include all travelling and other expenses, except office and stationery. Applications to Mr. E. C. Peele, Shirehall, Shrewsbury.

Devonshire Hospital, Buxton, Derbyshire.—Assistant House Surgeon. Salary £50 per annum, with furnished apartment, board, and washing.

Manchester Royal Infirmary.—Resident Medical Officer for one year, unmarried. Salary £150, with board and residence.

Royal College of Surgeons of England, London.—Three Examiners. (See Advt.)

West Riding Asylum, Wakefield.—Assistant Medical Officer as Locum Tenens. Salary £3 3s. per week, with apartments and board.

Weston-Super-Mare Hospital and Dispensary.—Medical Officer to the Provident Dispensary attached to the Hospital. Salary £90 per annum, with board, lodging, and washing.

Appointments.

BROCKBANK, EDWARD MANSFIELD, M.D.Vict., M.R.C.P.Lond., Honorary Physician to the Ancoats Hospital, Manchester.

FORWARD, E. L. M.B.C.S., L.R.C.P.Lond., Assistant Medical Officer to the Coppice Asylum, Nottingham.

FOX, W. J., L.R.C.P.Irel., L.F.P.S.Glasg. L.A.H., and L.M.Dub., Medical Officer, Medical Officer of Health, Police Surgeon, Public Vaccinator, and Registrar to the Ballinalee Dispensary District of the Granard Union.

HOBSON, H. OVERTON, M.B., C.M.Edin., Junior House Physician to the North-West London Hospital.

MASON, GERALD BOVELL, M.R.C.S., L.R.C.P., Resident Medical Officer to the Ticehurst Asylum, Sussex.

MONTGOMERY, W. P., M.A.Oxon., B.S. & M,B.Lond., F.R.C.S., Honorary Surgeon to the Ancoats Hospital, Manchester.

MOORE, H. C., M.R.C.S., Medical Officer of Health, *pro tem.*, for the Hereford Combined Rural Sanitary District.

ORTON, JOHN, L.R.C.P.Lond., M.R.C.S., D.H.P.Edin., appointed Medical Officer for Foleshill and Stoke, Coventry.

RICHARDSON, I. B., M.R.C.S., L.R.C.P.Lond., Assistant House Physician to the General Hospital, Birmingham.

SAVAGE, SMALLWOOD, M.A., M.B., B.Ch.Oxon., F.R.C.S.Eng., Honorary Surgeon to the Birmingham Lying-in Charity.

WARD, J. P. STEVENS, M.R.C.S., has been appointed to take medical charge of the troops at Crownhill and Woodlands, Plymouth.

WATKINS, D. J. G., M.A.Camb., M.B., B.C., L.R.C.P.Lond., M.R.C.S., Medical Officer of the Lincoln Dispensary.

WESTMACOTT, F. H., F.R.C.S.Eng., Honorary Aural Surgeon to the Manchester Children's Hospital, Pendlebury.

Marriages.

LANKESTER—ARCHIBALD.—On November 14th, at Karachi, Cecil Pryor Lankester, Esq., M.R.C.S., L.R.C.P., of the C.M.S. Hospital, Peshawar, India, youngest son of Henry Lankester, Esq. J.P., of Leicester, to Cecile Florence, second daughter of W. F. A. Archibald, Esq., Master of the Supreme Court, London.

OLSEN—SIBLEY.—On November 16th, at the Old Church, Calcutta, the Rev. C. L. Olsen, M.A., C.M.S., to Edith Mabel Fanny, eldest daughter of the late S. D. Sibley F.R.C.S., of Harley Street.

THORNELY—SMART.—On November 14th, at St. Mary's Church, Rye, William Thornely, M.B., B.C. Cantab., of 60, Herne Hill, S.E., youngest son of the late James Thornely, of Baycliffe, Woolton, Liverpool, to Mary Elizabeth, elder daughter of the late Robert Smart, R.N., of Cranborne, Dorset.

Deaths.

BUCKELL.—On November 9th, at his residence, North Pallant, Chichester, Leonard Buckell, M.D., in the 80th year of his age.

CUBITT.—On November 8th, at Somersby, Castle Hill, Maidenhead, George Robert Cubitt, M.R.C.S., aged 73.

GRAVES.—November 15th, after a long illness, Christine Jessie, the wife of Charles Graves, M.R.C.S., L.R.C.P., of Commercial Road, Portsmouth, aged 26.

JOHNSON.—On November 15th, at his residence, Cliff Bank House, Stoke-upon-Trent, Samuel Johnson, M.D.Ch.M., Medical Officer of Health for the Borough, aged 53 years.

NEWNHAM.—On November 13th, at Margate, Ernest Edmund Newnham, M.R.C.S. and L.S.A., aged 42.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, NOVEMBER 29, 1899. No. 22.

Original Communications.

ON THE PHYSICO-CHEMICAL CHANGES CONCERNED IN THE PRODUCTION OF VERSION OF THE UTERUS. (a)

By JAMES OLIVER, M.D., F.R.S.Edin., F.L.S.

Physician to the Hospital for Women, London.

IN treating of the normal position of the uterus, Quain says: "Its upper end is directed upwards and forwards, the lower downwards and backwards; so that its axis corresponds with that of the inlet of the pelvis and forms an angle or sudden curve with the axis of the vagina which corresponds more nearly with that of the outlet of the cavity." To estimate precisely, and define more accurately, the natural inclination of this organ, is impossible; consequently, it must suffice us to know that the fundus or upper pole which ascends toward the abdominal cavity, should also be directed forwards, and that the cervix or lower pole which projects into the vagina should, to a correlative extent, be directed backwards. Now so long as the integrity, not only of the uterus, but of those tissues on the harmonious relationship of which the maintenance of its rigidity depends, is preserved, the normal position of this organ is not appreciably disturbed by any of the ordinary alterations in the position of the body of the female.

When the bladder or rectum, or both viscera are unduly distended the resulting increased tension and pressure cause the natural inclination of the uterus to become altered, but it is not intended that this organ should, under ordinary circumstances, impose the burthen of its weight upon a neighbour. So too, with regard to the intestines, although portions of the bowel come frequently in contact with the free surface of the uterus, still the latter is not required in the ordinary course of events to aid in supporting the former. Throughout the universe we witness evidence of a cohesive affinity, and it is this agent which no doubt serves to maintain the various organs of the body in position. As the natural direction of the fundus uteri is towards the anterior abdominal wall it is commonly a debatable question whether in any given case the true limit of inclination forward has been exceeded, and the condition should or should not be considered one of anteversion. When, however, the fundus is directed more or less backward it is generally easy to recognise that the inclination of the axis is the reverse of normal, and we are justified in assuming that the change is due to some abnormal state.

The peritoneum which invests the body of the uterus is extended laterally on both sides from the anterior and posterior surfaces of the organ to the pelvic wall. Included by these folds we find muscular fibres, which are continuous with the superficial muscular layer of the uterus itself; consequently, it is impossible to doubt that the maintenance of the normal inclination of this viscus is in some measure dependent upon the state of integrity of these serous expansions. Some authorities attach much importance to other structures located in the broad ligaments, such as the round ligaments and the ligaments of the ovary, and although these dense fibro-areolar cords do occasionally become sclerosed, yet it is altogether improbable that the position of the uterus is ever materially disturbed by change occurring in these structures alone.

The neck of the uterus is embraced by, and is structurally continuous with, the vagina, which reaches higher up on the cervix uteri behind than in front, a condition of affairs which, together with the inclination of the axis of the outlet of the pelvis, accounts for the uterus assuming so commonly a retroverted position when it is dragged down by volsellum forceps applied either to the anterior or posterior lip of the cervix. Now the vagina is a distensible and highly elastic tube, and by virtue of this elastic property the force of gravitation is so counterpoised that the uterus is not only maintained at a fairly uniform height in the pelvis, but is enabled to descend and ascend in unison with the respiratory movements. This same elastic property of the vagina is a powerful factor in maintaining the natural inclination of the uterus since it opposes those physico-vital qualities which characterise the uterine tissue proper, and are displayed by that portion of the peritoneum which lines the pelvis.

When we remember that rather more than one-half of the weight of our bodies consists of water, it is impossible for us to ignore the fact that this compound plays a most important part in the rôle of the organic economy, It is absolutely necessary for the carrying on of all vital phenomena. The consistence of all the soft structures of our bodies, and the maintenance of their well-being depends to a greater or less extent upon the amount of water which physiologically they are capable of retaining. This, as we know, is not however a fixed quantity. Through the medium of the kidneys, skin, lungs, and bowel, loss of water is perpetually taking place, and this loss must be replaced by fresh aqueous solution. Without this interchange the processes of nutrition would rapidly fail. By the agency of water, nutrient materials in a state of solution are carried to every cell of the body, and waste products are in turn eliminated from the system.

During pregnancy and after parturition, the uterus undergoes a great and somewhat rapid variation in its molecular state, and the changes which take place under such circumstances are effected through the agency of water in consequence of the extraordinary diosmotic power possessed by this viscus. When a retroverted uterus harbours a fecundated and developing ovum it tends spontaneously to assume an erect position about the tenth or twelfth week; it may occasionally even do so as early as the sixth

(a) Paper read before the British Gynæcoloical Society, November 9th, 1899.

week. Now the pregnant uterus is virtually a growing organ, and we know that growth can only take place when cell tension is well maintained, consequently we are justified in assuming that the alteration in its position is in part attributable to an increased turgescence. I may here remark that the uterus which before conception was retroverted is extremely prone to return to this position after delivery.

It is, of course, very evident that the firmness and rigidity of many organic structures depend to some extend upon turgescence. The stalk of a cut flower, for example, soon loses its rigidity and droops in consequence of a diminution in the cell tension brought about by the loss of water by evaporation; the cell tension may, however, be restored and the structure may thereby regain its rigidity and display once more its erect propensity if we place the cut end of the stalk in water before the cells have unduly lost the power of absorption. When death ensues water is lost by evaporation, and as no renewal takes place organs which in the living state were firm and elastic become more or less limp and flaccid. In the dead body the uterus is very commonly found overlying Douglas's pouch, with its fundus in contact with the rectum, and so generally in fact is this position displayed when sections are made of frozen bodies that some pathologists have gone so far as to affirm that this retroverted position is the natural one. Clinicists have no hesitation in repudiating this assertion, and will no doubt allow that this pathological phenomenon may be attributed to the loss of water by evaporation and other physico-chemical changes consequent upon death, and is determined by the position of the body, which is invariably dorsal.

Elasticity and compressibility are, however, undoubted properties of the uterus, and the maintenance of the natural inclination of this organ is to a greater or less extent dependent upon the preservation and due exercise of these. The aqueous solution we know, which the uterine tissue contains, cannot be compressed by those forces to which it is subjected, consequently the perpetually compressed state—to which we shall refer later—in which the healthy organ exists is not in any way related to the presence of water, although the compressing agent is more or less decidedly influenced by it.

If over the fundus we incise the peritoneal covering of the uterus between the Fallopian tubes, the wound will soon begin to gape on account of the resiliency of the uterine tissue, and the elasticity of the serous membrane. In its natural state, therefore, the uterine tissue is perpetually more or less compressed, and if it were possible to remove entirely the serous capsule without otherwise disturbing the vital state of the organ, the latter would forthwith become more bulky, being freed of its compressing agent.

The peritoneum, as every gynæcologist knows full well, is an extensible and highly elastic structure, but we overlook the fact that that portion of it which envelops the uterus, and enters into the formation of the broad ligaments, exists under ordinary circumstances, and at all times, in a state of passive extension. The elasticity of this portion of the peritoneum is constantly being opposed by the resiliency of the structures which it circumscribes. If, in fact, it were possible to remove intact the serous covering from the uterus without disturbing its physico-vital qualities, it would become so contracted that it probably could never again be made to cover the organ; in other words, the peritoneal covering is virtually too small for the uterus, whilst the uterine tissue proper is, at the same time, too bulky for its capsule. Between these two tissues in their natural connection there exists a mutual tension, and the maintenance of the normal inclination of the uterus is in a very high degree dependent upon their harmonious action and reaction.

Mutual tissue-tension is a phenomenon displayed by many organic structures, by the tubular flower-stalk of the dandelion, and, notably, by the leaf-stalk of the rhubarb plant. To demonstrate this phenomenon, take a piece of a fresh leaf-stalk from a rhubarb plant and make both ends rectangular to each other. Remove from this a strip of the epidermal tissue, together with the collenchyma layers, which strengthen it. and it will be observed that the strip becomes forthwith so elastically contracted that it is no longer capable of filling up the gap produced by its removal. This shows that in the natural condition the epidermal and collenchyma layers are passively extended. If we now remove the whole of the epidermis from the piece of stalk it is remarked that the remaining structure which consists chiefly of parenchyma, and very extensible vascular bundles has become elongated and altogether more bulky. This shows that the elastic pressure of the epidermis compressed and restrained the natural resiliency of the parenchyma. In the case of the uterus it is highly probable that the shape of the organ favours the action of this mutual tissue-tension.

In the organic world it is difficult to find a structure which is circumstanced like the uterus. The hump, however, on the camel's back bears some analogy. It projects stiffly, is composed chiefly of fat (which, by the way, is but feebly elastic), and is invested by an elastic epidermal membrane. As a rule, it is solid and firm, but it becomes limp and soft when the food is insufficient.

Having summarily dealt with those conditions which determine the natural inclination of the uterus, let us attempt to discuss now those changes in state which may cause this organ to lie more or less passively in the pelvis and assume a position which we are accustomed to speak of as one of version.

The uterus is said to be verted when the body assumes a more or less recumbent posture, the cervix at the same being correlatively displaced in the opposite direction, or, in other words, when the axis of the organ as a whole assumes an inclination which is materially different to that which we recognise as normal. The displacement is specifically designated according to the direction towards which the fundus is deviated, hence we have anteversion, retroversion, right lateral version, and left lateral version.

Retroversion is very commonly noted in association with more or less descent or prolapse of the uterus. Now we are able in some measure, but necessarily very imperfectly, to simulate this pathological state by dragging the cervix down by vol-sellum forceps, and it is noteworthy that under such circumstances retroversion is very frequently induced, and will persist so long as the traction is maintained, When therefore the elasticity, or in other words the staying and resisting powers of the vaginal canal are more or less markedly impaired, in consequence of defective assimilation and metabolism, or are antagonised and practically annulled by dragging the cervix down it is observed that version, and especially retroversion, of the uterus is apt to result. The reduction to a greater or less extent of that tissue-tension which exists between the cervix and vagina where they are incorporated, and which is a concomitant of prolapse, aids undoubtedly in bringing about an alteration in the natural inclination of the uterus, but the mere descent of the latter organ it would seem, is sufficient to induce this. Virtually the uterus is suspended in the pelvis between two elastic structures, and in their normal state these two in their action oppose and supplement each other. The peritoneum which envelops the uterus, and enters into the formation of the broad ligaments, is elastic, and existing as it does in a state of passive extension,

it exerts constantly a certain amount of pressure upon, and compresses the underlying structures, In this action it is aided by the staying and resisting powers of the vaginal canal; if, however, these become enfeebled, the peritoneum is then so disadvantageously circumstanced that it is rendered practically inert, and it no longer contributes towards maintaining the natural, but favours rather the production of a backward inclination of the uterus.

Turgescence of the uterine tissue proper plays, as has been already remarked, a part in maintaining the natural inclination of the uterus, and it is efficiently preserved so long as the elasticity of the cell walls continues unimpaired, and so long as the aqueous solution in the cells is not unduly diminished, is not reduced beyond what one would term the minimum amount.

Constantly there is a movement of fluid to and from the interior of all living cells, and this diosmotic phenomenon, which depends upon some peculiar property of the cell membrane, is influenced not only by the chemical composition of the cell itself and its contents, but by the character of the liquid which bathes the cells. Normally, the state of turgescence of the uterine and of all other tissues of the body must and does vary from time to time, seeing that the recurring chemical processes necessary for nutrition, and the affinities concerned in depuration are dependent upon the presence, and are effected by the agency of water. So long, however, as the elasticity of the cell wall and the hydrostatic pressure in the cell itself act and react upon each other harmoniously, so long will turgescence aid in maintaining the natural inclination of the uterus.

Under ordinary circumstances, the walls of the cellular elements of the uterus which are kept perpetually on the stretch, more or less, by internal hydrostatic pressure offer some resistance to filtration, and it is evident that the firmness and rigidity of the organ as a whole are in some measure dependent upon this. If, however, this resisting power should be inhibited, a too rapid filtration from the cells will take place and the organ rendered thus more limp and flaccid will tend to assume that position which the resultant of the forces acting upon it may determine. The suddenness with which apparently version of the uterus occurs in consequence of physical or mental shock may be accounted for in this way. In the vegetable world we find instances in which water is rapidly displaced from the cells of a turgescent tissue as a result of a touch or a shake. In this way we can bring about a relaxation of the cells of the motile organs of Mimosa pudica, and cause the leaves to move. The leaves of Dionœa muscipula (Venus' fly trap) are in like many responsive to contact or shocks. On the inner face of each half of the leaf of this plant are three long fine bristles, and if one of these be touched roughly the two halves of the leaf will approach each other with great rapidity. The shock induces some change in the molecular state of the organic membrane whereby a too rapid filtration takes place, but at present it is impossible to say what may be the nature of this change. Diosmosis is necessarily an obscure and complicated phenomenon, since it depends not only upon the molecular state of the filtering membrane but upon the attractive powers of the materials located within and circulating outside the cells. The excretion of nectar is an osmotic phenomenon, and Dr. H. P. Wilson (Cambr., Mass., U.S.A.) has shown that this excretion may be arrested and held in abeyance for an indefinite length of time by merely washing the external surface of the nectary with plain water, and that when thus suspended it may be re-established by placing a very small particle of sugar on the washed surface. In this case the exosmotic current is staid by brushing the external surface of the gland with water, but it is forthwith set in motion again by the attraction of the sugar. On reflection it is very evident that osmosis is a phenomenon which may be readily and seriously disordered. Now the nutritive and depurative processes in our bodies are effected by osmosis, consequently any serious derangement of this phenomenon may cause not only an undue diminution in the amount of water in the cells, but may impair more or less markedly the tone of the cellular elements themselves. In the case of a muscular structure like the uterus atony of its cellular elements means impairment of the compressibility and resiliency of the organ as a whole, impairment, *i.e.*, of two properties which aid materially in preserving that mutual tissue-tension which plays such an important part in maintaining the natural inclination of the uterus. If therefore diosmosis should be badly effected then the physico-vital state of the uterine tissue may be so deranged that the organ is no longer enabled to withstand the influence of adverse forces, but tends to assume that inclination which the resultant of these forces may determine.

The mutual tissue-tension to which we have just referred depends, on the one hand, upon the physico-vital properties which characterise healthy uterine tissue, and on the other upon the manner in which the living perimetrium opposes and responds in turn to the influence of these. The perimetrium is an elastic structure which in its natural connection is passively extended. In enucleating solid and cystic tumours from the broad ligaments in emptying a uterus distended with menstrual blood in consequence of an imperforate hymen, and in operating upon the female pelvic organs generally we are constantly and forcibly reminded that the peritoneum which covers the uterus and enters into the formation of the broad ligaments is highly elastic. I desire now to draw your attention to the fact that this quality is often diminished and occasionally it is even entirely lost. In the case of certain cysts of the ovary spontaneous rupture occurs when the elasticity of the peritoneal covering and of the fibrous tissue entering into the formation of such morbid growths is completely destroyed. So, too, rupture of the uterus during pregnancy is due to those chemical changes which induce a loss of this same quality. Ruptures taking place from this cause in the organic world resemble somewhat those which take place in the artificial and growing cells formed by the precipitation membrane of Traube. If, for instance, we drop a small quantity of a concentrated solution of chloride of copper into a vessel containing a solution of yellow prussiate of potash a closed precipitation membrane, an artificial cell, *i.e.*, is instantaneously produced on the contact of the two fluids. The wall of this cell is permeable to water, and this is attracted towards the interior by the chloride of copper which has a great affinity for water. The endosmotic current thus induced causes gradually an increase in the size of the cell, and in the internal hydrostatic pressure. As, however, the cell wall is inelastic it becomes more and more attenuated and eventually it ruptures. Forthwith this breach in the wall is repaired by the coming together of the chemical agents, and so long as unused chloride of copper remains the endosmotic current will continue, consequently these cells may, by the repair of successive ruptures, grow to a considerable size. These artificial cells remain intact until the gradually thinned wall can no longer resist the internal pressure; so, too, in the case of certain cysts of the ovary spontaneous rupture occurs in the same way.

If the elasticity of the perimetrium is greatly impaired or completely destroyed, then that mutual tissue-tension which depends in part upon the

preservation of this quality is annihilated. Such an alteration in the physical state of the uterus causes the organ to become limp and flabby, and renders it less able to withstand the influence of gravitation and other antagonistic forces; consequently, it is extremely liable to assume under such circumstances a more or less recumbent position, a position, *i.e.*, of version. The elastic pressure exerted by the uterine tissue keeps the peritoneum of the meso metrium passively extended, and the tension resulting therefrom augments in turn the staying and resisting powers of the vaginal canal. In this way the normal firmness and natural inclination of the uterus are secured. If, however, the harmony of these tensions and pressures is damaged by any alteration in the physico-chemical state of the structures concerned in their production, then the uterus is less able to withstand the action of adverse forces, and will tend in consequence to assume that inclination which the resultant of these may determine.

A CASE OF TUBERCULOUS PERITONITIS. (a)

By ROBERT HUGH HODGSON, M.D.,
Peckham.

R. F., æt. 9, a female twin child, whose twin sister died in a fit, is one of a family of ten. About two years ago her health commenced to fail, she wasted, lost strength and colour, suffered from constipation, and experienced occasional attacks of abdominal pain. When I saw her in March last she was very emaciated, had a hectic, fluctuating temperature ranging between 99 and 102, and a quick feeble pulse. Her appetite was bad and she had a slight cough. Her abdomen was extremely distended, tympanitic and tender to touch, and she suffered from constant abdominal pains. Her bowels were obstinately constipated. Tuberculous peritonitis was diagnosed. By repeated doses of castor oil the bowels were opened, and by opium and hot poultices the pain was much relieved. The improvement in her symptoms was, however, only temporary. After again relieving the bowels and pain I was enabled to feel the outline of a large tumour, globular in shape, and occupying the left lumbar region. I explained to the parents that although the child was apparently dying from "tuberculous peritonitis" it was just within the bounds of possibility that she had a tumour in her abdomen which was undergoing degenerative change. Wishing to give the child every chance the parents consented to the abdomen being explored. Accordingly ether was administered on May 4th, and the abdomen opened in the middle line, with the result that there was an immediate rush out of about a pint and a half of darkish yellow fluid. The parietal peritoneum was thickly covered with yellow tubercles, and the whole of the intestines were matted together into one round mass, which was situated on the left side and covered with tubercles. The liver was much enlarged. The abdomen was first washed out with hot water, and afterwards with water and carbolic acid in the proportion of 1 in 80, leaving as much in the abdomen as it would hold. The abdominal walls, which were scarcely thicker than brown paper, were united with silkworm gut. The wound healed with exception of the lower end, through which after a fortnight a thin dirty brown fluid commenced to run in small quantities, and which no attempt was made to stop. This discharge continued for four months and then ceased, the lower angle of the wound closing. On the day of operation, and for five days subsequently, the temperature remained subnormal, after which it rose for two days to 101, and then fell to normal, and has remained so to the present time. From the date of the operation the pain in the abdomen ceased until about two months ago, since when, with the return of constipation, periodical attacks of pain occur. They are relieved by purging. The abdominal tumour cannot now be felt, and the liver has resumed its natural size, the abdomen is fairly flat, the temperature is normal, there is no cough and no hectic flush. The child has gained a little flesh and is bright and cheerful. During the last month there has been Lienteric diarrhœa, which has now ceased under treatment. Although the improvement is good all round, I have but little hope of a permanent cure, since the emaciation and disease were so far advanced. I have brought this case forward with the double object of showing how the whole of the intestines may be gathered together into one mass simulating a new growth and also in the hope that although the result is far from what one would wish to see, still it may be some inducement to look with more favour upon carbolic acid in large doses, as the drug to at least hold in check active tubercle. The moot points in this case appear to me to be:—

1. What caused the arrest of the tuberculous activity, was it the carbolic, the ether, or the admission of air?
2. Was the amount of carbolic acid left in the abdomen sufficient to cause poisoning?
3. Did the ether counteract the danger of carbolic acid poisoning, and did it intensify the therapeutic action of the carbolic?
4. What caused the increased size of the liver?

1. I think from one's general knowledge of the use of carbolic acid I am justified in attributing the arrest of tuberculous activity to the action of carbolic intensified by the diffusibility the ether imparted to it. Against the statement that the mere admission of air has produced similar results one must set off the possibility of the anæsthetic used being the germicidal agent and its sufficiency in slight cases. One would not open a tuberculous pleura, admit air, and then seal it up without expecting an empyema.

2. Roughly estimated, the amount of carbolic acid left in the abdomen was one drachm, which in the circumstances that the child was very emaciated and in extremis, was, in my opinion, sufficient to cause poisoning. Bearing in mind that the cooling of the body by ether passes off within two days, I think the continued subnormal temperature was probably due to the carbolic, and not to shock, since little was done to cause shock, and that if shock did exist, it was removed by the warm abdominal washing, and the warm fluid left behind.

3. The ether by its stimulating power nullified to a certain extent the paralysis which would otherwise have followed the carbolic acid acting upon the nerve centres.

4. The increased size of the liver I take it was caused directly by the growth of tubercle which could hardly have been reached by a few minutes interchange of air in the abdominal cavity.

I may add that I saw the child again this morning, and my opinion is now more favourable than it was when I wrote these notes; the temperature is perfectly normal, all abdominal pains have ceased, and the bowels act twice daily, and she is decidedly gaining flesh.

(a) Paper read before the British Gynæcological Society, November 9th, 1899.

Mr. Charles Leedham Green has been selected by the Director of the Army Medical Department as civil surgeon to the 4th Divisional Hospital in South Africa. Mr. Green is one of the casualty surgeons at the Queen's Hospital, Birmingham. He expects to leave England early next month.

THE TREATMENT OF ACUTE PSYCHOSES BY REST IN BED.

By Dr. P. SÉRIEUX,
Physician to the Asylum for the Insane for the Department of the Seine.

[Specially Translated for The Medical Press and Circular.]

(*Concluded from page* 526.)

There do not seem to be any absolute contra-indications to this method of treatment; at most it is possible to point to certain drawbacks associated with its employment. These drawbacks, for the most part quite unimportant, should nevertheless be carefully studied, in order that we may be enabled to obviate them by special measures. To Weir-Mitchell belongs the credit not only of having shown the satisfactory results, both physical and psychical, of the treatment, but also of having pointed out its drawbacks and the way to obviate them. The method employed by the American neurologist has indeed for object, to solve the problem how best to secure for our patients the benefits of rest in bed without any undesirable consequences. Weir-Mitchell insists on the fact that rest in bed diminishes the heart-beats by at least twenty a minute, that is to say, we reduce them approximately by one-third; that the blood circulates languidly through the capillaries; that prolonged rest in bed constipates and tends to abolish appetite, and lastly, that the muscles under too prolonged disuse degenerate and become atrophied.

These undesirable consequences of prolonged rest are overcome by Weir-Mitchell by means of massage and electropathy. These therapeutical measures, far too much neglected in asylums for the insane are capable of rendering very great service in respect of patients undergoing the treatment by rest in bed. Massage, indeed, obviates most of the evils which are apt to follow prolonged rest, and acts efficaciously on the nutrition of the skin and muscles, on the peripheral circulation, on the temperature, and on the sensitiveness af the skin, exciting a reflex trophic action, like other peripheral stimulants. According to Weir-Mitchell massage is a "delicious sedative." Electrotherapy, employed in the form of the induced current, acts on both the muscles and the skin.

We will now deal briefly with the complications which may be ascribed to prolonged rest. Anorexia is sometimes observed, and in these cases only readily assimilable food should be given, such as milk, beef-tea, soups, egg and milk, mashed vegetables, and minced meat. The food should be given at frequent intervals, but no refusal is to be accepted.

Dyspeptic troubles and gastro-intestinal atony are treated by an appropriate *régime* by general massage, especially directed to the abdominal region.

Constipation, a symptom that is constantly present at the very beginning of the treatment, usually disappears spontaneously after a few days. Should it persist a change of position from the dorsal decubitus to the sitting posture in an arm chair will perhaps have the desired effect, otherwise enemata or mild laxatives must be resorted to.

With respect to hebetude and dirty habits, close looking after of the patient will often suffice. The patient should be taken to the lavatory at a fixed hour, and he should be incited to use the bedpan.

The tendency to masturbation requires constant watching. As a rule it does not constitute a contra-indication. Neisser, however, discountenances the treatment for young women suffering but slightly from motor excitement, but who are the subjects of marked sexual erethism.

When the treatment causes anæmia the best remedy is to wheel the patient on to the veranda, and in certain cases he may be allowed to recline on a sofa in the garden. We have already insisted on the necessity for ample ventilation in wards set apart for this treatment, and the windows should be opened at frequent intervals.

In presence of amyotrophy and stiffness of the joints, electricity, massage, passive movements, Swedish gymnastics, and short walks in the garden are indicated.

It is hardly necessary to insist on the prevention of bedsores and hypostatical pneumonia. These complications, which, moreover, are very rare, can be arrested by proper care of the integument, by daily baths, frequent changes of position, and occasional permission to adopt the sitting posture.

Having completed the description of the technical details of the treatment by rest in bed, its physiological effects, its results and its inconveniences, we shall now proceed to discuss those mental conditions, which we believe to be amenable to this treatment, laying stress on the special points presented by each. All acute psychoses should be treated by rest in bed, and under the heading of "acute states" we understand recent and suddenly developed delirium (toxic and hallucinatory delirium, maniacal and melancholic conditions) and acute outbursts occurring in the course of chronic conditions (general paralysis, circumscribed cerebral lesions, systematic delirium, &c.).

Febrile delirium.—We shall only say a few words in reference to these forms which all develop with great rapidity. Their supervention in the course of an acute, usually infective disease, constitutes an indication for this treatment.

Alcoholic delirium.—We may consider alcoholic delirium as the type of the toxic deliriums. According to Magnan, it is in this mental condition that the treatment yields its best results. The patient with febrile delirium tremens ought to be subjected to this treatment just like any other pyrexial case. This applies equally to simple alcoholic delirium, that is to say, delirium tremens without fever or complications. Constant surveillance, day and night, is indispensable. Rest in bed should not be made a pretext for securing the patient by means of a straight-jacket or other means of ensuring immobility. Bad as this practice is in ordinary cases of excitement, it may prove disastrous in the subjects of alcoholic delirium.

Magnan, who was the first in France to apply this treatment to acute and subacute cases of alcoholism, gives his results as follows:—Alcoholic delirium, which consists almost entirely of illusions, hallucinations, and general sensory troubles, becomes intensified as soon as the patient, isolated in the dark, no longer receives any external sensations. The illusions produced by alcohol are modified by the transmission to the centres of perception of well-defined external impressions. These, being more consonant with actuality, are more vivid and take the place of illusions, which are always more ephemeral, and so they soon change the course of the delirious ideas.

Rest in bed is one of the most powerful therapeutical agents, in that it brings the patient face to face with the reality whenever he recovers himself, and it enables us to dispense, for the most part, with the use of hypnotics. We may add that the rapid evolution of the disturbances due to alcoholic intoxication, both acute and subacute, facilitates recourse to this method.

The Morphine habit.—The chief symptoms in this class of patients which justify the treatment are the deterioration of their physical condition, and the prostration of the organism and the imminent danger of cardiac manifestations. If the patient be subjected to immediate deprivation of the drug, a plan which

daily becomes more popular, he should be kept in bed until the phenomena of morphia intoxication have entirely disappeared.

Mental confusion.—This malady is almost entirely due to exhaustion of the cerebral cortex, a fact which renders this treatment peculiarly appropriate.

Chaslin, who has made a special study of the question, recommends this method of treatment very strongly, inasmuch as the somatic condition of the body is that of a person really ill. The treatment has the advantage of checking further exhaustion, of removing all causes of fatigue; it prevents a chill, and has a sedative action, which action is not without its importance in cases of excitement. Another advantage, this time of a moral character, and therefore included in the psychical treatment, is that the patient, who may have a vague idea of his pathological state, or may have lucid intervals, on finding himself in bed, understands that he is really ill and requires nursing, and this assists in restoring his mental equilibrium and in dissipating the mental confusion.

This treatment, although it plays a very important part in dealing with mental confusion, is not, however, the only therapeutical means at our disposal. The exhaustion of the brain imperatively calls for hyperalimentation, and in certain cases injections of saline solution will prove beneficial; lastly, the excitement is overcome by a tepid bath or the wet-pack, and depression by alcohol or strychnine.

Acute hallucination.—What has just been said in regard to mental confusion applies equally to acute hallucination, which is a very similar morbid condition. Rest in bed is very effectual when there are hallucinations and it constitutes, indeed, the veritable etiological treatment. In these last two maladies the morbid symptoms are apt to persist for several weeks, sometimes even for several months, so that it becomes difficult to apply the treatment throughout the whole course of the disease. If by the end of six or seven weeks signs of recovery have not shown themselves, the patient should be got out of bed for several hours every afternoon, the continuous treatment being reserved for attacks of intermittent excitement which invariably manifest themselves in the prolonged forms of the disease.

Hysteria.—It was in cases of grave hysteria that Weir-Mitchell applied the method of treatment which bears his name. It is now too well known for it to be necessary for us to discuss its special advantages. Hysteria, during the paroxysms, should be treated by rest in bed, and the attack itself, which may be looked upon as a fit of hyperacute hallucination, constitutes an indication for this treatment. Every precaution must be taken to prevent the patient from injuring herself, but these do not include the use of ligatures, straight jackets, &c, so much in use at Salpêtrière since the time of Georget. The treatment becomes more than ever necessary if the patient becomes confirmedly delirious, for the patient then falls into the category of acute hallucinations, which may culminate in attacks of excitement, hilarious or melancholic, according to circumstances. In special cases, a period of isolation in a room with padded walls may become necessary, the patient being always kept under close observation.

Epilepsy.—Neisser, since the year 1893, has laid stress on the results to be obtained by treating epilepsy by rest in bed. In seven cases of epilepsy under his observation, he states that, under the influence of the treatment, the convulsions diminished in frequency and intensity for about six weeks, the increase in weight being very marked. Schmidt, who has treated excitable epileptics by this method, states that they can be kept in bed without any difficulty, and that they become calmer and more manageable.

The treatment by rest in bed is indicated in delirious outbreaks of an epileptic nature, as in all the acute psychoses, but occasionally serious difficulties present themselves. The most marked cases of excitement are met with in delirious epileptics, consequently a great many authorities abandon the treatment in these cases. If need be padded box-beds on the floor, short periods of isolation with constant watching in padded rooms with the floor covered by mattresses, must be resorted to. Dr. Pochon, in his thesis, describes Magnan's method of treatment. He says: "The possibility of the treatment will depend on the intensity of the excitement. If the patient be violent it is quite useless to insist on this treatment, and an attempt at all hazard to keep the patient in bed would be courting disaster, in such cases isolation must be unhesitatingly had recourse to. In cases of less intense agitation, where the movements of the patient are not so violent, the treatment by rest in bed should be employed, The exhausted condition of the patient following these attacks will thus to some extent be attenuated."

Neurasthenia.—Weir-Mitchell's method of treating neurasthenic patients is described in all treatises on therapeutics, so we need not go into the details.

Maniacal Conditions.—The application of the treatment to cases of maniacal excitement and to violent lunatics, who are always the prey of an unsurmountable proneness to disordered movements appears at first sight impossible. The experience of the last few years, however, has demonstrated the possibility of treating excited patients in this way. It greatly diminishes the intensity and even the duration of the attack, and also obviates complications.

J. P. Falret was the first to recommend this treatment for patients suffering from "certain acute maniacal and semi-febrile conditions." At present the indication for the treatment is not to be sought exclusively in the state of the patient's general health. Excitement *per se* is sufficient to justify resort thereto.

According to Magnan the no restraint method and the treatment by rest in bed are the two general methods to employ in cases of mania. We quote his description of the application of the treatment in cases of this kind. "The maniacal patient, when in bed, continues, of course, to be restless, to gesticulate, to talk at random, to shout and to sing; he throws away his pillow, his bolster, and discards the blankets and sheets, and is always trying to get up; but in the course of two or three days, though still agitated, he ceases his attempt to leave the bed, and, at any rate, returns promptly on simply being told to do so, in deference to the influence of imitation and example. When in bed, as soon as he can be got to sleep, he is completely at rest, and these hours of sleep go a long way towards expediting recovery. When he wakes, he again starts talking and gesticulating, and he gratifies his instinctive desire for movement by disordered gestures. When the patient is very boisterous and noisy he is not allowed to sleep in the dormitory, but is put into a room with a perforated door so that the attendant can see all over the room. It goes without saying that the patient must be retained in bed without having recourse to any means of physical restraint. The very presence of a nurse at his bedside will usually suffice to keep him from getting up. In certain cases, hypnotics may be employed, especially at the outset when the patient has not as yet become accustomed to being in bed. Generally, however, the avoidance of forcible measures of restraint and recourse to the bed treatment, render it quite exceptional for isolation in a cell to be required. This is not one of its least important advantages: "Bed," says Neisser, "replaces the padded room."

Dr. Toulouse has been the advocate in France of the mixed treatment of prolonged bed treatment varied every day by two hours' walk. The walk relieves the excitement of the maniacal patient as has been recognised in Scotland, where it forms one of the methods of treating the insane. This plan obviates denutrition, and combats the tendency to syncope to which prolonged rest in bed is apt to give rise.

In our hospital, where we practice the bed treatment, we have almost completely abandoned the isolation of patients in special rooms as a means of calming maniacal excitement. Our observations tally with those of Magnan, who asserts that the hyper-acute manifestations of insanity disappear under rest in bed, just as what Esquirol called "maniacal anger" disappeared with the abolition of the straight-jacket.

Bernstein, who has tried the bed-treatment in his hospital service at Moscow, notes the promptness with which most maniacal patients become accustomed to bed, their excitement subsides in a marked degree, and the padded rooms remain unoccupied. We witness no more of the scenes with which we were familiar when the system of isolation was prevalent. "The patients retain their human qualities which degenerated rapidly in former times when the patient was imprisoned in a cell. Imbecility which was inseparable from sojourn in the cells no longer exists." According to this author the treatment does not notably expedite recovery, but on the other hand, Timofeier and Govseier state that it does hasten recovery, in addition to increasing the proportion of cures.

Pochon considers the treatment by rest in bed as both possible and necessary for maniacal patients. The febrile state associated with the onset of the attack, the furred condition of the digestive tract, menstrual troubles and emaciation are sufficient in themselves to require rest in bed for these patients. This method of treatment diminishes the excitement, one no longer meets with the congestive conditions which often culminated in acute delirium and death. Sleep, when it comes, is vastly more recuperatory in bed than on the floor of a cell; the patient is better looked after, he becomes better acquainted with his attendant, and *vice versa*.

Melancholia.—Melancholia in its various forms was one of the earliest mental states to derive advantage from the treatment by rest in bed. It is to these forms that the treatment is now most readily applied. We may add, that in so doing one is often consulting the patient's wishes, for many of them would gladly stay in bed if allowed. In melancholia we find a whole series of symptoms which call for rest in bed, such, for instance, as unsatisfactory general condition, emaciation, due to want of nourishment and to insomnia, cyanosis and œdema of the extremities, and anæmia. Rest in bed is readily agreed to by the majority of these patients. It sometimes happens, however, that a difficulty is experienced in keeping excited melancholics permanently in bed (Paetz and Kraepelin). What has been said of the other psychoses applies equally to melancholic states. Rest in bed dispenses to a great extent with the use of hypnotics, does away with cellular isolation, averts visceral complications, ameliorates the general condition, and at the same time lessens the chances of the attack terminating in dementia, chronic melancholia or death. It also averts many psychical complications such as hallucinations, delirium, which are conduced to by exhaustion and want of sleep.

In certain patients (melancholic, but not delirious, or on the way to recovery), the method need not be applied too vigorously, but in every case the patient should only be allowed to get up after lunch, and should spend the forenoon (which is the worst part of the day for him) in bed.

What we have said concerning rest as a therapeutical agent in the acute psychoses will explain the good results obtained by the treatment in melancholic patients. It is especially rest that the melancholic subject requires. From the physical point of view rest is favourable to the amelioration of the general health, to the loss inflicted on the organism by insomnia, refusal of food and anxiety. The heart beats more regularly and with greater force, the pulse at first small and quick improves (Guislar Muller); cerebral circulation is facilitated by the horizontal position, and consequently the brain is better supplied with blood; the vaso-motor disturbance subsides; loss of heat is avoided, an important point in subjects whose muscular activity is practically *nil*, in whom respiration is comparatively inactive, and in whom temperature is often below normal. The cutaneous functions, which leave so much to be desired, are stimulated by rest in bed, and assist in securing a more general supply of blood to the skin: "under its influence the integument, usually so dry, becomes moist." (Guislain.)

Rest in bed is not less beneficial from the mental point of view. The improvement in the general health is of itself sufficient to explain the attenuation of melancholic symptoms, if we adopt the views of Lange, G. Dumas, and Maurice de Fleury, that depressed states are merely the consciousness of the condition of the body, due to the hypotonus of the non-striated and striated muscles, to the result of want of muscular and cerebral nutrition. Remedying the nutritive disturbances of the brain and of the organism as a whole, we modify the debility which had awakened a distressing echo in the conscient organ.

Rest in bed also exerts a direct influence on the mind not less beneficent in its way. It is well known how vivid is the psychical hyperæsthesia of melancholics, how intolerable the moral agony, and how well marked their inertia. Feeling, thinking, wishing, moving are to such patients all painful forms of cerebral activity.

Rest in bed, as we have seen, diminishes to a great degree visual, auditory, tactile and thermic sensations, suppressing, as it does, all muscular activity in respect of environment; it spares the patient all voluntary acts, all exercises of the will. The patient is thus ensured complete repose. In short, rest in bed ought to be considered as the primary indication in the treatment of melancholic states.

Periodical Psychoses.—We need not dwell on the periodical psychoses They are similar in all respects to typical melancholia and mania. It frequently happens, in these morbid states, that the patient, recognising the good results he derived from rest in bed during a previous attack, is the first to ask for the treatment when he feels that an attack is imminent. This is one of the best testimonials we can have of the beneficial effects of this method of treatment.

Before concluding, there only remain a few words to be said on the acute periods of chronic psychoses. They are similar to hallucinatory delirium, and, therefore, what we have said concerning mental confusion and acute hallucinations is applicable here.

Chronic Systematic Delirium.—It will be but rarely that the treatment by rest in bed requires to be applied to this class of patients, the more so, as these patients are perfectly conscious, but owing to their mental state interpret every act on the part of their immediate surroundings as an insult; they even refuse to submit to the directions of the physician. Neisser, however, keeps such patients in bed for the first week after admission.

In certain outbursts of hallucination some benefit may be derived from a short period of rest in bed.

General Paralysis.—The treatment by rest in bed has been tried on general paralytics by Dr. Joffroy

(1897). In Germany it has been suggested to keep the patient in bed for at least ten weeks at the commencement of the disease, in order to attenuate the initial symptoms. This treatment, it is urged, also exerts a favourable influence on the frequency of apoplectic attacks or convulsions (Rochrich). Rest in bed is especially indicated in cases of general paralysis, when, after a congestive attack, the patient shows signs of mental confusion. We have then to do with attacks of hallucinations, with automatic excitement, often very intense, analogous to post-convulsive epileptic delirium,

The treatment is therefore justified not only by psychical troubles, but also by the somatic phenomena.

Idiocy, Dementia.—Lastly, idiocy, cretinism, and dementia of every description, and even the morally insane, may conceivably derive benefit from the treatment in the event of a passing fit of excitement, to which they are so prone. Further research alone can establish the actual value of the method as a treatment in these cases, which, so far as we are aware, have not been methodically dealt with in this way.

We have now concluded the list of special indications for the treatment in the principal forms of psychoses. We trust we have justified our inaugural statement, that all acute conditions, whether of classical type or merely incidents in the course of chronic diseases, impose treatment by rest in bed.

Rest in bed alone can ensure to these patients that rest which the brain and the organism as a whole require; it is easy of application, its results in respect of the most troublesome symptoms of mental disease are indisputable, it obviates the physical and psychical complications which often impede recovery, and it enables us to dispense with prolonged isolation in a cell.

So thoroughly convinced are we of the advantages of this therapeutical method, that we do not hesitate to assert that it will rank with the suppression of restraint (*no* restraint), the open-door and the colonisation methods, as one of the most valuable acquisitions of modern psychiatry, and this method involves as a corollary a radical rearrangement of our superannuated system of dealing with the insane, a system which will henceforth stand condemned. The general application of the method will, of necessity, do away with our prison asylums, where therapeutical requirements count for so little, and will replace them by hospitals for the treatment of acute cases, by agricultural colonies for convalescents, intermittent and chronic cases. The treatment raises the lunatic to the dignity of a patient, a measure called for close upon a century ago by Pinel. The bed treatment alone will effectually complete the change, we shall no longer be satisfied with shutting up the insane, they will be treated, and we shall be enabled to return to their families and friends, a good number of unfortunate beings, who have hitherto been condemned by the imperfect method of treatment at our disposal to remain uncured.

SULPHUROUS ACID AS A REMEDY IN SKIN DISEASES.

By TOM ROBINSON, M.D.,
Physician to the Western Skin Hospital.

MODERN microscopical and bacteriological investigations have so strongly confirmed the fact that many of the skin eruptions are attributable to the invasion of the skin by micro-organisms that it has become the practice to attack such cutaneous manifestations by extreme remedies, remedies strong enough to kill the bacteria. The Germans have been in advance of us for many years in their successful treatment of skin diseases. But Unna must be awarded the apple because he has possessed the art of combining remedies with a firm grip of physiology and pathology. It would be idle to allude to the many remedies which are advocated and used by us all, and it may be thought pedantic to say much about another one. The only excuse is that in sulphurous acid we possess a remedy which will not stain the skin, which will penetrate the epidermis, and which will certainly destroy most, if not all, of the *flora* which attack the skin, nails, or hair. The first group of cases which yield rapidly to its action are those which are connected with a faulty secretion of the sebaceous glands. The two varieties met with on the scalp, *Seborrhœa sicca, and Seborrhœa oleosa*, are the forerunners of alopecia, and have called for more commercial attention than any other skin affection. These will recover completely if the patient is directed to scrub the entire scalp once every twenty-four hours with recent sulphurous acid, and to wash the same once a week with common yellow soap. The varied varieties of seborrhœa met with on the face or trunk, will also yield to the same treatment. In cases of acne in which suppuration has taken place, the acid may be swabbed on the skin twice a day without dilution. In the ringworm group sulphurous acid, if persistently applied, will give as good results as any of the other germicides which are in common use. Its action in alopecia areata is excellent. In the ringworm of the scalp met with in children the affected areas should be washed with soft soap every day, afterwards swabbed at frequent intervals with the undiluted acid. The eruptions which occur between the scrotum and the thigh or wherever two folds of skin rub each other as in fat women under the breasts, armpits, and lower parts of the abdomen. These will yield to sulphurous acid if used diluted with spirit and water, equal parts of each and after its daily use a dusting powder, such as recommended by Dr. Walsh, and composed of two ounces of powdered starch and two drachms of boric acid and calamine powder. The object in writing these few remarks has been to call attention to a remedy which has not, I think, been sufficiently used in practice. There is only one word of warning necessary, it is that in ordering sulphurous acid let it be distinctly stated that the acid must be recent, otherwise it may act as an escharotic in consequence of the change of the acid from H_2SO_3 to H_2SO_4, or in other words from sulphurous to sulphuric acid.

Clinical Records.

JESSOP HOSPITAL FOR WOMEN, SHEFFIELD.

Sub-peritoneal Fibroid in Douglas's Pouch—Operation.

Under the Care of JOHN W. MARTIN, M.D.,
Honorary Medical Officer to the Hospital.

L—— O——, æt. 36, married, no children; admitted into the hospital September 16th, 1899. Quite regular as to her menstrual periods, the last commencing just after admission. About twelve months before admission she commenced to notice a sense of distension, especially towards the end of the day when tired from work. Inspection and palpation of the abdomen detected nothing. Per vaginam, the cervix was felt small and conical, and the sound was not easily introduced. When it did pass, it entered 2½ inches and to the right. Douglas's pouch was occupied by what seemed to be a large hard tumour which could be well mapped out by the bimanual examination. The body of the uterus felt distinct from it, lying up along the right side of the

tumour. Movement of the tumour imparted a certain amount of movement to the sound in the uterus. A section was decided upon; the operation was done on October 13th. The tumour was found to be a sub-peritoneal fibroid, springing low down from the back of the uterus in Douglas's pouch. Its size was that of a good sized closed fist; its pedicle was about one-and-a-half to two inches in breadth. The operation was carried out in the usual way. The tumour was brought well out into the abdominal wound; fortunately there were no adhesions of importance to deal with; the peritoneal covering was incised before and behind, and reflected, the mass peeling off pretty easily. Hæmorrhage was arrested by ligature, some little difficulty being experienced in securing the largest vessel owing to retraction among the uterine tissues. Douglas's pouch was carefully washed out. The edges of the peritoneum were brought together by interrupted sutures. The abdominal wound was closed by five sutures. The patient did well, and was discharged on Saturday, November 18th, 1899.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, November 24th, 1899.

Sir R. Douglas Powell, Bt., President, in the Chair.

A CASE OF SENILE TUBERCULOSIS.

Mr. Howard Marsh read notes of a case of tuberculosis in an old lady, an example of the "senile scrofula" of Sir James Paget. In June, 1894, a lady, æt. 71, complained of swelling and pain in left ankle with dusky-red œdematous skin over it. In the following October it suppurated, when the joint was opened and drained. The pus, however, burrowed up the leg in the sheaths of the flexor tendons, with muscular wasting and general loss of strength. Amputation through the lower third of the leg was performed in March, 1895, The wound slowly healed, and the patient recovered her general health. Twelve months later the patient developed periostitis of the left ulna, which ultimately suppurated, and was opened and cleared, a small sinus remaining for three months. Nine months later, the patient being then 73, similar changes occurred in the right ankle, and a further amputation became necessary in March, 1897, which healed in five weeks. In June, 1897, an abscess formed over the ulna in the site of the 1896 periostitis, which was opened and slowly healed. She remained well for eighteen months, when, at 75 years of age, her right knee began to give trouble. The disease progressed rapidly and she lost flesh. Amputation through the lower third of the thigh was done four months' later, and healed without suppuration in six weeks. The patient had had no further trouble since. The condition of all three joints was the same, the disease having evidently begun in the synovial membrane, leading to complete destruction of the ligaments and articular cartilages, the bones being ulcerated in some spots. The cavity was occupied by tawny-coloured and friable granular tissue and cheesy pus, while the neighbouring soft structures were infiltrated with pus. He observed that the older the patient the greater was the tendency towards progressive, and usually rapid, destruction of the joint, the resistance of the tissues to the tuberculous process being greatly diminished by age. Diagnosis was often difficult at first, the symptoms closely resembling those of osteo-arthritis. Within two or three months, if not earlier, however, the infiltration of the soft structures, &c., would assist the diagnosis. Suppuration was a marked feature of senile tuberculosis leading to extensive and rapid destruction of the joint structures.

The President asked if there was any early history of tuberculosis in this case, and whether the structures had been examined for bacilli? In his experience tuberculosis in the aged chiefly affected the lungs, and he thought the tendency of the disease in these patients was to remain local so that the prognosis was more favourable than in younger subjects.

Dr. Percy Kidd concurred in the President's remarks as to the less virulence in elderly subjects, and referred to a case of his own in a patient over 70 who died of peritonitis in which he found a tuberculous ulcer of the ileum. He thought tuberculosis of the joints in old people must be rarer than tuberculosis of the lungs.

Mr. Raymond Johnson asked what results the author had obtained in tuberculous disease of the joints by other operations, such as excision, in the aged. He thought the virulence of the process in the aged was greater than with the same lesions in the young. He asked what explanation could be offered of the remarkable difference in the virulence in carcinoma and tubercle, pointing out that in the former growth was slow in the aged, whereas tubercle spread with great rapidity. He asked how it was, if surgical tuberculosis was so serious in the old, owing to defect of resistance, that they were not more often affected by the disease.

Dr. J. S. Richards said that as Medical Superintendent of a Poor-law Infirmary he had seen a good many of these cases. He had abstracted 500 post-mortem examinations made in the institution during the last two years; there were 17 of patients over 70 who had died of acute tuberculosis, 4 of them having miliary tuberculosis; while between 60 and 70 there were 16, 3 of them having miliary tuberculosis. About 6·6 of the whole number of deaths examined post-mortem (about half the whole number) were thus tuberculous. He did not take such a despairing view of tuberculous disease of the joints and bones as the author, for they often got good results, the effect of rest and improved diet being immense.

Mr. Marsh, in reply, said there was no early history of tuberculosis in patient or family. No bacilli had been isolated, but the anatomical evidence was quite clear. The President had once remarked to him that joint tuberculosis was rare in phthisical patients, and his own experience at the Hip Hospital was that children with tuberculous joint disease seldom had the lungs diseased. He remarked that the incidence of the disease appeared to be different at different periods of life. In illustration of the very destructive effects of the disease he referred to the case of a lady, æt. 56, with hip disease, which, in four or five months, ran on to complete destruction and the patient developed phthisis and died. He pointed out that such an operation as excision was hardly applicable to patients over seventy. He thought that the disease affected old people much more frequently than was generally believed.

Mr. Barker on a case of

EXCISION OF THE CÆCUM.

The case described is that of a disease rare in the pathological condition found on operating, and also in the operative treatment to which it was submitted. Carcinoma of the ileo-cæcal valve is shown to be a rare disease by reference to the Transactions of the Pathological Society, and of the Clinical Society. That it should have given rise to intestinal obstruction is shown to be also rare. The case was that of a man, æt. 29, who was admitted into University College Hospital under the care of Dr. Risien Russell, by whom it was placed in the hands of Mr. Barker for operation, all other measures for relief having failed. The man had had attacks of chronic obstruction for a considerable period, culminating in an acute attack. The usual symptoms were well marked, but the patient's condition was generally good. On opening the abdomen in the middle line the small intestine was found much distended and hypertrophied. This was opened and five pints of liquid fæces of an intensely fœtid character were evacuated. It was then possible to introduce the hand, when a hard mass was discovered in the ileo-cæcal valve plainly obstructing the bowel. As it appeared dangerous to remove it at once owing to the presence of much liquid fæces, the ileum was anastomosed to the hepatic flexure of the colon by suture, and wound was closed. The patient made a steady recovery, only checked by some stitch abscesses. At the end of six weeks and three days after the first operation a long oblique incision was made over the cæcum, and the latter was excised with some of the

vessels of the thigh. He did not think that any antiseptic was of much good in the peritoneum, since to kill the bacilli it must also kill the peritoneal cells. The best peritoneal antiseptic was normal salt solution; the next best was plain water.

Dr. C. H.F. ROUTH said that the opening of the abdomen was enough in many cases of tuberculosis to cure the disease. He would not say that they should be satisfied with opening the abdomen; but when nothing more could be done, they might still hope for good results. In the same way some cases of cancer were benefited. It was on this principle that tuberculosis was cured by the open-air treatment and by oxygen. It seemed to him a very strange thing to leave a drachm of carbolic acid in the abdomen.

Dr. INGLIS PARSONS thought that they could accept Dr. Hodgson's diagnosis in this case. The use of carbolic acid was interesting, and it did not appear to him likely to be followed by toxic effects; for in all cases in which there had been peritonitis they found that after abdominal section there was very little reaction on the part of the peritoneum. With regard to the effect on a tuberculous peritoneum of opening the abdomen, it was interesting to note that Howard Kelly mentioned several cases in which a patient was operated on for tuberculous peritonitis and died some time afterwards from some other cause; the tubercles were still to be found in the peritoneum, but isolated and encysted; the tubercle bacilli also were there, but unable to do any harm.

Mr. BOWREMAN JESSETT believed that Dr. Inglis Parsons' explanation of peritoneal immunity was the correct one, otherwise the patient would probably have died, with a drachm of carbolic in her peritoneum. For himself, he hardly dared to use carbolic for his instruments in abdominal operations.

The PRESIDENT said that he could look back to many cases in which he had got quite unexpected credit for cures after opening the abdomen for tuberculosis. The reason for the improvement or the cure was not yet quite satisfactorily explained. Dr. Hodgson's treatment with carbolic was rather heroic; but they should remember that the peritoneum, of children especially, in cases where there had been tuberculous peritonitis, did really become case-hardened as Dr. Inglis Parsons had said; and under those circumstances a drachm or two of carbolic acid did not perhaps much matter. A similar induration of the peritoneum was found in the case of diseased appendages.

Dr. HODGSON briefly replied.

Dr. JAMES OLIVER read a paper on the

PHYSICO-CHEMICAL CHANGES CONCERNED IN THE PRODUCTION OF VERSION OF THE UTERUS.

This paper will be found in another column. The discussion thereon was adjourned to the next meeting.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, NOVEMBER 3RD, 1899.

Dr. E. H. BENNETT, President of the Academy, in the Chair.

DR. ARTHUR H. BENSON and Dr. H. C. EARL exhibited a series of Pathological Eyes, half globes, mounted in formalin, and Microscopic Sections. (*a*) They showed a specimen of glioma from a child, æt. four months. It was now seven months since the operation, and so far no recurrence had taken place. (*b*) The second specimen, sarcoma of choroid, was from a boy, æt. 3. On admission a fungating mass, the size of a duck's egg, was protruding from the right orbit. The contents of the orbit were removed, but it was found that the orbit back to the posterior foramen was completely filled with the growth, and the optic nerve was so disintegrated that no trace of it was visible to the naked eye. As the growth could not be entirely removed the prognosis was bad, and recurrence did actually take place a month after the child's return home. (*c*) The third specimen, epithelioma of cornea and conjunctiva, was taken from a man, æt. 69. The whole cornea and part of the ocular conjunctiva were covered by the growth, which was so extensive, and seemed to penetrate so deeply into the subjacent tissue that it could not with safety be excised, enucleation giving the man his only chance. The tumour was unpigmented, flat, and sessile, with a very broad base, and had ulcerated. (*d*) Bony degeneration of choroid in a woman, æt. 50, who had had a diabetic cataract removed from one eye in 1898. It was irritable and painful to the touch, and, as it was believed to be the source of irritation in consequence of possessing a bony choroid, it was removed. The choroid was found converted in its whole extent into a layer of true bone. The lens was calcified but not ossified. (*e*) Intraocular hæmorrhage. Patient, æt. 45, gave history of cataract of right eye of four years' duration. During the last three months the pain in the eye had been very severe, and one month ago a large hæmorrhage occurred, which filled the anterior chamber, and the pain became constant and intolerable. The tension was about — 1, and the globe had the appearance of a shrinking one. Enucleation was performed. No cause for the hæmorrhage, which probably came from the iris, was found. (*f*) Collapsed globe, after cataract removal, in a woman on whose left eye a combined extraction of an opaque lens was performed. An asthenic suppurative cyclitis resulted, the globe shrank, and the vision was lost in the eye. Seven and a half months after the globe was collapsed, and the right eye had a condition very suggestive of sympathetic ophthalmitis — serous iritis keratitis punctata, pupil fixed, tension normal, and slight circumcorneal vascularity. The lens was opaque, and no illumination of the fundus could be obtained. There was no pain. As the shrunken left globe was believed to be the cause of the trouble in the right eye enucleation was performed. Four days later the patient became delirious. She continued in a low state, and thirteen days after operation refused food altogether, and the bowels acted involuntarily. No organic lesion could be found, and she died sixteen days after operation.

Mr. HENRY GRAY CROLY exhibited specimens of (1) fracture of the base of the skull; (2) sarcoma of testis. The fracture of the base of the skull was the most perfect he had ever seen. It extended through the petrous bone, body of sphenoid, and ethmoid. The man was found on the road in a pool of blood, and was carried to hospital in a collapsed state. There was great hæmorrhage from both ears. He recovered consciousness sufficiently to say that he felt himself better. He lived for three days. There was no lesion of the brain, and no hæmorrhage into the brain. There was no fracture of the vault of the skull.

The PRESIDENT recalled a case of fracture of the skull in which the occipital and frontal regions could be moved on each other. The man recovered completely.

Mr. CROLY, in reply, thought the case mentioned by the President was one of fracture of the vault of the skull. Men recover occasionally from fracture of the base of the skull. In this case the remarkable fact was that the man lived so long.

Dr. KNOTT showed some specimens of fractured humeri. In connection with one showing fracture of the lower end of the bone, he drew attention to the fact that the epiphyseal line of the lower articular surface of the humerus does not involve the condyles.

The PRESIDENT concurred in the diagnosis of one of the specimens as a fracture passing obliquely through the elbow-joint, as it had none of the features of an epiphysary displacement.

Mr. CROLY, referring to one of the specimens, pointed out a fact which he thought a great many did not know, and which Robert Smith had drawn particular attention to—namely, that epiphysary fracture of the upper end of the humerus included the tuberosities. He himself, in teaching fractures of the upper end of the humerus impresses on his pupils that there were *two* fractures of the *surgical* neck, one being epiphysary *below* the tuberosities, one lower down in the *surgical* neck. The line of fracture through the *anatomical* neck *above* the tuberosities. Speaking of the specimen D Bennett had drawn attention to, he would certainly sa

it was not an epiphysary fracture, since the condyles here were carried forwards instead of backwards, which they knew was distinctive of epiphysary disjunction.

Dr. KNOTT, in reply, said that the epiphysary line at the upper end of the humerus was always exactly horizontal. In addition to the observation Mr. Croly had made that from the action of the triceps it would be almost necessary that there should be a backward displacement in epiphysary disjunction of the lower end of the humerus, there was also the point that his specimen involved the external condyle, which it would not do if it were an epiphysary disjunction, as the external condyle did not belong to the epiphyses, but to the shaft.

The Section then adjourned.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, November 26th, 1899.

WOUND OF THE BLADDER.

AT the last meeting of the Societé de Chirurgie, a member related the case of a man who was wounded in the bladder through a stab of the knife in the gluteal region. The blade, after having traversed the sciatic notch passed into the bladder, which was filled with blood. Vomiting, accompanied with considerable distension of the abdomen, decided the speaker to perform laparotomy; the peritoneum was untouched, but beneath it existed a vast effusion of blood. A probe introduced through the external wound showed that the wound in the bladder was behind; not being able to suture it, the operator closed the abdomen and turned his attention to the gluteal wound where he found the artery of the same name cut, He passed a ligature on it without difficulty, and the man recovered.

INTERCRANIAL ABSCESS.

M. Schwartz spoke on a case of intercranial abscess in a girl of eleven years and cured by operation. The patient suffered after an attack of scarlatina from suppuration of the middle ear, and one day was suddenly seized with cerebral symptoms of extreme gravity, and the mastoid process became painful to pressure. The apophysis was accordingly incised, and the cells found to be filled with pus, but the operator was convinced that there was a collection of pus inside the skull, trephined the floor between the antrum and the middle fossa from the base of the brain through which a considerable amount of pus was extracted. The patient recovered rapidly.

CHRONIC ECZEMA.

A *confrere* asserts that he obtains the radical cure of chronic eczema where it occurs in isolated patches on the upper extremities and so rebellious to the ordinary method of treatment, as follows: after having washed thoroughly with soap and water the part and dried it, he rubs in vigorously a 50 per cent. solution of caustic potash by means of a plug of cotton tied to a rod; he then washes the spot freely with water, and, finally, paints it over with a 50 per cent. solution of nitrate of silver, and envelops the whole in aseptic cotton. This dressing is left in place until the cicatrix has formed beneath the slough, or from one to two weeks. The itching ceases immediately after the application of the caustics. Out of thirty cases thus treated, only one required the operation a second time.

HERPES ZOSTER.

Every one knows what a painful affection herpes zoster is, and how numerous are the local applications prescribed as affording the best relief. It being due to inflammation of the nerve supply of the region, quinine is the natural internal remedy, but externally absorbent powders and ointments have been plentifully advised with more or less success. Dr. Bleuler says an ointment composed of equal parts of lanoline and vaseline with 1 per cent. of cocaine provokes almost immediately regression of the eruption, causing it to disappear entirely in a few days.

A TRAVELLING NEEDLE.

A girl of seventeen presented herself to a doctor in a locality well known to me, complaining of pain in the left breast of acute description. On being examined a small tumour was felt which on pressing gave the sensation of a foreign body with a sharp point. The doctor recognised a needle or a pin, and cutting down on it had the satisfaction of withdrawing a fine needle. Questioned as to how it got there, the girl said that she remembered having swallowed a few months previously a needle by accident, but as it gave her no trouble she had forgotten all about it.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, November 25th, 1899.

AT the Medical Society, Hr. L. Landau showed

TWO EXTIRPATED TUMOURS.

One was a multiple fibroid removed by laparotomy. The whole uterus, collum included, was removed. During the operation it was seen that the cervix was the seat of a carcinoma, which had not been and could not have been recognised before. The hæmorrhage and emaciation did not point to it, as they were caused by the fibroma. This carcinoma must have spread further if supravaginal amputation had been performed, and then it would have been thought to have developed in the stump after operation. The case therefore showed in a striking manner, like the seven earlier cases in which operation had to be performed on account of development of carcinoma in the stump, that supravaginal operation should be dropped and that total extirpation was preferable. The second was a tumour removed from a lady of 50, who two years ago had a tumour the size of a child's head, and which grew rapidly. The emaciated lady presented the symptons of a simple ovarian sarcoma. Whilst carcinoma was generally two-sided sarcoma was usually unilateral and the prognosis much more favourable, so that definite recoveries had been observed in bilateral cases when the sarcoma of one side only had been removed.

Hr. James Israel showed a

MALIGNANT TUMOUR

from the inner inguinal ring, springing from an undescended testicle. The patient, æt. 30, had suffered a year before from an attack of pain in the right inguinal region, and noticed a swelling in the loins. The speaker found a prominence of the lower abdomen; taking in both halves, stronger in the right than in the left, and on that side the testicle was absent from the scrotum, and in place of it a sausage-shaped hydrocele. The margin of the tumour was at the level of the umbilicus upwards and below Poupart's ligament to the

left, four fingerbreadths beyond the mid line, the right side taking in all that part of the lower abdomen. The operation was difficult. The tumour was retro-peritoneal, the lower surface in close connection with the iliac vessels. Below there was contact with the bladder, above the large intestine was displaced upwards, and attached to the neighbouring parts, on the left the tumour touched the sigmoid flexure. The extirpation was so difficult from the fact that simple enucleation was not sufficient, but it had to be carefully separated from its attachments. Another great difficulty lay in sufficiently protecting the large remaining cavity, the surface of which was raw and not covered with peritoneum from infection. The raw surface was united to the margin of the anterior parietal peritoneum, so that the intestine was completely protected, and could not come into contact with the wound. The tumour covered the tunica vaginalis communis over the whole extent, and showed itself microscopically to be an alveolar sarcoma, that on hasty observation might easily be mistaken for a carcinoma.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, November 25th, 1899.

TABIC ARTHROPATHIA.

SCHNABEL exhibited a young man, æt. 33, at the last meeting of the "Gesellschaft der Aerzte" with tabic arthropathia of both ankle-joints.

In 1890 he suffered from an ulcer on the frenulum preputii accompanied with other specific phenomena. Three years later he suffered from severe lancinating pain in both legs. Four years ago for the first time a swelling commenced to form on the left foot followed in a short time by a similar enlargement on the right, but with no special history of severe pain. Since the commencement of the present year the position of the feet has rapidly changed, and they are now twisted outward at the ankles, having every appearance of talipes varus, more particularly the left. The bony swelling of the lower end of the tibia and os calcis is the cause of the displacement.

The tabic symptoms are to be found in the lancinating pains, the Westphalia phenomena, and the minimum of pain in its production. Against this, however, there is no ataxia, nor pupillary symptoms. Syringomyelia may be excluded, as there is nothing present to support the hypothesis.

LUPUS AND RONTGEN RAYS.

Thurnwald brought forward a young man whom he had treated with Röntgen rays for lupus on the face with the best result. It had originally been treated in the orthodox surgical manner without effect; it was scraped and painted with an 80 per cent. of lactic acid with no benefit. After a short term of treatment with the rays, the disease has quite disappeared.

POLIOMYELITIS IN THE ADULT.

At the "Medical Club" Redlich showed a patient, æt. 49, who earlier in life had been in charge of a railway station, but recently had been a tramway conductor. About a year ago he had a sharp pricking pain in the right foot, which soon passed off but left a weakness behind, this has gradually increased and extended up the leg till February when he found he could no longer perform his usual duty In July the same weakness commenced in the right leg, gradually increasing with the same wasting of the muscles. Patient had always been healthy up to the pain in foot; no evidence of syphilis; a non-Potus; and no trace of injury to be discovered.

His present appearance when standing has a waving character, not ataxic, but rather due to the weakness of the muscles. The atrophy since July has been very marked, with fibrillary contractions in the muscles of the thigh. He still has a little power in the lower and upper part of the left leg, but the foot is quite paralysed. The patellar reflex is active; the Achilles tendon reflex in right absent, in left present; sensibility intact; degeneration extensive; while there is no bowel or bladder disturbance.

The first thought in this case would be alcoholic polyneuritis, but the usual pain and paræsthesia, as well as the historical "Potus," are absent. Again, toxic agents such as lead and diabetes, might produce similar effects, both of these, however, were absent. It was finally left to distinguish between muscular atrophy and chronic poliomyelitis. Against the first is the localisation, the comparatively rapid course and the complete atrophy of the muscle; while in muscular atrophy, the degeneration would be in bundles and the course would be slow and gradual.

Although the symptomatic diagnosis may be thus easily differentiated the pathological anatomy cannot be so readily defined, as both are due to a degeneration of the ganglionic cells in the anterior horns of the cord.

RAYNAUD'S DISEASE.

Neurath exhibited a five-year old boy who has suffered for the last two years from attacks of cyanosis in the distal parts of the body, such as the fingers, ears, and point of the nose, which is accompanied with swelling and blisters. Neurath stated that he had observed these attacks personally, and on many occasions they had lasted for days at a time. He is of opinion that they have some connection with the effects of cold on the system, and believes that this case has now reached the second stage of this complex disease. The third stage usually ends in gangrene and death. The prognosis in such cases is very uncertain, as no drug has hitherto been effectual in warding off the danger of subsequent gangrene. Iron and arsenic seem to be the principal agents held in respect, but their action has seldom been successful.

South Africa.

[FROM OUR OWN CORRESPONDENT.]

THE TRANSVAAL WAR.

OUR Special Correspondent at Cape Town sends us the following interesting summary of events. His letter is dated November 12th, and states that everything has been put aside in medical circles in order to provide in every possible way for the care and comfort of the sick and wounded:—

The only general hospital that had been fixed upon at the time of writing was that at Wynberg, a suburb of Cape Town, where the whole of the barracks have been utilised for hospital purposes, affording accommodation to about 600 men. The hospital is excellently fitted up with every modern appliance. Colonel Anthones

is in command, with Colonel Grier as secretary and registrar.

As at present arranged, all the sick and wounded from Natal are to be brought there, a very wise determination, as the coast climate of the Garden Colony is most depressing at this time of the year. The Wynberg Hospital is in a most healthy situation, well up the side of Table Mountain, and the climate in the Cape Peninsula is, even in the midst of summer, never oppressively hot or damp. A batch of sick and wounded have already arrived, and are doing well. The 'Spartan,' which has been entirely reconverted for hospital ship purposes, has just gone to Natal for another consignment.

It is possible that one or two more General Hospitals may be established, perhaps at East London and Port Elizabeth, but that depends upon the General's line of advance. Station Hospitals will, of course, be fixed at various points up country.

Surgeon-General Wilson has taken over the chief command from Colonel Supple. Two well-equipped ambulance trains have been constructed locally, and will be used for conveying sick and wounded down the line. Detachments of the St. John's Ambulance Association, Cape Town Centre, will take charge of these trains from De Aaar downwards. These detachments are undergoing drill in train work daily at the Station Hospital. The same Association will take charge of sick and wounded from the Cape Town Docks to Wynberg.

Dr. Hoffman, Member of the Assembly for the Paarl, a very active Bond politician, has joined the Free State forces with an ambulance party of ten, all laymen, one, however, being an ex-medical student. At the last moment, he applied to the local St. John's Centre for permission to go under its authority. After some consideration due to the fear that the mission might be in some way a political one, the permission was granted on the distinct understanding that the party was to be absolutely bound by the Geneva rules, and by the regulations of the St. John's Association.

Abundance of civilian help, both professional and nursing, is being offered to the military authorities, but owing to the large number of medical officers, civil surgeons, and nurses sent out from England, it has not been made use of as yet.

In Natal, however, civilian aid is well in evidence, likewise at the beleaguered towns of Mafeking and Kimberley.

Dr. Buntine, surgeon to one of the Natal Volunteer Corps, greatly distinguished himself at Elands Laagte, and, it is said, is to be recommended for the Victoria Cross.

The Operating Theatres.

GREAT NORTHERN HOSPITAL.

Operation for so-called Fibro-Lipoma of Nose.—Mr. Peyton Beale operated on a man, æt. 45, whom he saw at the request of Dr. Whitfield. The patient had been attending Dr. Whitfield's dermatological clinic suffering from large pendulous deformity of the nose, commonly described as fibro-lipoma. The man being very anxious to have the disfigurement remedied, Dr. Whitfield had advised him to become an in-patient, and had suggested to Mr. Beale that he should shave off the pendulous masses. The patient was anæsthetised and the nose cleaned as far as possible. The pendulous masses were then shaved off with a sharp scalpel until the nose was reduced in size and appearance to that of the normal organ. Some of the pieces removed were three-quarters of an inch in thickness; the bleeding was, of course, very profuse, but no vessels which could be clamped were visible. The nose was dressed with layers of cyanide dressing (on the removal of this the next day, a layer of protective and gauze was substituted, the nose was dressed daily, and by the fifth day the raw granulating surface was found to be studded all over with islands of epithelium, these gradually coalesced, and on the tenth day the nose was almost entirely covered with new skin). Mr. Beale remarked that these so-called fibro-lipomata of the nose were in reality large masses of hypertrophied sebaceous glands with some fibrous tissue between them. On microscopical sections this tumour was found to consist almost wholly of sebaceous glands and large circular spaces lined with apparently normal stratified epithelium. This condition was present even in the very deepest parts of the growth. It was thus evident that the only treatment required was free removal, subsequent skin-grafting by Thiersch's method being in no way necessary. During the process of shaving off the tumour he said it was advisable to feel for the cartilage with the finger, so that a small amount of tissue might be left covering the cartilage.

Supra-Pubic Cystotomy for Calculus.—The same surgeon operated on a man, æt. 60, for vesical calculus. The point of interest in the case was the absence of symptoms of stone. The patient came to the hospital complaining of blood in the urine from which he said he had suffered on two occasions previously during the last year. The blood appeared in large quantities, and was persistent for a few hours only. The presence of the blood was not influenced by movement or exertion, but had appeared on each occasion after a night's rest. He was admitted as it was supposed he had a papilloma of the bladder. A sound was passed, and it only detected what appeared to be a large stone lying at the base of the bladder. This was removed by supra-pubic cystotomy, and was found to be triangular in shape with rounded edges, 2½ inches in its largest diameter, 1 inch thick, the greater part phosphatic in nature, but the centre composed of urates. Mr. Beale said it was a curious fact that the presence of blood was the only symptom of so large a stone; moreover the blood had only appeared three times and the surface of the stone was fairly smooth. He supposed that the stone had been partially encysted at the base of the bladder, and that the hæmorrhage occurred when for some reason or another the stone had slightly shifted its position. The interior of the bladder was thoroughly examined at the time of operation, and nothing but a slight roughness of the mucous membrane at its base could be detected.

ROYAL EAR HOSPITAL.

Removal of the Membrane, Malleus and Incus for Chronic Non-Suppurative Middle-ear Disease.—Mr. Arthur H. Cheatle operated on a man, æt. 20, who for some years had suffered from gradually increasing deafness in both ears, and who once previously had had adenoids removed but with no good effect to his hearing. On examination of the ear it was seen that the membrane and malleus were retracted, and on applying

Siegle's exhausting speculum it was seen that they were closely adherent to the promontory, thus accounting for the non-improvement after the previous removal of the adenoids. Inflation through the Eustachian tube produced no improvement in hearing nor in the position of the membrane, but the tone conduction was good, and the patient desired everything possible to be done to improve his hearing for the purposes of his work, therefore it was decided to remove the membrane, malleus and incus, and so to expose the head of the stapes to the direct influence of sound waves. The auricle and meatus having been thoroughly purified, especially the cartilaginous portion of the meatus, the patient was placed under chloroform, the ear again purified (the man being laid prone turned three-quarters to the right side under a good reflected light), an incision was carried round the periphery of the membrane with a sharp pointed knife, and the malleus freed from its adherence to the promontory. Delstanche's ring knife was then looped over the handle of the malleus, and passed upwards in order to divide the tendon of the tensor tympani; the malleus was then extracted by means of a strong pair of forceps as high up as possible, being first pulled downwards to free it from the attic and then outwards. The incus was then turned out of the attic into the lower middle ear by means of a Lake's incus curette, and removed with forceps. The middle ear was then gently mopped out and the canal plugged with double cyanide gauze wrung out with 1 in 40 carbolic solution, an outside dressing and bandage being applied to the auricle, which would remain *in situ* for a week. Mr. Cheatle spoke of the great importance of antiseptic precautions, which did away with all risks they being as applicable to the auditory meatus as to any other part of the body; for the purification carbolic lotion 1-20 was especially useful as it penetrated greasy substances. The cartilaginous meatus, he said, required thorough scrubbing with a strong mixture, that is, 1-20 carbolic acid, in which is 1 in 500 part of perchloride of mercury; the 1 in 20 is instilled into the meatus for 15 or 20 minutes before the operation; no evil effects are produced by these strong solutions beyond slight desquamation. With regard to the prospects of improvement in hearing following the operation, it had been pointed out to the patient that no good results might be obtained. If when healing had occurred at the end of a fortnight or three weeks, no improvement was noticed, the effect of an artificial membrane placed on the head of the stapes would be tried, and if no improvement then occurred, it would be inferred that the stapes might be bound down by adhesions round its crura or at its base which would require subsequent dealing with. The importance of excluding any internal ear complication by means of the tuning fork was, he said, of the utmost importance, as any signs of internal ear impairment contra-indicated operation. He remarked that sometimes there is difficuly in removing the incus; in using any form of incus hook it was important to place it well into the cavity of the attic in its anterior part and to rotate it backwards and downwards on its own axis. Difficulty may be experienced too in finding the incus after it has been turned into the lower middle ear, on account of the bleeding obscuring the ossicle; syringing, he said, may remove it in such a contingency.

The patient subsequently had no pain, no temperature; on removing the dressings in a week it was too early to judge of any improvement in the hearing. The important point was the absence of any sign of infection.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 29, 1899.

MEDICAL POLITICS AT NEWCASTLE-ON-TYNE.

THE meeting organised by the North of England Branch of the British Medical Association, which took place at Newcastle-on-Tyne on Wednesday last may be interpreted as a sign that the medical profession is awakening to the imperious necessity of co-ordinated action with the object of improving the status and safeguarding the privileges of medical practitioners, not only in regard to the public but also in respect of their domestic arrangements. The addresses of the three direct representatives show that although they envisage the question of reform from different standpoints they are all convinced of the urgency of taking concerted measures to remove, at any rate, the more salient abuses. Some of these, it may reasonably be supposed, may be overcome by steady pressure brought to bear on the governing bodies, but others, not the least important, will probably require legislative interference. Mr. Victor Horsley, with characteristic vigour, attacked the actual constitution of the General Medical Council, but he shifted the onus from the Council on to the shoulders of the "extraordinary series of little oligarchies" who appoint by far the greater number of the members of that Council. Without going so far as to allege that the councils of the various licensing bodies have "usurped" the right to speak and act as the representatives of their corporations, it is evident that in exercising that power they arrogate to themselves a position and influence out of all proportion

to their intrinsic importance, seeing that their alumni have, for the most part, no voice or influence in directing the course of events. Even if the functions of the Council were limited to regulating medical education the presence on that body of such a crushing preponderance of representatives of purely examining bodies would be objectionable because their interests do not favour a high standard of medical education but, on the contrary, entail the qualification of a maximum number of candidates. Of late years, however, the other functions of the Council have intruded themselves more and more on the attention of the profession, and under pressure of public opinon those functions tend more and more to occupy the time and energy of the Council, thanks especially to the vivifying influence of the direct representatives who, whatever may be asserted to the contrary, are indisputably more in touch with the aspirations and needs of the profession than their academic colleagues. From this point of view we share with Mr. Horsley the regret that "our unfortunate profession should be doubly governed by a series of small oligarchies who regard themselves as entirely irresponsible to the great body of practitioners, their colleagues in the profession to which they have the honour to belong." The alleged apathy of the general practitioner in voting for direct representatives, which is made use of as an argument for refusing to countenance any addition to their number, is very possibly attributable to the consciousness that the presence at the Council Board of a sprinkling of direct representatives cannot avail much against the interested opposition of a large majority of the delegates of corporations. Mr. Horsley is especially hard on the method of conducting the legal business of the Council, and it is generally admitted, even in the bosom of the Council, that there is plenty of margin for improvement in this direction. The time is past, we imagine, when senior members of the profession will dare to ascribe movements towards reform as the outcome of "an insignificant *coterie* of discontented men," for the questions now before us interest all who are engaged in general practice to a degree which they are only beginning to appreciate. Mr. George Brown was hardly less decided in his views as to what it behoves the profession to aim at, but his panacea seems to be that Will-o'-the-Wisp one-portal system which has several times been apparently on the eve of becoming law, but is still out in the cold. Much as has the one-portal system to recommend it, and anomalous as is the present multiplication and constitution of the various licensing bodies, these reforms would not seem to be as urgent as certain others, notably the increase in the number of direct representatives, the raising of the standard of preliminary education, the better protection of practitioners against the competition of quacks, and the regulation of the relationship of medical officers to touting medical aid societies. Though less emphatic in his denunciations, Dr. Glover also recognises the desirability of a revision of the conditions under which registered practitioners are at present left free to ally themselves with these medical aid societies, but he apparently pins his faith to the Conciliation Board, a faith which is apparently not shared by the bulk of his constituents. Doubtless this Board may enable the Council and the societies to tide over pressing difficulties, but we do not believe that it can be trusted to place the matter in a position which will satisfy the general practitioner. It is rather odd that none of the speakers seem to have dealt with the question of hospital abuse which, after all, is a great and pressing evil; indeed, between the open doors of the charity-supported hospital and the omnivorous maws of clubs and medical aid societies, the general practitioner daily finds his sphere of activity circumscribed and his means of gaining a livelihood reduced. Still, we are glad to bear witness to this exhibition of interest in matters which so intimately concern the gravest interests of the profession, and we trust that this meeting may prove epoch-marking in the movement for the consolidation and advancement of the medical profession.

THE LONDON CONJOINT EXAMINATION AND THE L.S.A.

It must be rather difficult for many London students to decide which of the qualifications to choose, the M.R.C.S, L.R.C.P., or the L.S.A. The course of study required to be followed during the five years which must be passed between the dates of registration and qualification is the same very nearly for both the Conjoint and the L.S.A.; and, as far as the examinations are concerned, we believe that there is but little difference between them. We are glad to see that the rivalry between the corporations which have legal power to give diplomas is not so active as it was a short time ago; and the Society of Apothecaries may fairly entertain some hope of carrying on its work as an examining body without fear of extinction in that respect. The old system followed by the majority of students when the Society of Apothecaries had no surgical examination was of course to obtain the M.R.C.S. and L.S.A. Now, however, that is not possible: and as the L.R.C.P. may be regarded generally as superior to the L.S.A., the conjoint diploma must appear to be superior to the L.S.A. alone. Now the question of the difference between the two ought to be considered. The Society of Apothecaries is clearly intended for that great class of practitioners in this country who do not entrust the supply of remedies to the pharmaceutical chemist, but keep in their own hands the dispensing thereof. There are great advantages to the public in encouraging the continuance of this plan in many parts of the country, partly for the sake of economy, but chiefly for the security provided for the work being properly and, above all, promptly carried out. It seems to us that when the intentions of a student are to settle down in country practice, or to go abroad, it is well for him to secure the right to dispense

his own medicines and to obtain the knowledge required to do so. We distinguish three very distinct divisions in the work to which a student must devote himself when preparing for practice, as well as after he is qualified. One is the study of diseases, which of course includes the observation of their symptoms, and their morbid anatomy or pathology. The second class is that to which the general term surgery applies. The third class is the treatment of diseases, and this of course requires knowledge of the properties of agents and their proper use in treatment. We are right, we think, in assuming that it is the object of the College of Physicians to encourage the first class of studies; of the College of Surgeons to encourage the second class; and of the Society of Apothecaries to encourage the third class. But the question of first importance to decide is whether it is to the advantage of the public or not for the practitioner to have the knowledge and right to supply his patients with remedies without having to send them with his prescriptions to a chemist. The English system differs in this respect from the continental system; and we are disposed to take the view that the English system is for the present best suited to the requirements of the public, because it makes adequate provision for the supply of medicines in a multitude of small country districts in which a dispensing chemist could not maintain himself. The continental system gives the chemist more power than is desirable, and we fear that in this country there is a growing tendency for the public to resort to the chemist for advice as well as medicine. If the London Colleges of Physicians and Surgeons were united with the London Society of Apothecaries and had one examination in which the three divisions of study were equally considered, it would be better for all concerned, and then their licentiates would have the right to consult their own interests according as circumstances and the nature of their practice required in dispensing their own medicines or not. Nevertheless we apprehend that there are many who hold the view that the dispensing of medicines by the practitioner, that is an open surgery, must be regarded as a regrettable expedient, essential but bad in principle, and to be got rid of as soon as circumstances permit. On the other hand, there are those who take a different view, and consider that it will certainly be discreet for the practitioner to arm himself with such qualifications as will enable him to provide for his patient's wants.

ALCOHOL IN WAR.

THE practical test of a campaign conducted in a far distant country has been applied to the British military system, with results that are not on the whole unsatisfactory. At the same time it would be idle to deny that various defects have been brought into the light of day. The navy commissariat organisation, for instance, has shown itself worthless so far as providing sound food for the transport ships, and it is to be hoped that when the war is over a searching Government inquiry will be conducted into this all-important detail of transport work. Then, again, the utter inadequacy of the Army Medical Service to the needs of the situation has been proved to demonstration. A large number of supernumerary civilian, and of Indian army surgeons have been despatched to the seat of war, while the army at home has been depleted of its surgeons. In consequence, civilian medical men have been engaged to undertake the regimental supervision of military stations throughout the United Kingdom. In not a few instances, these important duties, both at home and abroad, have been entrusted to newly-qualified men, who are clearly without the experience necessary to render them competent for such posts. Indeed, with a full sense of this responsibility, we do not hesitate to say that the War Office is not to be envied the heavy risk it is incurring by handing over whole regiments of British soldiers to the care of fledgling medical men, whether the sphere of the latter be at home or at the Cape. All these straits were prophesied long ago, and the War Office authorities have only to thank their own system which has been founded on disastrous lines of social arrogance and false economy. No doubt when the piping times of peace are once more upon us a Government inquiry will find further material for investigation in Army medical administration and organisation. The introduction of aseptic surgery and the perfecting of the medical branch of the Service, to say nothing of the latest wonder, the Röntgen rays, have done a vast deal towards alleviating the horrors of war, and the saving of life from casualties. Perhaps one of the most significant signs of the times may be found in the different place assigned to alcohol in the conduct of modern British warfare. This subject was well discussed in the *Forum* of last May in an article written by Mr. W. K. Rose, the able Reuter's correspondent in the Soudan campaign. In the old days, when it was the fashion of our forefathers in every station of life to drink to excess, the practice was carried into active service, whether ashore or afloat. Indeed, it was not uncommon for many battles to be fought by soldiers more or less under the influence of "Dutch courage." But nowadays we have changed all that. The modern general has learnt the lesson that the hardships of campaigning, however inclement or deadly the climate, may best be borne without the aid of alcohol. So long ago as the Indian Mutiny some of the greatest feats of endurance were performed by Havelock's men upon coffee alone as a beverage. In the Red River Expedition of 1870, under General Wolseley, no spirit ration was issued, and it is recorded by the medical authorities that no men could have enjoyed better health than the troops concerned. In the tropical climate of Central Africa the use of rum was formerly regarded as a specific and necessary precaution against the deadly diseases of those regions. The old-fashioned ration of rum, however, was discontinued in the Ashantee war of 1873; also under the command of General Wolseley. The result of that omission was.

most encouraging, for the total mortality from all causes amounted to the surprisingly low figure of 3·14 per cent. of the whole strength of the British troops. In the Kaffir war of 1877-78 the use of rum as an ordinary ration was prohibited, and the health of the force engaged was excellent. In the more recent campaign in the Soudan the Sirdar wisely prohibited all alcoholic liquors, and a quantity of villainous smuggled spirit was summarily disposed of by pouring it out upon the sands of the desert. Without alcohol the men engaged in that expedition quickly grew into fine condition as regards general health and endurance. In short, these experiences simply prove that it is not the climate that is so deadly to Europeans as their habits, which, in the case of alcohol, predispose to disease and lessen the powers of resistance and recovery. The growing intelligence of modern times has widely recognised the needlessness of alcohol in everyday life, although there can be no doubt as to its value as a stimulant when administered under proper medical control. In this subordinate and restricted manner alcohol will play its part in the war now being waged in South Africa, but it will not be needed to accentuate or to call forth the splendid and traditional valour which has long made the British soldier the envy of the world.

Notes on Current Topics.

The Present Position of the Vaccination Question.

The first annual dinner of the Association of Public Vaccinators, which took place on Saturday evening last, afforded a convenient opportunity to Mr. Climson Greenwood, the president, to dilate upon the grievances of public vaccinators, and to Mr. Chaplin, M.P., to discvss the general bearings of the last Act. Little had been heard before of the grievances in question, probably because public opinion was much more concerned with the question of principle than with the working details. The insecurity of their tenure of office, the absence of all control on their part over the vaccination officer and their humiliating dependence on the guardians are so many points calling for reform. The independence of the Medical Officer is at least as important, from an administrative point of view, as that of the vaccination officer whose position has now been judicially defined, thanks to the steps taken by the Local Government Board. The speech of the evening, however, was that of the President of the Local Government Board, Mr. Chaplin, M.P., who prefaced his remarks with an assurance that if it could be shown that the position of a public vaccinator had been prejudiced in any way because he honestly tried to do his duty he would not fail to come forward in his support. After disposing of sundry criticisms on the lymph supply he proceeded to compare the position of things at the time of the passing of the Act, 1898, with that which now obtains. Before 1898, he observed, at least a third of the local authorities had virtually declined to fulfil their duty in respect of enforcing vaccination, with the result that some 300,000 children remained every year unvaccinated. He declined any responsibility for the introduction of the "conscientious objector," but pointed out that, since the passing of the Act, children had been vaccinated at the rate of 150,000 more per annum. He defended the action of the Local Government Board in respect of vaccination officers, pointing out that many other officials, occupying more or less similar positions, had their duties prescribed for them entirely irrespective of the guardians; indeed, as he effectively pointed out, it is difficult to see how the public interest could be served. or public business carried on, if the central department were to have no authority in these matters. This, indeed, was the only alternative at the disposal of the Government if the *Act* was not to be allowed to prove a disastrous failure. The right honourable gentleman concluded his remarks with a valuable hint to the supporters of vaccination, as to the value of an effectual propaganda. Why, he asked, did those who were so clamorous against the Government when the Bill was before Parliament not start an opposition, a vaccination league, whose business it would be to explode the fallacies of that other body which had done, and was doing, its best to prevent vaccination, adding that such a league would do more in the cause of vaccination than anything the Government might do.

The End of a Noxious Trade.

The result of the trial at the Old Bailey last week of the persons trading as "Madame Frain" will, we trust, have the effect of putting a stop to the practices of all those unprincipled persons of the same ilk, whose career so far has been unchecked by the law. In some respects the trial in question has proved a most important one. In the first place it was conspicuous for having been undertaken at the instance of the Director of Public Prosecutions. This undoubtedly showed that the evil with which it dealt had at last been officially recognised, and that the decision had been arrived at to put the law in force against it. Now that one prosecution of the kind has terminated successfully there should not be much difficulty in proceeding in other cases in which the evil flagrantly exists. But it was clear from the elaborate and careful statement of the judge on the law of the case that the legal points involved were not by any means simple. The statement in question was made in reply to the plaint of the defendants' counsel that there was no case to go to the jury against the defendants. The claim was that there was no evidence of criminal attempt. But Mr. Justice Darling took a different view of the case. "I have given," he said, "my best consideration to this matter, and I will state a little fully what my view is, because it is perfectly plain that this case raises, probably for the first time, questions on a very difficult branch of the law—questions as to what is or what is not, in given circumstances, a criminal attempt to do a thing, and how

far a person inciting is or is not criminally responsible. The conclusion I have come to is this, that if the woman, believing that she is taking a noxious thing within the meaning of the statute, does, with intent to procure abortion, take a thing in fact harmless, she is guilty of the attempt to procure abortion within the meaning of the statute. I have also come to the conclusion that if the person inciting the woman to take the noxious drug himself believed that thing to be a noxious drug capable of procuring abortion, he would be guilty of inciting her to attempt to commit the crime, although, owing to facts being otherwise than he believed, the commission of the crime in the manner proposed was impossible." The jury presumably could not fail to be impressed with this expression of opinion, more especially since the evidence showed that the pills sold by the defendants were of a noxious character, and would act as abortive agents if taken in the quantities recommended. In the end a verdict of guilty was returned, and substantial terms of imprisonment meted out to the guilty principals. A second point of great importance in connection with the trial was the deliberate warning given by the judge to all those newspaper proprietors who publish advertisements of the kind which made the business of "Madame Frain." Mr. Justice Darling pointed out that if this practice were continued, the owners of the journals in question might find themselves in the same position as the defendants at the trial. There can be no doubt that the suppression of these advertisements will have a most salutary effect in the prevention of the evil. Moreover, without such temptations to resort to criminal proceedings, unmarried women would be less likely to fall astray; and without such scandalous incentives to crime there would be less inducement to the married to interfere with the course of Nature.

Homœopathy and Surgery.

It is interesting to note that at least *one* homœopathist recognises that there is something better than homœopathy, namely, surgery. In this connection a curious correspondence recently took place between Lord Dysart and the Committee of the Grantham Hospital. Lord Dysart is an ardent homœopathist, and, at the same time, he is a subscriber to the Hospital. In this latter capacity he has offered to double his subscription if the Committee of the institution will undertake to exclude all internal treatment for the patients except in very extreme cases. The noble Earl intimated also that he was desirous in every way of supporting the practice of surgery, but that he intensely disliked supporting an institution which adopted antiquated and unscientific methods of internal medicine, while it was unreasonable to expect him to support a system of medicine, which besides not being up to date, was doing much harm to the public. These are his Lordship's views upon the practice of medicine in the present day, and to say the least they can scarcely be described as complimentary. Most persons, however, we imagine, instead of agreeing with his Lordship on the matter would be disposed to hold that homœopathy was out of date, and not the present-day practice of medicine. We fear Lord Dysart is altogether talking about a subject of which he can have but little knowledge when he expresses himself to the effect that homœopathy is an up-to-date system of medical treatment. No statement could be more absurd. If science has proved anything it has shown that homœopathy is as unscientific as it is now antiquated. It is interesting to record, however, that the committee of the Grantham Hospital replied to his Lordship to the effect that they could not see their way to suggest any alteration in the existing management of the hospital, but they gave their assurance that Lord Dysart's subscription would be devoted entirely to the relief of surgical patients. Possibly this means that the money will be expended in purchasing antiseptic dressings.

The Lesson of a Small-Pox Epidemic.

The lesson of the last small-pox epidemic in Warrington has evidently not been lost upon some of the inhabitants, as the following incident will show. A man who filled the *rôle* of "conscientious objector"—applied to the local bench of magistrates last week for a certificate of exemption from vaccination. He was asked by the Mayor if he had been in the town during the last epidemic, and to this query a negative reply was given. Whereupon the Mayor remarked that the epidemic had shown that in proportion as re-vaccination obtained the disease had diminished, and the sad experience which they had had of the ravages of small-pox had taught him that vaccination was a necessary prophylactic. The Mayor then left the Bench, stating that he, for one, would not grant the certificate applied for, but that his brother magistrates could do as they liked. The end was that each of the other magistrates followed the Mayor's leading, and the "conscientious objector" was told that if he wanted his certificate he would have to make an application upon another day. The incident is a significant one from several points of view, and more especially as showing how easily the common sense of these magistrates disposed of one of the most grievous fads of the present day.

The Mauser Bullet.

It is not unnatural that great interest should now be taken in the wounds inflicted upon our soldiers in South Africa by the Mauser bullet. As is well-known, the Mauser rifle is the weapon with which the Boers are chiefly armed, and the present war is the first occasion upon which the effects of its projectile have been seen in European troops. Numerous cases are reported of soldiers wounded by Mauser bullets now lying in the Wynberg hospital. It is stated that an examination of the wounds shows that this bullet makes a cleaner track through bone and soft tissues than the Lee-Metford, and that the aperture of exit is not larger than that of entry. But

if the objection to the Lee-Metford bullet is that it fails to stop "rushes," how does this objection apply to the Mauser, whose wounds seem to be less deadly than the former. The rational conclusion must be that the less the injury inflicted by the projectile the less must be its "stopping" power, and if the Mauser bullet-wounds are less severe than those of the Lee-Metford, unserviceable a weapon as the latter is said to be, the former must be still more so. It will be interesting, after the war is concluded, to learn the opinion of experts upon this matter. It would seem that the modern rifle has reached such a state of mechanical and scientific perfection, that its bullet must injure a vital part before the life of a soldier is endangered. In the days of "Brown Bess" many a trivial wound meant death to the injured man. So, after all, even if war in the present day is conducted upon extremely scientific lines, its effects may be less terrible than in early days from a humane point of view.

The Dublin Conjoint Examinations.

The report of the July examinations (presented, it will be observed, four months after date, by the Committee of Management) records a decadence in the number of candidates compared with the same period of last year—239 as against 251. An analysis of the figures explains this falling off and is highly instructive for the Dublin teachers. It will be recollected that the College of Surgeons felt obliged, a couple of years ago, to take serious notice of the persistent and excessive rejections in Physiology and Histology at these examinations, with the result that the rejection percentage dropped largely. It would appear that the examiners in these subjects have reverted to their former policy, for we see that, at the second examination in July (at which the subject is predominant) 45·3 per cent. of the candidates were rejected in these subjects alone, the average in all subjects of that examination having been 57·0 per cent. Sixty-nine candidates offered themselves for this examination against 90 this time last year, and it is noteworthy that 9 of these offered themselves in one subject only, presumably most of them candidates having been previously rejected in the same subject.

The Subsoil of Guy's Hospital.

An extensive find of osseous remains was made a few days since in the "park" within the grounds of Guy's Hospital in the course of the excavation for a gallery which is being constructed for the purpose of providing underground communication between different parts of the buildings. No one knows exactly how these bones came where they were found but not many years ago a similar find was made, no less than a hundred skeletons having been unearthed when digging the foundations for additional buildings. It is surmised that the hospital must have been built on a place previously used as a burial ground for the victims of the plague, and its position just outside the city boundaries gives some credence thereto. We are informed that a Dutch auction was held, but the remains fetched very poor prices, skulls going for twopence, while the long bones were simply "given away." It is reported that a large number of short clay pipes were found in the neighbouring earth, but their presence is as much a mystery as that of the bones, seeing that a plague victim would be unlikely to take his "cuddy" along with him when conveyed to his last resting place; or, as it turns out, his last resting place but one.

A Medical Hero in the Transvaal War.

Surgeon-Captain R. A. Buntine has recently performed a valiant deed under Boer fire. He was with the Natal Carabiniers who were patrolling the Free State border when the party was surprised by ambushed Boers at Bester's, near Van Reenen's Pass, under the towering peak of the Drakensberg. The Carabiniers had to retire, leaving a wounded trooper on the ground. Dr. Buntine, inducing his trooper servant Duke to accompany him, rode back

and having dismounted, placed the severely wounded man on his own horse, and then, in spite of the rifle practice, clutched hold of his servant's stirrup leather and ran back to camp, all three men getting in safely. For this conspicuous deed of courage in the face of the enemy he has been mentioned indespatches, and is likely to get the much coveted V.C. Our special correspondent informs us that Dr. Buntine is in private practice at Pietermaritzburg, joined the volunteers with his partner, Dr. Currie, and has been attached to the headquarters' staff of the Royal Army Medical Corps at Ladysmith. He is an Australian, born at Melbourne, and is of Scottish extraction.

We are requested to inform our readers that the Conjoint Diploma in State Medicine heretofore granted by the Royal Colleges of Physicians and Surgeons, Ireland, will, in future, be styled the "Diploma in Public Health."

The Small-pox Epidemic at Hull.

In spite of the greatest activity the sanitary authorities at Hull cannot as yet be congratulated on having circumscribed the epidemic of small-pox which has been raging there for some weeks past. The number of cases under treatment up to the present is not far short of 500, and the evil is not limited to the town itself, the existence of such a large focus of infection constituting a standing menace to the neighbouring country with its many agglomerations of human beings, as the returns already show but too plainly. One satisfactory feature is the readiness with which persons of all classes of society avail themselves of the facilities for revaccination, some forty thousand having already been revaccinated. It could be wished, however, that people would adopt this very useful precaution beforehand, without waiting to be scared into compliance by the presence of the disease in their midst. It is impossible to over-estimate the cost to a seaport or manufacturing town of such a widespread epidemic, to say nothing of the suffering and misery which it entails far beyond its own limits. We shall be in a better position to discuss this point when we are in possession of the Government report. Just at present we are more concerned with the means of preventing its extension, and the public may feel assured that nothing that can be done with this object in view has been left undone.

The General Medical Council.

The autumn session of the General Medical Council was opened yesterday (Tuesday) by the usual presidential address. It is anticipated that the duration of this session will display the same tendency to prolongation as its immediate predecessors, many matters of considerable importance to the profession being comprised in the *agenda* drawn up by the Executive Committee.

The Princess of Wales's Hospital Ship.

The inspection by the Prince and Princess of Wales of the hospital ship which bears the Princess's name was naturally the occasion of a popular demonstration on Wednesday last at Tilbury. The well-known tourist steamer "Midnight Sun" has been transformed beyond recognition. Her white sides bear the large red cross of Geneva, and the sign is reproduced on the smoke stack and bows. Down below, the cabins and saloons have given place to true hospital wards filled with rows upon rows of suspended beds soon to be filled with their burdens of wounded and suffering soldiers. The nursing sisters and assistants were paraded, and the Prince in a few well-chosen words wished them God-speed on their mission of humanity. The medical visitors could not but admire the perfection of the arrangements made for the reception and treatment of the victims of duty Every appliance known to modern medical and surgical science has been pressed into the service, of which steam disinfectors, an electric laundry. Röntgen ray apparatus, and a most elaborate and complete installation for the electric light are but outward and visible indications, showing the care, skill, and thoroughness with which the hospital ship has been fitted up.

A Student Blackmailer.

A Foreign exchange relates an instance of what we may term up-to-date blackmailing. A student was recently arrested at Gratz on a charge of endeavouring to obtain money by menaces from an old lady whose dwelling he threatened, failing cash, to inundate with a selection of pathogenic microbes. It is even stated that when searched the ingenious but indelicate student was found in possession of cultures of cholera, tetanus and typhoid fever bacilli. This is quite a novel application of bacteriological knowledge but hardly one which can be commended for imitation.

"Grammar School" Education in Professional Education.

The attempt on the part of the London Colleges to evade the regulations of the General Medical Council by recognising the sham instruction given at grammar schools in chemistry, physics, and biology is likley to occupy the attention of the General Medical Council at a prolonged debate at the session which opened yesterday. It is unnecessary to discuss the merits of this question, considering that the Education Committee of the Council has already pronounced twice, and the Council itself once, that these grammar school courses are a palpable evasion of the regulations, and it is not likely that they will go back from that pronouncement; but it is as well to say that we believe that, if the London colleges are permitted to accept such courses, the Irish and Scotch colleges, which have hitherto rejected them, will receive certificates from any school which purports to give instruction in these subjects, and, in that case, the Medical Council may as well strike them out of the curriculum altogether, a consummation, indeed, which would not distress us very much.

The Dublin Preliminary Examination.

In our last issue we referred to the excessively high standard of the Dublin conjoint preliminary, which the General Medical Council is seeking to crush out, as compared with other examinations, which it readily accepts. We have since made inquiries, and are in possession of the name of at least one candidate who, having tried the Dublin preliminary four times, and made overtures to another body which would not be accepted, went down the street to a university close-by where he paid £15, and passed the examination recognised by the Medical Council, and is now inscribed on the Students' Register. The theory of the Medical Council that, outside the universities, there is no educational salvation is not sustained by the facts.

Anti-Typhoid Inoculation in the Army.

Despite the fact that the South African climate in which the war is now being carried on is the best in

the world, and the risks of typhoid infection correspondingly slight, nevertheless, many thousands of our soldiers have wisely submitted to inoculation against typhoid. This is as it should be, for even in places where this fatal disease is least to be expected, as, for example, in the open veldt, it is well to be on the safe side, and be prepared for any infection that might be present. So far, we believe, the death of only one private has been reported from typhoid, and this occurred in an up country station before the inoculated troops were sent out. Upon the whole then, although for the reasons above given, the present occasion cannot be regarded as one in which the antityphoid inoculations will be likely to be put to a satisfactory test, nevertheless after the war is over some facts will probably be forthcoming to show to what extent they have been useful.

The Medical Advisers of the Czar.

A FRENCH contemporary draws attention to the number of medical advisers "engaged" by the Czar of Russia. They number in all no fewer than twenty-seven, thus forming a veritable medical body-guard. There is first a physician-in-chief; then come the honorary physicians, three surgeons, and four honorary surgeons; two ophthalmic surgeons, a chiropodist, and honorary chiropodist; also two court physicians and three specialists for the Czarina. This goodly array of medical talent, for it represents the best that Russia can produce, should make the Czar happy in his mind so far as his medical requirements are concerned. There is said to be safety in numbers, but this old saying is thought not to apply to cases in which many medical men assemble around the sick bed of a patient.

Nursing in the City of Dublin Hospital.

OUR advertising sheet informs us to-day that the City of Dublin Hospital has decided upon a change in its nursing system. Heretofore, its nursing has been done by an institute, which may be said to have been proprietary located close by, but the Governors have now decided to have a nursing establishment of their own, and they are now making provision for the accommodation of the staff by temporary, and afterwards by permanent, extensions of the hospital buildings.

PERSONAL.

SIR WILLIAM BANKS will preside at the annual dinner of the students of University College, Liverpool, on December 2nd.

PROFESSOR KOCH, who is now in Batavia, is reported to be in good health. He will continue his observations on malaria a few months longer, and will then proceed to New Guinea.

DR. FRANK J. WETHERHED, late Medical Registrar and lecturer on Medical Jurisprudence at the Middlesex Hospital has been elected Assistant Physician to that Institution.

DR. CARSTAIRS CUMMING DOUGLAS has been appointed Professor of Medical Jurisprudence in Anderson's College Medical School, Glasgow. Dr. Douglas is a graduate of Edinburgh University, where he took his degree in medicine with first-class honours and the Etches scholarship in 1890, and his degree in Science (Department of Public Health) in 1891.

OUR Continental correspondent informs us that King Alexander of Servia is at the popular winter health resort of Meran, South Tyrol, Austria. His Majesty resides at the Schloss Rametz, in the elevated Obermais suburb of Meran, and is accompanied by General Solarovich, Major Wassies, Colonel Androvitch, and Doctors Weljkovics and Michel.

THE German Empress Frederick (Princess Royal of Great Britain), with her daughter, Princess of Saxe-Meiningen, is at the Imperial Hotel Trento, Trient, South Tyrol. Her Majesty frequently visits Meran, Arco, Riva, Gardone-Riviera, and other places of interest conveniently near Trient. Our correspondent understands that she intends building a château on the Cap San Vigilio, Lake Garda.

SIR WM. MACCORMAC, Bart., and Mr. Makins, of St. Thomas's Hospital, London, have arrived in South Africa, and after a thorough inspection of the hospital arrangements for the sick and wounded at the seat of war, have pronounced very favourably upon the energy and foresight shown by those in charge of the hospitals and with the work already accomplished by the Army Medical Corps.

DR. JAMES ALEXANDER LINDSAY, of Belfast, who has been appointed to the chair of medicine in Queen's College Belfast, is an *alumnus* of the college, and he secured many distinctions there. After leaving Belfast he studied in the leading schools of London and the Continent. He is a member of the more important medical bodies, and a much-esteemed medical writer. His "The Climatic Treatment of Consumption" is regarded as a text-book.

DR. EMILY WINIFRED DICKSON, being engaged to be married in the early part of December, has resigned her position as gynæcologist to the House of Industry Hospitals, Dublin, and Dr. Thomas Henry Wilson has been appointed as her successor. Dr. Wilson has recently occupied the position of Senior Assistant Physician to the Rotunda Hospital. Dr. Dickson has also lately resigned her office of Assistant Physician to the Master of the Coombe Lying-in Hospital.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

UNIVERSITY JOTTINGS.—GLASGOW.

THE number of students matriculated at Glasgow University this season is 1569, an increase of 38, as compared with the preceding year.

In the Randolph Hall on Thursday evening, 24th inst.: Principal Story gave an "At Home." This step is quite an innovation, as no former Principal ever used the building for such a function. On this occasion fun and frivolity assumed the place of serious faces and palpitating hearts. Gilmorehill did not quite under-

stand or know itself; tea and claret cup were in evidence instead of pens and ink. Such functions, it is said, will be given by the Principal during the session. In fact, the session has begun with a series of festive gatherings. A short time ago the students were at loggerheads with Professor Ramsay, who magnanimously apologised to them, and since then has entertained them to tea in the Examination Hall of the University. On another evening Professor Murdoch Cameron gave a "smoker at home" to the medicals in the Union, which was no doubt immensely enjoyed, and if the "going home" at an early hour be regarded as a reflection of the gathering, then it is safe to say it was *very lively*. Brother Pelican says Dr. Cameron is a born *storyteller*; this statement *is* a fact, and the professor would thoroughly enjoy himself, as he would be in his "element" while giving utterance to his *stories*, especially those of a cerulean colour. After enjoying such a feast of light things, the students were further treated on another evening to hear Dr. McVail, Health Officer for the counties of Stirling and Dumbarton, read a paper on "Municipal Duty as to Prevention of Tuberculosis." While such things were going on at the University the members of the Glasgow and West of Scotland Agricultural Discussion Society were treated to a lecture by Dr. Robert Bell on "Potato Disease" It is to be hoped that the "pregnant week" was safely delivered of its weighty burden, and was satisfactory to all concerned.

GLASGOW HOSPITAL SUNDAY took place on the 26th (Sunday) inst., and, as usual on such occasions, the day was wet and stormy, preventing many charitable souls from going out and giving their support. Last year 355 churches gave collections, an increase of eight on the year previous, and the total (including Sunday schools) amounted to £4,388 16s. 11d. The circular issued states that the three principal infirmaries treated 12,991 patients in their wards and 45,188 in their dispensaries, a total of 56,179. On such Sundays when the weather prevents a full congregation, the public are reminded that their subscriptions can be sent to the Secretaries, which, no doubt, will be the case this time.

MEDICAL SOCIETY OF LONDON.

THE meeting on Monday evening last (November 27th) was devoted in its entirety to a paper by Dr. Cayley on "Prognosis in Appendicitis, with notes of 200 Cases," and the discussion thereon. He discussed prognosis according as it bore on (1) recovery, and (2) recurrence. He admitted that statistics were misleading in the aggregate, the prognosis having more to do with the special form of the disease. The two essential factors in prognosis were (*a*) the nature and course of the appendix lesion regarded from the point of view of relative infectivity, and (*b*) the extent and nature of any resulting peritoneal infection which depended for the most part upon the actual lesion of the appendix, in part also on its position and on certain special modifying conditions. The most important direct prognostic factor was the peritoneal one. Of 200 cases at St. Mary's Hospital, 99 were simple appendicitis, *i.e.*, localised and non-suppurative, all of which recovered; 31 were cases with localised suppuration, of which number 29 recovered; 23 were complicated by general peritonitis, of which 20 died; 42 were examples of relapsing chronic appendicitis, in 37 the appendix was removed, and all the 42 recovered. In the other 5 cases there were special complications, and of these three died. These cases show the great fatality of appendicitis with general peritonitis, the small mortality of appendicitis with localised abscess, if properly treated, and the almost uniformly favourable course of mild cases, which constitute the majority of all cases of the disease. The special prognostic indications for clinical consideration were (1) local symptoms, with special reference to pain and vomiting; (2) general symptoms, with special reference to temperature, pulse, respiration and general condition; (3) local signs on physical examination; and (4) the progress of the case. Persistent, severe pain suggested a severe lesion, and a sudden increase of pain an unfavourable turn. Vomiting, when persistent and severe was always a significant symptom. The temperature chart by itself is a fallacious guide, but taken in conjunction with the pulse, respiration, &c., it possesses considerable prognostic import. A high pulse rate is of bad omen, as is also a bad general condition. The character of the local signs is also of considerable importance. Above all we must note the progress of the case during the first twenty-four hours in acute cases. In respect of recurrence this may be expected in fully a third of the cases, most commonly within a year of the initial attack, and it amounts to a practical certainty if there is persistent pain, tenderness or local thickening indicative of chronic appendicitis.

In the discussion that ensued Mr. Edmund Owen agreed that suddenness of onset was of grave significance, and urged that the sooner these cases came into the surgeons' hands the better. He dismissed McBurney's point as utterly misleading and useless. Dr. F. Smith pointed out that the cardinal point to investigate was the occurrence or not of suppuration, and in its absence he thought it might be safe to temporise. Mr. Carless urged that surgeons ought not to wait for, but to anticipate, suppuration, thereby obviating the risk of peritonitis. This plan, moreover, enabled them to remove the appendix, which was often impossible in presence of abscess.

Mr. Mansell Moullin thought that in all cases of appendicitis, if no improvement took place within the first thirty-six hours, it was time for the surgeon to intervene, inasmuch as either suppuration had taken place or adhesions were forming which would render relapse inevitable.

Mr. Berry said he had changed his views, and was now an ardent advocate of the more expectant treatment. He adduced some very telling figures showing the results of the various methods of dealing with the disease, and among them he mentioned thirty-three cases of acute appendicitis treated by free incision and washing, of which number twenty-six died, while of forty-one dealt with by limited incision through adhesions only two died. He protested energetically against the fatal practice of washing out the abdomen, which, he thought, was responsible for many of the fatal results, and he pointed out that in the majority of cases an incision through the linea semilunaris would fail to open an appendicular abscess. The incision adopted in the majority of the successful cases was one perpendicular to, and just above, Poupart's ligament.

The President said he had seen a very large number of such cases recover under common-sense medical treatment, but he always called in a surgeon to have the benefit of his opinion.

Dr. Cayley then replied, admitting that early operation had much to recommend it if one could be sure of getting the cases early enough and of operating at the right moment, but he asked whether an operation at an injudicious moment might not have for effect to convert a local into a more general infection.

Obituary.

DR. JOSEPH SAMUEL PRENDERGAST.

DR. J. S. PRENDERGAST, the son of the late Francis Prendergast, for many years Registrar of the Court of Chancery in Ireland, was born in 1810, entered the Army in 1836, and retired in 1863 with the honorary rank of Inspector-General of Army Hospitals. He was attached to the 77th Regiment. He served in the Crimean campaign upon the personal staff of the Field-Marshal Commanding-in-Chief, Lord Raglan. He was present at the battles of Alma, Inkerman, and Balaclava, as well as at the siege of Sevastopol. He attended Lord Raglan in the field until his death, when he accompanied his body to England. He received the Crimean medal with four clasps and Turkish medal (5th class of Medjidieh).

MR. W. I. WHEELER, B.A., F.R.S.C.I., OF DUBLIN.

THE grave illness of this surgeon, which we reported in our last issue, ended on Saturday last when he died at his residence, Merrion Square, Dublin, of a complication of diseased conditions of which typhoid was the most mani-

fest. Mr. Wheeler has been a leader in Dublin surgery for many years. He received his first qualification from the Colleges in 1866, and became Fellow of the College of Surgeons in 1874 and M.Ch. of the University of Dublin in 1879. Having served as Resident in the City of Dublin Hospital he became a Demonstrator in the School of the College of Surgeons, and afterwards entered the Army Medical service and saw service in the Abyssinian campaign. He, on his return home started practice in Dublin, being elected as Surgeon to the City of Dublin Hospital, a position which he held until his death. He also served as Examiner in Surgery in his College, and became its President in 1883.

MR. FRANK SHAPLEY, M.R.C.S., OF SIDCUP.

The death of Mr. Frank Shapley took place on the 15th inst. from typhoid fever. He had been suffering from a severe attack of rheumatism for a month past, but was progressing favourably until the beginning of November, when typhoid supervened, to which he succumbed at the early age of 42. Deceased was a student of the London Hospital, took the L.S.A. in 1878, and the diploma of M.R.C.S.Eng. in 1879. He was senior house surgeon of the London Hospital, assistant medical officer to the Wonford Hospital for the Insane, Exeter, and later senior assistant medical officer at the Glamorganshire County Asylum. In 1884 he commenced private practice at Sidcup, in Kent, and during his residence there, of fifteen years, has taken a prominent part in all local affairs, and it was owing to his exertions that the present Cottage Hospital, to which he was attached as honorary medical officer, was freed from debt.

DR. CAMARA PESTANA.

A correspondent of the *Times* gives some pathetic details of the death of Dr. Camara Pestana, who, it is stated, actually caught the plague through his anxiety to learn all that he could about it. He was dissecting the body of a patient who had died from plague, and in order to extract the virus more thoroughly for analysis he put aside his instruments and worked with his fingers. The poison entered his system under the finger nails and he was struck down with the terrible disease which he was investigating. He was at once moved to an isolated ward set apart for plague sufferers, and there he set himself to study his own case and to record for the benefit of humanity his own symptoms and the course of the disease. He refused to see his brother for fear of infection, and in every way, even in making arrangements for his own funeral, he took every precaution to prevent the spread of the plague. His mind and will conquered his bodily sufferings until the very end, and even as he died he was still trying to indicate to those around him the lessons of his own case. He left a letter for the Queen of Portugal begging for her influence in favour of his colleagues at the Lisbon Bacteriological Institute. So died the heroic doctor, who, as our correspondent says, "had toiled for months amid the horrors of the plague hospital and dissecting room, and at last gave his life a willing sacrifice for the benefit of the whole world."

MR. WM. LEWIS MORGAN, M.A., M.R.C.S., OF OXFORD.

News has just reached here of the death at sea about a fortnight ago, of Mr. W. Lewis Morgan, a well-known Oxford surgeon, at the early age of 45. Early in the year his health had completely broken down, and he left England for the Cape with the hope that the voyage would lead to a marked improvement in his condition. While on the return voyage, however, dangerous symptoms set in to which he succumbed, and he was buried at sea. Mr. Morgan was one of the University coroners, and performed valuable work as an honorary surgeon of the Radcliffe Infirmary. Before his departure from England, the Freemasons, in recognition of his services as provincial grand secretary of Oxfordshire, presented him with a purse of 500 guineas. As a student he greatly distinguished himself, attaining first-class honours at Oxford University in Natural Science. Later on he became a member of the Board of the Faculty of Medicine and Litchfield Lecturer on Clinical Surgery in the University.

Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

INCONSISTENCIES.

To the Editor of The Medical Press and Circular.

Sir,—Dr. Edward Berdoe, the medical apostle of the anti-vivisectionists, attempts to apologise for the complacent inaction of his party with reference to the torturing of tame deer by Her Majesty's Buckhounds, by pounting out that an obscure clergyman in an obscure parish in England, who is an anti-vivisectionist, has written something against this so-called "sport," and he says, "tell us what more we (the antis) can do in the matter and we will do it." I suppose it is unnecessary to answer the question. Dr. Berdoe and his cogeners are perfectly well informed as to what they might do if they wished. None are better skilled in the art of working up a semi-political agitation among benevolent old parsons and impressible old ladies and carrying that agitation, with their money, into the constituencies and into the House of Commons, and it is not at first obvious why they pass over the atrocities perpetrated in these Buckhound hunts, in the transhipment of cattle, and in the marketting of fowl, and many other every day cruelties, and devote themselves to mendacious attacks on the medical profession for putting a hypodermic injection under the skin of a frog, or performing other equally painless experiments. On consideration, however, their attitude is not difficult to understand. Anything associated with Her Majesty's name would be unpopular with the old women, male and female, whom the organisation serves, and any agitation for interference with cattle commercial interests would be scouted by Parliament, so that Dr. Berdoe and his friends wisely confine themselves to maligning the doctors and scientists, who, politically, have no friends. No one can have any respect for the consistency of a party who occupy themselves with the endeavour to swallow camels while they strain at gnats.

I am, Sir, yours truly,

Mawworm.

OPERATIONS AT THE CANCER HOSPITAL.

To the Editor of The Medical Press and Circular.

Sir,—Will you kindly permit an outside general practitioner to make a few comments on two cases reported in last week's edition as coming from the Brompton Cancer Hospital. The first case by Mr. Ryall gives a history of ten years. Surely this is enough to put it out of the class of operative cancer cases. The next case is by Dr. Snow, and gives a history of five to six years. This surely puts the case of a woman of 38, full blooded and vigorous, out of the list of cancer patients. Yet both were operated on at a hospital supported by the outside public for cancer cases alone. There are many cases, as we all know, where no one can be quite certain whether they are malignant or not, but neither of these cases comes under the category or definition of cancer. I do not suggest that the treatment, although unsuccessful, was wrong, but I do most emphatically say that neither should have been treated at a Cancer Hospital. It is obtaining money by false pretences to get it from the public for supporting cancer cases, and then applying it to myoma and other diseases.

I am, Sir, yours truly,

James Hamilton,

60, Sydney Street, Chelsea, S.W.
November 25th, 1899.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

A HINT TO SCULPTORS.

A CORRESPONDENT suggests that the refuge in front of the Jenner Institute offers a magnificent position for a statue of "Bacteriology Enlightening Therapeusis," and suggests that sculptors might give the suggestion their attention. The idea is ingenious, but still more ingenious would be the artist who could work out the suggestion in marble.

THE BITER BIT.

THE following amusing tale was recently told to his class by Professor Comstock, of Cornell, in speaking of the trials of scientists. It appears that a professor of invertebrate zoology in a sister university wished to procure some trichinous pork for purposes of experiment. The learned scientist went to his butcher and asked him if he ever got any measly pork. "Sometimes," the butcher cautiously answered, "but I always throw it away." "Well," said the professor, "the next time you have any I wish you'd send me up some," meaning, of course, to his laboratory. The butcher, although somewhat taken aback, said that he would. Three weeks passed, when the professor, growing impatient, again visited the store. "Haven't you found any measly pork yet?" "Why, yes," said the butcher, "I sent up two pounds a week ago." A sickly grin broke over the professor's face. "Where did you send it?" "Why, to your house, of course," said the butcher.—*New York Medical Record.*

MR. G. C. GREEN.—Is thanked for his suggestion, but no useful purpose is served by a record of such cases.

DR. KNOTT'S paper on "Lactation in the Virgin, the Old Woman, and the New-born," will appear in our next.

AN UNCONSIDERED TRIFLE.

"ARE you fond of literature?" he inquired, with assumed carelessness, but he was watching her attentively. "Passionately," she replied, "but I get so little time to read anything except the chronicles of my profession. Ours is a most exacting art, but I love books dearly." "Then you must admire Sir Walter Scott? Is not his 'Lady of the Lake' exquisite in its flowing grace and poetic imagery?" "It is perfectly lovely," she assented, clasping her hands in ecstasy. "I suppose I have read it a dozen times." "And Scott's 'Marmion,' he continued. "It is perfectly grand," she murmured. "And 'Scott's Emulsion'?" he continued, hastily, for a faint suspicion was beginning to dawn upon him. "I think," she interrupted, rashly, that its the best thing he ever wrote."—*Exchange.*

DR. JAMES EDMUNDS' paper on "Alcohol in Medical Practice" is unavoidably held over.

DR. RABAGLIATI (Bradford).—Your paper on "Suppurating Pelvic Cellulitis, with Remarks on the Occurrence of Low or Sub-normal Temperatures," is marked for early insertion.

Meetings of the Societies and Lectures.

THURSDAY, NOVEMBER 30TH.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL (Gray's Inn Road, W.C.).—5 p.m. Dr. D. GRANT: Treatment of Diseases of the Nasal Sinuses.

FRIDAY, DECEMBER 1ST.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square, W.).—5 p.m. Cases and Specimens will be shown by Sir Felix Semon, Dr. Powell, Dr. Bronner, Dr. Waggett, Dr. Pegler, Mr. Butlin, Mr. Roughton, Mr. Wingrave, and others.

SOCIETY OF ANÆSTHETISTS (20, Hanover Square, W.).—8.30 p.m. Dr. Walter Copestake: A Combined Inhaler for Ether, Chloroform and A.C.E. Mixture.—Clinical Cases by Mr. McCardie, Mr. R. W. Lloyd, Mr. Turle Bakewell, and others.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital, Hammersmith).—8.30 p.m. Cases by Mr. McAdam Eccles, Mr. Bidwell Mr. Keetley Dr. George Johnston, the President, and others.

Vacancies.

Bradford Poor-Law Union.—Two Resident Assistant Medical Officers for the Hospital and Workhouse of the Union. Salary of Senior £150, and of Junior, £100, with prescribed rations, washing. Apply to the Clerk to the Guardians, Manor Row, Bradford.

County Council of Salop.—County Medical Officer of Health. Salary £750 per annum, to include travelling expenses. Applications to Mr. E. C. Peele, Shirehall, Shrewsbury.

Flintshire Dispensary, Holywell.—Resident House Surgeon. Salary £120 a year, with furnished house and coal, light, and water.

Manchester Royal Infirmary.—Resident Medical Officer for one year, unmarried. Salary £150, with board and residence.

North Staffordshire Infirmary and Eye Hospital, Hartshill, Stoke-on-Trent.—House Governor and Secretary. Salary £300 a year, non-resident.

Parish of St. Pancras, London.—Senior Assistant Medical Officer for the Workhouse. Salary commencing at £125 with residential allowances. Also a Junior Assistant Medical Officer. Honorarium £60, and residential allowances. Apply to the Clerk to the Guardians, Vestry Hall, Pancras Road.

Pontefract General Dispensary and Infirmary.—Resident Medical Officer. Commencing salary £150 per annum, with furnished rooms, fire, lights, and attendance.

Queen's County Infirmary.—Medical Officer. Salary £182 6s. 2d. per annum. Applications to Chairman of the Infirmary Committee. (See advt.)

University of Edinburgh.—Additional Examinerships in Materia Medica and Clinical Surgery. Salary of the Examiner in Materia Medica £75 per annum, and that of each of the Examiners in Clinical Surgery, £50 per annum. An allowance of £10 per annum given conditionally.

Victoria Infirmary of Glasgow.—Superintendent and Resident Medical Officer. Salary £300 per annum, with board in the Infirmary and a free house.

Appointments.

DOUGLAS, CARSTAIRS C., M.D., B.Sc.Ed., Professor of Medical Jurisprudence, Anderson's College Medical School, Glasgow.

FENN, C. E., M.B., M.R.C.S., L.R.C.P., House Accoucheur to King's College Hospital, London.

FERGUSON, J. M., L.R.C.P., L.R.C.S.Ed., Medical Officer to the New Sanatorium for Infectious Diseases, Burnley.

HADLEY, F. A., M.R.C.S., L.R.C.P., Assistant House Physician to King's College Hospital, London.

MACKAY, HUGH J. D., L.R.C.P., L.R.C.S.Edin., L.F.P. & S., Medical Superintendent of Aston Hall, Warwickshire.

MAYON, S. M., M.R.C.S., L.R.C.P., House Surgeon to King's College Hospital, London.

MCMULLEN, W. H., M.R.C.S., L.R.C.P., Junior House Physician to King's College Hospital, London.

ROBERTS, G. A., M.R.C.S., L.R.C.P., Senior House Physician to King's College Hospital, London.

SAVAGE, W. GEORGE, B.Sc., M.B., L.R.C.P.Lond., M.R.C.S., D.P.H., Bacteriologist and Lecturer at the Cardiff and County Public Health Laboratory.

STRATFORD, H. B., M.R.C.S., L.R.C.P., House Surgeon to King's College Hospital, Lincoln's Inn Fields, London.

STUART, HACKWORTH, M.R.C.S., L.R.C.P.. Assistant Resident Medical Officer to the London Temperance Hospital.

TWENTYMAN, J. M., B.A., B.Sc., L.S.A., Assistant House Accoucheur to King's College Hospital, London.

VOSPER, P., M.R.C.S., L.R.C.P., House Surgeon to King's College Hospital, London.

YARDMAN, W., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer for the Third Sanitary District of Manchester.

Births.

DODD.—On Nov. 21st, at 14, Goldstone Villas, Hove, the wife of Arthur H. Dodd, L.R.C.P.Lond., M.R.C.S., Eng., of a daughter.

VISE.—On Nov. 20th, at 39 Mount Pleasant Road, Tunbridge Wells, the wife of Christopher Vise, M.D., of a son.

WHICHER.—Nov. 24th, at Midsomer Norton, Somersetshire, the wife of A. Hastings Whicher, M.R.C.S. Eng., of a son.

WOODS.—On Nov. 17th, at Westbury, Hornsey Lane, N., the wife of Hugh Woods, M.D., of a son.

Marriages.

BRODIE-HOSEORD.—On Nov. 23rd, at St. Anne's Church, Eastbourne, Norman Brodie, M.A. (Oxon) Indian Civil Service, to Edith Josephine Ainslie, younger daughter of T. Stroud Hosford, L.R.C.P., M.R.C.S., Eastbourne.

SMITH-PULLIN.—On Nov. 22nd, at St. Augustine's Church, Honor Oak, Walter H. M. Smith, L.R.C.P., M.R.C.S.Eng., eldest son of Dr. Smith, Croydon, to Florence Emily, daughter of Joseph Shurly Pullin, of Honor Oak.

Deaths.

HICKS.—On Nov. 18th, at Hendon, Henry Hicks, M.D., F.R.S., aged 62 years.

LAKEMAN.—On Nov. 14th, at 30, Church Street, Modbury, Thomas Lakeman, M.R.C.S., L.R.C.P., aged 34.

SHAPLEY.—On Nov. 15th, of typhoid fever, Frank Shapley, M.R.C.S., L.S.A., of Maison Rouge, Sidcup, Kent, aged 42.

WALKER.—On Nov. 11th, at Margate, Frederick Hanson Walker, M.R.C.S., L.R.C.P., of Blagdon, Putney, aged 31.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

A SCIENTIFIC BASIS OF ORGANOTHERAPEUTICS. (a)

By Prof. P. F. RICHTER, M.D.,
Of Berlin.

[FROM OUR OWN CORRESPONDENT.]

THE author connected the new foundation of organotherapeutics with Brown-Séquard. It was based on the assumption that material is furnished by the individual organs, which taken up into the blood is indispensable for the organism. Brown-Séquard's prophecy as to the therapeutical value of the products of organs had to a certain extent been fulfilled. But with numerous failures, the enthusiasm at first excited had subsided, and the strangeness of the thing, along with other considerations had made thoughtful physicians sceptical. But exact scientific inquiry had to search out the healthy kernel from a mass of outgrowths. In the scientific testing of the justification of organotherapeutics, it must be determined by artificial laboratory experiment, what results will happen when certain functions cease, and how far the substitute of the missing organ can remove the symptoms induced by its loss. Organotherapeutics constituted a substitution method, and furnished a substitute for a definite material that was missing from the system. That the incorporation of certain organs did exercise a certain pharmacodynamic action as tonics, &c. (nuclein), might well be assumed, but not as organotherapeutics in the sense of Brown-Séquard. Only thyroid-therapeutics were able to stand up against this general statement. It was undoubtedly true that the removal of the thyroid causes serious disturbances that could be wholly or in part got rid of by the substitution of the organ removed. The conditions were more difficult in the case of the other organs: spleen, bone, marrow, kidneys, suprarenal capsules, pancreas, hypophysis, &c. In contrast to this absurd employment the use of the sexual glands from which Brown-Séquard started lent itself more simple and readily to experimental inquiry. Whilst the removal of most organs was impracticable and dangerous, that of the sexual organ was simple, easy, and free from danger. As regarded the effects of removal of these organs, there had been a fulness of observation for thousands of years, especially in the case of women whose ovaries ceased to functionise at the climacteric. It was a happy thought of Dr. Leopold Landau to treat the affection of the menopause after analogy with the thyroid, with ovarian substance. The action of the remedy was, however, tested empirically, the theory was swaying in speculation and hypotheses. The influence of the ovaries on the uterus was known, their influence in osteomalacia, on the excretion of phosphorus. Beyond this the matter was too uncertain for any opinion to be founded upon it. On the other hand the influence of the removal of the sexual glands on the deposit of fat was better known. The connection between embonpoint and the climacteric was so striking that it was part of the folk-lore, and had been made use of for ages in the fattening of animals. A critical view of the literary material bearing on natural and artificially anticipated change of life confirmed this assumption of a connection between absence of sexual function and development of fat, and this, independent of other factors, favouring such development. In order to ascertain if there was any scientific basis for this, the gases were accurately measured before and after castration of animals. The experiments were performed on tracheotomised bitches by Hr. Loewy and himself, and the observations extended over several weeks and months. At first no change was observable, either in body weight or gas elimination; but gradually, months after the castration, the weight increased, and a distinct limitation of the gas exchange pro kilo. took place (up to 20 per cent.). From four to six months afterwards the gas exchange remained at its low level. Similar conditions followed in the male dog after castration. To see the effect of supplying the missing function, whether oxydation would be increased, the animals were now given testicular substance, and it was seen especially in the female. One bitch was given, 14 weeks after castration, 8 oöphorin tablets per day, so that in 12½ days 100 were taken. The effect was remarkable. The gas exhange reduced by the castration was not only raised again, but far beyond the original measure, and the increase was not limited to the time she was taking the tablets, but continued for 11 days, and then gradually fell away again. In the castrated male animal substituted testicular substance or spermin drove up the lowered gas exchange, but only to a slight degree. But on the other hand, the action of the oöphorin was extraordinarily extensive. The maximum of gas exchange exceeded the normal by 24·8 per cent., and that of the castrated animal by 44·5 per cent. Given to healthy non-castrated animals, oöphorin did not increase the gas exchange. The proof that oöphorin only acted as a substitute after removal of the several organs was of great value as a scientific basis for organotherapeutics, as such a substitution therapeutics had never been demonstrated before, not even in the case of the thyroid. A castrated bitch given other animal substances (sperminum-Pöhl, testicular substance) showed no rise of gas exchange.

(a) Read before the Medic Society of Berlin, November, 1899.

THE ROLE OF THE BLOOD-SUPPLY IN MENTAL PLEASURE AND PAIN. (a)

By WILLIAM R. DAWSON, M.D. F.R.C.P.I.,
Medical Superintendent of Farnham House Asylum, Finglas, Dublin.

AFTER some introductory remarks, Dr. Dawson went on to say that a great change had taken place in the position occupied by the alienist speciality, which now ranked with the rest of the profession. The change was due mainly to an altered conception of mental disease; this having come to be regarded as a symptom of physical disease, and to be dealt with as such. This altered standpoint was rendered tenable by the more recent results of neurological work, especially that Flechsig, along with the products of research conducted by the methods of Golgi and of Nissl, on which the speaker touched at some length, explaining the pathological processes known as varicose atrophy and chromatolysis. He thought that this mass of observation formed the foundation for a working hypothesis of mind, and if it were objected that the connection between matter and consciousness was unthinkable, a sufficient reply for practical purposes was, that mind could be profoundly affected and morbid states of consciousness produced, by purely chemical means. The clinical and pathological study of insanity, therefore, became incumbent, of which the latter was at present the more promising field.

The first problem encountered by the pathologist was that of the physical states underlying mental pleasure and pain. The states themselves, especially when morbid, were so absolutely different that it was not surprising that attempts at explanation had been made, one of which was the now abandoned theory, that melancholia was due to brain anæmia, and mania to brain hyperæmia. Yet there was here probably some modicum of truth, and he proposed to consider the question afresh. The arrangements for the blood-supply of the cerebral cortex were then gone into, and it was pointed out that the area supposed to be psychically most important, was particularly well furnished in this respect. It appeared from experimental research that the cerebral circulation as a whole was practically at the mercy of the general blood pressure; but there were facts showing that this was not always so, and in any case there might be local variations in different areas of the brain-cortex.

Coming to the problem under discussion, in conditions of brain anæmia there was found as a matter of clinical observation, a group of symptoms which most typically consisted of lethargic depression with morbid suspicion and loss of intelligence, &c. It appeared in more or less perfection in lactational and phthisical insanity, and in cases arising from starvation and indigestion; in chlorosis, pernicious anæmia, and syphilitic anæmia; in mitral valvular disease and emphysema, and in disease of the cerebral vessels. Both acute and chronic anæmia and want of oxygen had been found to produce changes (varicose atrophy and chromatolysis) in the nerve-cells.

In ordinary melancholia, reduction in the amount of hæmoglobin in the blood had been found, which returned to normal on recovery. On the other hand, high arterial pressure was the rule in all states of mental pain, both sane and insane, and appeared to be proportional to the acuteness of the pain, which was relieved by measures which reduced the tension. But this, which seemed to indicate an increased flow through the brain, would only mean this if the venous pressure remained low, of which there was no proof, and, on the other hand, high blood pressure with slow pulse were symptoms of bulbar anæmia and were found in general anæmic conditions. Moreover, whatever the effect within the cranium, the other organs of the body were rendered anæmic, and thus the blood was poorer both in gaseous and solid nutriment. Cases of depression again, where the mind is excessively active within a very limited range, generally that of the moral sense, might be explained by a localised hyperæmia of the corresponding area of the cortex, with anæmia of all the rest.

Excitement might occur with melancholia (when the blood-pressure was found to be variable), and was common in mental exaltation. It was a condition apart from either, and ought if possible to be eliminated in studying them. When of marked degree it, like the convulsions with which it was so closely related, was a "discharging lesion" due to "irritable weakness" of the nerve cells, and was produced by anæmia of sudden onset or considerable degree. This was shown by the class of cases in which it occurred, and by the results of treatment. As might be expected the blood-pressure in excitement was low.

Mania meant excitement along with, in most instances, exaltation, but the latter symptom predominated in certain classes of cases, in which it could be well studied. It was best, however, not to approach the question from this side, but to inquire first what would be the effect on the nervous system of increased oxygen supply.

Inhalation of oxygen under higher pressures than that of the atmosphere had been found to produce exhilaration, excitement and feverisness, convulsions, indications of mental derangement, and even death, according to the pressure, the period of inhalation, and the species; and appearances like chromatolysis had been seen in the nerve-cells. These results were caused by a mere proportion to the tension of the oxygen in simple solution in the blood. There was, however, no evidence that these conditions could arise otherwise than experimentally, but at the same time it was possible that increase of blood-flow and of hæmoglobin percentage, with, perhaps, other conditions, might slightly raise the oxygen tension of the blood. This was all that could be said, and experimental hyperæmia of the brain had not been found to cause symptoms.

In mania the hæmoglobin was was about normal in contrast to melancholia. On the other hand the blood pressure was usually low, but in the absence of evidence as to the venous pressure, no conclusion regarding the cerebral circulation could be drawn from this fact. The general nutrition in the slighter cases of mania was actually improved, and there was not improbably more oxygen in the blood. On the whole the facts seemed to point to a connection, whether causal or not, between increased or enriched blood supply and mental exaltation.

Although fresh observation was needed at every point, the results of the inquiry might be summed up as follows:—

1. The emotional state produced by brain anæmia when gradual in onset, not too profound, and of some duration, is depression.

2. Anæmia of rapid onset and considerable degree tends to produce convulsions and excitement.

3. The characteristic feature of the general circulation in mental depression is high arterial tension, which helps to maintain, if it does not cause the painful mental state; but there is no conclusive evidence of the condition of the cerebral circulation.

4. In mental depression the blood is impoverished.

5. Under experimental conditions high oxygen tension in the blood supplied to the nerve-cells produces excessive action and possibly exhilaration

(a) Abstract of Inaugural address delivered at the opening meeting of the Dublin University Biological Association, November 28th.

but there is no real evidence that such symptoms are ever due to this cause under ordinary circumstances.

6. The characteristic feature of the general circulation in excitement, and probably in exaltation, is low arterial tension. Here, again, there is no direct evidence of the state of the cerebral circulation.

7. This low arterial tension helps to maintain, if it does not cause, the mental state. The speaker concluded by deprecating a hard material conception of psychology except in the limited sense defined at the beginning of the address, and by urging the importance of psychological observation on the part of the general profession.

THE USE OF ALCOHOLIC BEVERAGES.

FROM THE STANDPOINT OF A MERE PHILOSOPHICAL EPICURE.

By JAMES EDMUNDS, M.D., M.R.C.P.Lond.. &c.

There is a standpoint to which I think that no sufficient prominence has yet been given as a motive for abstinence from alcoholic beverages. That standpoint is neither social, religious, nor political. It is a purely personal motive, *i.e.*, the motive springing from a conviction that if one would live the highest, best, and most effective life, one must discard narcotics of all kinds. Influenced by that motive, the abstainer makes no pretences of special virtue, he charges no sin against those who use narcotics, he looks on with equanimity, and even with physiological interest, while his friends subject themselves to a course of chronic poisoning. He may amuse himself with Dr. McGee's claptrap phrase, referred to in your leading article on November 22nd, and tell his friends that he would "sooner see them free than sober." When his friends do him the honour to dine with him, he can furnish them with wine and cigars, and do all that is needed to make them comfortable in their own way, one thing only excepted—he does not poison himself with alcohol or tobacco—not even to please his friends. That is what I call the standpoint of the philosophical epicurean—the man who has arrived at the intellectual conviction that the use of alcoholic beverages lowers the level of physical and mental power, lessens the luxury of living, impairs the output and the quality of the work done, and shortens the natural longevity—the man who having arrived at this conviction makes up his mind to live accordingly, and lays down for himself the straight line of total abstinence as more easily worked up to than the crooked line of "moderation" or of occasional indulgence—just to make one's friends comfortable or to avoid being peculiar. What I submit is that, if the philosophical epicurean be not right, there is no bottom for total abstinence, and the sooner it is dropped the better. If the philosophical epicurean be right, there is no need for any other motive. In fact, all other motives must be false and misleading.

What Bishop McGee meant by his phrase I have never been able to make out. Surely a man may be free as well as sober. There is no sort of antagonism between freedom and sobriety. In fact, it is only men who are sober who attain full freedom. Yet this miserable phrase passes for argument. A generation before uttering that phrase McGee took the temperance pledge at a meeting at Bath. He did not keep the pledge, and hence, probably, the pungency of his speech on this point. He must have thought that he was talking sense when he said that he would "sooner see England free than sober." But can anyone point out what the sense is?

If I may descend to my own personal experience would say that I never in my life was perceptibly under the influence of alcohol, and that in my student days I was, from motives of thrift, practically an abstainer. In my practice I learnt from my old master the rule never to take a glass of wine in a patient's house, and I have never on any occasion varied from that rule. Among patients with whom I might dine, my practice as a guest was the same as with other friends, but on no occasion of professional intercourse did I ever take any alcoholic beverage. If up at night when doing a large midwifery practice I would order tea and toast, or, in special cases, a broiled chop with tea and toast. But, when dining out, for many years I did not like to be peculiar, and I took wine just as other gentlemen might. And at my own lunch or dinner at home a glass of ale or a little wine would generally be taken. During these years I saw no principle in the matter, and simply looked with contempt upon men who used alcohol intemperately. Tobacco I never used in my life in any shape or on any occasion.

In 1864 I was bothered by one of my patients, who was secretary to a teetotal society, to take the chair at a temperance meeting. I had never previously looked upon abstainers as anything but fanatics, and at once declared myself a moderate—a real temperance man. However, I could not get away from my pertinacious patient—a working saddler, who had pleased me as a foreman in some harness work I had needed—and I most reluctantly promised to take the chair for him, although I was then surgeon to the great brewery—Truman, Hanbury, Buxton and Co. It was understood that I did not go as a teetotaller, and that I was to say what I chose. I went. I opened the meeting with an emphatic recommendation of "moderation," and an emphatic disavowal of total abstinence. The temperance meeting listened to me with perfect toleration, and then several working men got up one after another and spoke. They told a tale of misery and suffering, and how teetotalism had rescued them and made them successful and useful in life, and had made their wives and children happy instead of miserable. Every word they said went home to me, and put life into pictures which, in my daily work, I had long seen without seeing. In fact, those working men fastened this question into my mind, and made me feel that, in my opening remarks, I had been flippant and wrong. I closed the meeting in a very different spirit, and I promised to think very carefully over the subject.

The result of what I heard at that meeting raised with me the question of what was right in this matter, and I left off my own little wine and beer. I found at first that water was insipid, and especially at times when I was heavily worked. I got a shade thinner in person; and at first I missed my little daily dose of alcohol. But I soon got used to water, and I found that my quickness and power in work were, if anything, better and more uniform Beyond a few ounces of alcohol in all—taken during recent years for experimental purposes—I have never since taken any alcoholic beverage. I did a very large general practice for many years, including some 300 midwifery cases a year, and I never allowed an assistant to give ergot or use instruments without sending for me. I believe that I have gained everything and lost nothing by my thirty-five years of total abstinence from alcohol, and by my life abstinence from tobacco. Now, after fifty years' really hard medical work in London—often with a propensity to blow off steam very wastefully, I have perfect senses and still enjoy my work thoroughly. That is my experience, and I am an abstainer, not for any one else's good, but simply for my own good, and as an epicurean philosopher. The rule that I think should be laid down as to becoming an abstainer is that a sound intellectual conviction is the first stage. Habit must then be cultivated.

For every year that a man has drunk moderately he needs a week of total abstinence before the natural conditions of palate and digestion can be recovered, and he is in a position to judge of the effects of the use and disuse of alcohol. One needs to work on the old maxim of Pythagoras, "First find out that course in life which is best, and then habit will soon render it the most delightful." Above all things, no sneaking out of the publichouse into the druggists' shop. No substitutes. If a man wants to drink let him get drunk honestly at a publichouse, not get intoxicated at the druggist's shop.

One word as to the political aspect of the temperance question. I am not sure that there is much in it. But as one who believes in local self-government for local affairs, I would deal with drink shops as local affairs, and leave their maintenance or their suppression to the votes of the people for whose convenience the licences are supposed to be granted. But as to getting an Imperial enactment to suppress the sale of drink, it seems to me at present an illusion. We now have 32 of the leading men in the country constituting our present Government—a Government second to no Government in the world for all round ability and character. Now, of those 32 eminent and leading Britishmen only one is a total abstainer. In the face of such a fact how can we expect to enact a total prohibition of the sale of those drinks which so large a proportion of our leaders honestly believe themselves to require.

The question of using, or of disusing, alcoholic beverages is a question of medical science. It should be taken up and seriously studied by the medical profession. Doctors are the only men who can push this movement on through its next stage, and by so doing they can vastly serve the community. They can also do themselves and their profession honour by advancing the public good.

LACTATION: IN THE VIRGIN—IN THE OLD WOMAN—IN THE ADULT MALE—IN THE NEW-BORN OF EITHER SEX ("WITCHES' MILK").

By JOHN KNOTT, M.A., M.D.,
CH.B., AND DIP. STAT. MED. (Univ. Dub.),
M.R.C.P.I., M.R.I.A.

THE issue of the MEDICAL PRESS AND CIRCULAR for November 22nd, 1899, contains a short comment on "Lactation in a Virgin," for which the "text" was confessedly furnished by a communication made by a physician to *La Médecine Moderne*. The English commentator justly attributes to the case in question "a physiological interest," and proceeds to add: "We remember to have heard of similar occurrences, more or less well authenticated, in non-pregnant females, even of advanced years; indeed, an abundant lacteal secretion has actually been noted in the newly-born, even of the male sex." The general tone of this, the concluding sentence of the article in question, leaves the impression—at least upon the mind of one reader of the MEDICAL PRESS AND CIRCULAR—that the phenomena of the physiological vagaries therein referred to are not quite so well known as I think they should be. Accordingly, I have thought that the gleanings of a few pages of my professional Commonplace Book might not prove uninteresting to a certain proportion, at least, of the readers of this Journal.

To begin with the beginning. The fact of the occasional occurrence of "lactation in a virgin" i mentioned and commented upon by the illustrious "Father of Medicine" himself; and his observations have been periodically reinforced by new cases in all the ages down to the present period. A very interesting instance is mentioned by the great French obstetrician, Beaudelocque,—of a girl of eight years old, who suckled her brother for a month. I have myself been consulted within the past few weeks by the nurse (attendant) of a child—suckled by its mother—who had been greatly distressed by the appearance of an unexpected lacteal secretion. During a comparatively slight indisposition of the nursing mother, the baby had, by my advice, been placed to sleep with the nurse; and the attempts of the latter to keep her troublesome charge in somewhat better order by encouraging its instinctive attentions to the mammary glands had led to the unexpected and unpleasing result. The removal of the stimulus, followed by appropriate treatment, general and local, soon led to the complete disappearance of the abnormal phenomenon.

The distinguished American physiologist, Dunglison, observed that "the secretion may arise independently of impregnation; for it has been witnessed in the unquestionable virgin, in the superannuated female, and even in the male sex." Turning our attention now to the "superannuated female," I find that Dr. Gordon Smith refers to a manuscript—one of the rare and interesting collection made by Sir Hans Sloane, in which is recorded the case of a woman, aged sixty-eight, who had not borne a child for more than twenty years before, and who had, nevertheless, nursed all her grandchildren, one after the other. And Professor Hall, of the University of Maryland, related the case of a widow, aged fifty, whom he had actually seen in the act of giving suck to one of her grandchildren, although she had not borne a child of her own for more than twenty years previously. In this instance the secretion of milk had been called forth by trying to quiet the child—during the process of weaning—by putting it to her breast. Dr. Francis, of New York, narrated the case of a lady, who had been delivered of a healthy child, fourteen years before, after a natural labour. He proceeds to observe that "since that period her breasts have regularly secreted milk in great abundance, so that, to use her own language, she could at all times easily perform the office of a nurse." Dr. Kennedy, of Ashby-de-la-Zouch, has described the case of a woman who menstruated during lactation, suckled children uninterruptedly through the full course of forty-seven years; and, in her eighty-first year, had a moderate, but regular supply of milk; and this "rich, and sweet, and not differing from that yielded by young and healthy mothers."

Dr. Stack recorded in the "Philosophical Transactions" the case of an old woman whom he had seen in Tottenham Court Road. She was then aged sixty-four, and had not borne a child for sixteen years. He found her "secreting milk after repeatedly applying her grandchild to her breasts for the purpose of quieting it, and continuing to furnish milk in great abundance up to the time of the publication of the case—an interval of four years—to the children of her daughter, who, finding her mother so useful, 'was emboldened to bid fair for an increase of issue, which, till then, she knew not how to nourish or provide for.'"

Sexual excitement I should guess to be the exciting cause in such cases as the following, mentioned by Dr. Elliotson: "I myself saw two married women with milk in their breasts, one of whom had never been pregnant, but always menstruated regularly, and said this had been the case for nine months; the other had not been pregnant for upwards of six years, had weaned her child, and at the end of seven months miscarried, and said she immediately after

wards observed the milk, which had been secreted for six months and was increasing at the time I saw her."

Ovarian ("reflex") irritation is not unfrequently a cause, and an easily intelligible one, of the abnormal secretion of milk. The following case, also observed by Dr. Elliotson, would, I think, be an example: "I also attended a young single lady, whom I believe never to have been pregnant, but who was subject to amenorrhœa, and had not then menstruated for five months, and laboured, apparently, under ovarian disease; milk oozed very copiously from her breasts, and the medical attendant informed me that the left had secreted it for many months."

From the consideration of the abnormal secretion afforded by the young unimpregnated and the physiologically superannuated female, we may pass to the still more anomalous cases of the establishment of the function in the male.

When a boy, resident in the West of Ireland, and long before I had imbibed the most elementary idea of the meaning of the term "physiology," I heard discussed among some farm labourers the case of a peasant of the preceding generation, who lived near the shore of Lough Gara, and who had been left a widower—with a baby of a few months old. This had occurred in winter; and, in order to supply what care and warmth he could afford, the father took the infant to his own bed. To quiet its restlessness at night, he offered his nipple, with the result, after a time, of the establishment of the lacteal secretion. During the whole of the following spring, while labouring at the planting of his potato crop, he used to "leave his loy" at regular intervals, and go to his cabin to "give the breast" to his infant child.

Professor Hall, of the University of Maryland, exhibited to his obstetrical class, in the year 1827, a coloured man, fifty-five years of age, who had large, soft, well-formed mammæ, rather more conical than those of the female, and projecting fully seven inches from the chest; with perfect and large nipples. The glandular structure seemed to the touch to be exactly like that of the female. This man, according to Professor Hall, had officiated as wet-nurse, for several years, in the family of his mistress; and he represented that the secretion of milk was induced by applying the children entrusted to his care to the breast, during the night. When the milk was no longer required, great difficulty was experienced in arresting the secretion. His genital organs were fully developed.

In the "Philosophical Transactions" for 1741 (Vol. XLI., p. 810), we find an Article which bears this title: "A Letter from the Right Revd. Father in God, Robert Lord Bishop of Corke, to the Right Honble. John Earl of Egmont, F.R.S., concerning an Extraordinary Skeleton, and of a Man who gave Suck to a Child." This letter bears date "Corke, Aug. 8, 1738," and after due consideration has been given to the peculiarities of the "Extraordinary Skeleton," the writer proceeds to the following history of the second item of interest:—

"And now that I am engaged in writing I will venture to give an Account of a Man I met at Inishannan, about 10 miles from this Place. He was an old Man about 70 years of Age, by Birth a Frenchman, but was a Refugee on account of his Religion, was bred a Gardener, and, by all Accounts, had been industrious till deprived of his Strength by Age.

"He asked me for Charity, and I gave him half-a-crown. I mention this Particular, that the remaining Part of the Story may not seem to be told for the sake of Gain. After I had done this, and was gone into the House, I heard a Noise at the Door. The Man, out of gratitude, had returned to show me a Curiosity, which was that of his Breasts, with which he affirmed he had once suckled a Child of his own: His wife, he said, died when the Child was about Two Months old: the Child crying exceedingly while it was in bed with him, he gave it his Breast to suck, only with an Expectation to keep it quiet; but, behold, he found that the Child in time extracted Milk; and he affirmed that he had Milk enough afterwards to rear the Child. I looked at his Breasts, which were then very large for a Man; but the Nipple was as large or larger than any Woman's I ever saw. Some Ladies were then passing by; so I sent him off in Haste, and have not seen him since.

"I have either heard or read of one Instance of this kind before."

In Franklin's "Journey to the Shores of the Polar Sea," the author gives an interesting case as an instance of the unconquerable parental affection of the untutored Chipewyan. Passing from other subjects to this, he alludes to the striking example of which he had recently obtained evidence:—"I shall venture to give it in the words of Dr. Richardson's Journal. 'A young Chipewyan had separated from the rest of his band for the purpose of trenching beaver, when his wife, who was his sole companion, and in her first pregnancy, was seized with the pains of labour. She died on the third day after she had given birth to a boy. The husband was inconsolable, and vowed in his anguish never to take another woman to wife, but his grief was soon in some degree absorbed in anxiety for the fate of his infant son. To preserve its life he descended to the office of nurse, so degrading in the eyes of a Chipewyan, as partaking of the duties of a woman. He swaddled it in soft moss, fed it with broth made from the flesh of the deer, and to still its cries applied it to his breast, praying earnestly to the Great Master of Life, to assist his endeavours. The force of the powerful passion by which he was actuated produced the same effect in his case as it has done in some others which are recorded; a flow of milk actually took place from his breast. He succeeded in rearing his child, taught him to be a hunter, and when he attained the age of manhood, chose him a wife from the tribe. The old man kept his vow in never taking a second wife himself, but he delighted in tending his son's children, and when his daughter-in-law used to interfere, saying, that it was not the occupation of a man, he was wont to reply that he had promised to the great Master of Life, if his child was spared, never to be proud, like the other Indians. He used to mention, too, as a certain proof of the approbation of Providence, that although he was always obliged to carry his child on his back while hunting, yet that it never roused a moose by its cries, being always particularly still at those times. Our informant [Mr. Wentzel] added that he had often seen this Indian in his old age, and that his left breast, even then, retained the unusual size, it had acquired in his occupation of nurse."

It is stated, on what appears to be good authority, that this occurrence of the lacteal secretion in the adult male is, or was, common in Russia. ["Comment. Acad. Sc. Petropolit," Vol. III., p. 278.] I regret that I have no later reference on the subject.

With regard to the general question of the occurrence of a mammary secretion in the male mammal, Blumenbach published some curious items of information. One case is that of a he-goat, which its owner found necessary to milk on every alternate day throughout a whole year. Commenting on this case, Dr. Elliotson wittily observes, "so that, to say with Virgil, *mulgeat hircos* is not tantamount to calling a man a fool. In the "Philosophical Transactions" (1799), there is a case recorded of a bull which had been put to cows successfully, and had also rudimentary female organs of generation. According to "satisfactory testimony," this animal gave milk. There is also a case given in the "Philosophical Trans-

actions" of a lamb, the property of a Sir William Lowther, which had lost its dam, and then commenced to suck a wether that grazed in its company. The effect of the efforts of the orphan lamb was that it "brought him to milk, and was maintained by him all the summer: he had two considerable teats on his udder, each side whereof was about the bignesss of a hen's egg." After the lamb had been weaned for a whole month the milk could be made spurt to a distance of two yards.

(To be concluded in our next.)

Clinical Records.

DEATH FROM ELECTRIC SHOCK.

By Mr. PERCY G. LODGE, L.S.A.,
Bradford.

AT the works of Messrs. J. Holden and Sons, Bradford, on November 20th, E—— D——, æt. 29, of Bradford, whilst repairing a lamp, slipped off the handsteps on which he was standing, and to save himself caught at the insulated wires. Eye-witnesses state that his whole body became violently flexed, his grasp fixed, and he finally fell. When picked up he was dead.

Dr. S. Lodge, the police surgeon, made a post-mortem examination on the following Thursday at which I assisted. The medical officer of health, Dr. Evans, also assisted in the proceedings, and Dr. Campbell, of the Bradford Infirmary, was present.

Post-mortem (14 hours).—Externally: Body was not quite cold. There was a superficial redness over the axillæ and flanks. The eyes were bright, and there was none of the haziness usually seen after death about the corneæ. The pupils were dilated equally. No bruises were to be seen, the hair on the inner and outer sides of the knees was white and frizzled, as though scorched or bleached. The hands, especially the right, were firmly flexed. Internally: On opening the head, there was a bruise beneath the scalp on the right parietal region as large as a florin, with a few corresponding ecchymoses on the pia mater more deeply. The brain weighed forty-eight ounces. It was firm and healthy. There was no sign of any fracture of the skull. On opening up the trunk free venous hæmorrhage was observed from the incision, and the blood exhibited a marked fluidity. The lungs were both healthy. The heart was empty and free from valvular or other lesion. The pericardium contained a small quantity of clear fluid. A small bruise like an ecchymosis was seen beneath the visceral pericardial endothelium over the ventricle. This was quite superficial. The ventricular walls were firm and of normal thickness. The liver was quite healthy, weight 3½ lbs. The kidneys were firm and healthy. Right weighed 4¼ ozs., left 4½ ozs. Spleen normal. Dr. S. Lodge states that the body was that of an exceeding healthy individual, well nourished and muscular. He was about 5 ft. in height and about 10 st. in weight. The increasing frequency of death from electric shock and the rarity of published reports of post-mortem appearances induce me to present these necessarily brief notes. The most marked features in the post-mortem appearances are, the fluidity of the blood and the absence of any form of physical lesions.

Transactions of Societies.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

AT a meeting held on December 1st, the President, Dr. J. B. BALL, made the following proposal:—That it is desirable that this Society should join in the scheme, in connection with the

SOLDIERS' AND SAILORS' FAMILIES' ASSOCIATION,

to afford gratuitous medical attendance in their own homes for the necessitous wives and families of soldiers and sailors now serving with the colours. And that a sub-committee be formed to carry out this resolution. The proposal was carried unanimously. Mr. C. B. Keetley proposed that the following should be nominated members of the sub-committee to carry into effect the resolution which had just been passed by the Society. The President (Dr. J. B. Ball), the secretaries (Drs. G. D. Robinson and G. P. Shuter), the treasurer (Mr. Gunton Atherton), Mr. F. Lawrance, Mr. W. H. C. Staveley, Dr. S. D. Clippingdale, Dr. A. H. W. Clemon, and Dr. H. Campbell Pope, with power to add to their number.

Dr. W. H. Waller seconded the motion, which was carried unanimously.

CASES EXHIBITED.

Mr. MCADAM ECCLES then showed a case of Excision of Carcinoma of the ascending colon in a woman, æt. 45. The patient was operated on for cystic right ovary which was removed. On further examination the whole circumference of the ascending colon was found to be involved by a large growth. The diseased portion of the gut was brought to the surface and stitched to the skin. Eight days afterwards the tumour was removed with complete success, the woman making a good recovery. No secondary deposits were found at the time, and there had been no recurrence since.

Remarks were made by the President, Messrs. L. A. Bidwell, C. B Keetley, and E. P. Paton.

Dr. GEORGE JOHNSON showed a case of intra-cranial growth affecting the first eight cranial nerves in a sister of the last patient. After minutely describing and demonstrating the patient's symptoms, Dr. Johnson said that the lesion was improving under treatment, and that it was probably of a syphilitic character. Dr. Seymour Taylor showed a patient who was suffering from injuries to nerves due to a fall of a few feet. On one side the seventh and eighth were affected and on the opposite side the eighth nerve alone. The cases were discussed by the President, Messrs. McAdam Eccles and E. P. Paton.

Mr. L. A. BIDWELL showed two sisters from whom thyroid cysts had been removed. Also a case of congenital syphilitic synovitis of both knees. The three cases were discussed by Messrs. W. H. C. Staveley and W. McAdam Eccles.

Mr. MCADAM ECCLES showed a case of wiring in an ununited fracture of the tibia, with skiagraphs by Dr. F. H. Low.

Mr. C. B. KEETLEY showed a patient on whom he had operated for extensive suppuration of the abdominal wall, and who had attended the West London Hospital for an offensive purulent discharge from the vagina. An incision was made in the middle line, a large quantity of pus and air being evacuated. Another incision was made to the right of the umbilicus, on passing the finger through this opening into the pelvis the cervix could easily be felt; but the body of the uterus had disappeared. He diagnosed the case as one of pelvic suppuration, the pus having tracked up into the abdominal wall. Remarks were made by Dr. G. D. Robinson.

Dr. G. D. ROBINSON showed two skin cases for Dr. P. Abraham. (1) Case of Condylomata about the anus in an infant, æt. 1. There was no history of syphilis maternal or otherwise, and the child was rapidly cured by the external application of zinc oxide and calomel; (2) Case of pityrasis rosea of Gibert showing points of resemblance to linea circinata as well as to eczema seborrhœicum.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD NOVEMBER 27TH, 1899.

The President, Dr. BURGESS, in the Chair.

MR. EDWARD SKINNER showed an instrument for examining throats of cases suffering from diphtheria, consisting of spoon handle, having a glass disc between the observer and patient.

Dr. ARTHUR HALL showed the following cases:—(1) A young woman with very loud rough aortic systolic murmur of some years' duration, in whom a diastolic murmur has developed during the last month or two. There is no history of rheumatism, strain, or syphilis. Up to the present time the obstruction has not caused

any venticular dilatation or hypertrophy. (2) A girl with keratosis palmaris et plantaris. (3) A man with multiple soft fibromata varying in size from a pin's head up to a marble. Not pedunculated. (4) A case of favus of the cheek in a child (photograph).

Dr. Gwynne showed a case of

PSEUDO-HYPERTROPHIC PARALYSIS.

The patient a boy, æt. 6½, began to develop the disease about 2½ years ago. Two of his maternal uncles suffered from paralysis in early life. There was no mental deficiency. He was unable to walk, and could not rise from the stooping posture without the aid of his hands. The muscles of the calves were enlarged and hard, as were also the erector spinæ muscles and the infra spinati. Most of the muscles of the upper extremity were atrophied, also the muscles of the chest and ribs. The Faradic current produced no reaction except slightly in flexor longus pollicis and the adductor pollicis brevis. The galvanic current (16 cells) produced no reaction in the lower limbs except in the tendo-achillis. Most of the muscles of the upper limb were unaffected by the current including the supra spinatus and infra spinatus. The adductor pollicis brevis and the flexor communis digitorum in the right side showed the R.D. reaction. He favoured the view that the disease was a primary idiopathic atrophy of the muscles.

Dr. Robertson gave a demonstration on organisms isolated from the throats of children attending public elementary schools during the prevalence of diphtheria, and contrasted these with typical diphtheria bacilli. He afterwards read a paper on "Some Points in the Etiology of Diphtheria," in which he dwelt at length on the number of children attending school—apparently in good health, who had in their throats either typical diphtheria bacilli or organisms which could not by microscopical method be distinguished from them. Examination had shown that in schools not attacked with diphtheria the children did not in any instance show the diphtheria bacillus in the throat. During the past twelve months fifty-nine selected children from five schools had been examined bacteriologically—of these seventeen showed typical diphtheria bacilli, thirteen showed an organism very like the bacillus diphtheriæ, while the remaining nineteen gave no suspicious organism. All of these children were at school when examined, and none of them had any typical diphtheritic lesions.

Dr. Robertson gave it as his opinion that the occurrence of such unrecognised cases was one of the most important difficulties in dealing with epidemic diphtheria, and unless they were recognised other preventive measures were likely to be abortive.

Dr. Anderson read a paper on

THE SERUM TREATMENT OF DIPHTHERIA.

He gave a brief resumé of the results obtained by the use of antitoxin in different parts of the world, pointing out that, though generally there had been a reduction in the total case-mortality by about one-half, the best results were obtained where treatment was commenced within the first three days of the onset. In a series of 258 consecutive cases treated by antitoxin at the City Hospital, Sheffield, where 46 per cent. of the cases were admitted on the fifth day and after, the case-mortality was 15·8 per cent. In Chicago the mortality in 4,071 cases, only 11 per cent., and of those which were treated on the fifth day and after it, was only 6·77 per cent. Early administration was the most important point. It was not advisable to waste too much time in disinfecting the skin, and it was bad practice to wait for the results of a bacteriological examination before using antitoxin. The enormous reduction in the mortality of post-scarlatinal diphtheria was due to the fact that all such cases were injected on the first or second day. In laryngeal diphtheria, if antitoxin treatment was begun early enough, operative interference was often unnecessary. Intubation ought to be given a trial as the primary operation in most cases. He had never observed any really serious constitutional disturbances following the injections, though in a few cases the occurrence of pains in the joints in patients suffering from cardio-gastric symptoms seemed to accentuate the tendency to collapse. Antitoxin albuminuria was of no real importance. The dose in a mild case should be 4,000 units. In severe cases the best plan was to give 4,000 units every three hours for three or four doses and to repeat similarly next day if necessary. In his experience this was better than giving one or two large doses of 8,000 or 12,000 units. Septic complications were very infrequent in diphtheria. The associated micrococci seemed harmless enough, though they had all the advantages of the situation. Where cervical cellulitis was present, he had tried simultaneous injections of antitoxin and anti-streptococcic serum, but with no better results than with antitoxin alone. A perfected serum would no doubt be obtained with a greater affinity for the toxins and a diminished liability to the production of rashes and pains, which were often a source of considerable annoyance and discomfort.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Meeting held November 21st, 1899.

The President, Mr. W. Horrocks, in the Chair.

Dr. Eurich gave an exhibition of pathological specimens, among them was (1) a specimen of angio-sarcoma of kidney, (2) primary melanotic sarcoma of spinal column which invaded the dura mater and destroyed the spinal cord by pressure. There was no metastasis except in the lungs. The specimen was spoken of as one of extreme rarity.

Mr. J. B. Hall showed a popliteal aneurism, the result of a comminuted fracture into the knee-joint.

Dr. Rabagliati read notes on a case of

SUPPURATIVE PELVIC CELLULITIS,

And made some general remarks on the sequence of high and low temperatures in inflammatory diseases. We hope to publish a full report of this case in an early number.

Dr. Johnstone Campbell related a case of

ADDISON'S DISEASE,

And showed the diseased suprarenal bodies obtained post-mortem. The patient was a man, æt. 48, a shoemaker. Nine months prior to admission the illness had commenced with nausea and vomiting in the morning. His appetite failed, and bronzing of the skin soon began to show itself. The fingers and toes became blue in the cold weather. On examination the patient showed well marked "bronzing" of skin, especially in the folds and over the points of pressure, *e.g.*, at the place where a truss was applied. The skin over the terminal phalanges of fingers and toes was cold and blue, although the weather was warm. Urine normal. The heart was normal. No sign of tubercle in the lungs. Examination of abdomen negative. The pulse was small and feeble, and the patient very weak. The appetite was bad, and he vomited occasionally. Patient rapidly got weaker, refused to take his food, and, passing into a semi-unconscious state, died on June 19th, 1897, seventeen days after admission. Post-mortem examination showed extensive tuberculous disease of the suprarenal bodies.

Dr. Campbell remarked that the case showed the typical symptons of the disease. The asthenia without marked wasting, the pigmentation, the persistent nausea and low blood pressure rendered the diagnosis easy, and it was confirmed by the post-mortem appearances. After discussing the history of the disease, and the experimental work in connection with the suprarenal bodies. Dr. Campbell expressed the opinion that there was a hope of good result in the future from the treatment by suprarenal extract. He remarked that intravenous injection was the ideal method of administration, but was not available for prolonged treatment. He suggested the employment of suppositories, made up with a neutral fat.

Dr. Kerr showed a patient who had "Embolism of Central Artery of the Retina," and who had since been found to have kidney trouble, and who thirty hours previously had blindness in the left eye, a small patch of the field from the fixation point down and out being preserved. The fundus presented the typical picture of embolism of the central artery. In two of the vessels,

which appeared to be veins, broken up blood columns were seen slowly progressing, with pulsating movements in one case towards, in the other from, the nerve head.

TRAUMATIC HYSTERICAL MONOCULAR DEVIATION.

Dr. KERR read notes of the case, and presented a single spare woman, who, as result of a knock on the cheek ten years previously, had deviation of the eyeball 30 degs. up, and 27 degs. out. Several operations—advancement of both internal and inferior, and tenotomy of external and superior recti and of inferior oblique, had restored her appearance, the deviation with the Maddox test being now 2 degs. out and 6 degs. up. There was accommodative asthenopia, contracted field of vision, and pharyngeal anæsthesia, and after a full discussion of the features of the case, the diagnosis of traumatic hysterical contracture was arrived at as affording the best explanation.

LIVERPOOL MEDICAL SOCIETY.

MEETING HELD THURSDAY, NOVEMBER 16TH, 1899.

Dr. MACFIE CAMPBELL, President, in the Chair.

MR. FRANK T. PAUL related two cases of colectomy.

Mr. RUSHTON PARKER related a case of gastric ulcer in which perforation occurred, necessitating an operation.

Mr. PAUL related a case of

PERFORATING GASTRIC ULCER IN WHICH THE EXTRAVASATION BECAME LOCALISED, AND THE PATIENT RECOVERED WITHOUT OPERATION.

For three weeks not a drop of anything was swallowed, and the deprivation was borne without discomfort owing to plenty of water being injected per rectum. He thought that as in appendicitis the different degrees of peritoneal infection called for different treatment.

Mr. THELWALL THOMAS confirmed the previous speaker in the value of injections of water or saline solution into the rectum for shock or after operation for perforated gastric ulcer to diminish thirst. He alluded to two cases (one fatal), in which he had operated, in one case the perforation occurred when the stomach was empty of food, yet the whole peritoneum was soiled, the ulcer being near the pylorus. The other case, which was followed by recovery, the perforation was near the cardiac extremity of the organ, and occurred when the stomach was full, yet the extravasation was limited by the anterior surface of the great omentum. In the first case abdominal lavage was practised, in the second merely wiping out the extravasated food and lymph.

Dr. CARTER remarked on the apparent frequency with which, after immediately successful operations for perforating gastric ulcer death resulted from changes in secondary exudations between the liver or the diaphragm and the stomach. Such, he gathered, was the case in two instances alluded to by speakers this evening, and such was certainly the cause of death in a very difficult, and what for some time promised to be a very successful, operation performed by his colleague, Mr. Robert Jones, some months ago at the Royal Southern Hospital. The patient, a young woman, rallied well, and continued well for some ten days, when a tumour which had formed and presented near the epigastrium, was opened by Dr. Alexander, in Mr. Jones's absence from Liverpool, and gave exit to more than a pint of very fœtid pus. She rallied during the operation in a most remarkable manner from what looked like a very moribund condition, the result, apparently, of a free intravenous injection of a warm saline solution, but succumbed a day or two later. As to the possibility of recovery, even without operation after the perforation, he had no doubt whatever, first, because he had seen patients recover where the symptoms left no doubt that such perforation had occurred, and secondly, because in one instance a post-mortem examination years after such an occurrence proved it to have taken place. This case was that of a girl who died of cæcal disease and obstruction. She gave a distinct history of a stomach complaint with hæmatemesis. Severe pain and collapse some years before in which her life had been almost despaired of. Post-mortem: we found extensive firm adhesions between the liver and stomach, with a somewhat cicatricial puckering which convinced us that perforation had taken place, and that nature had successfully sealed the orifice. In other cases even where art has achieved this result, subsequent inflammatory changes at the site of operation may as we have heard to-night cause death.

Drs. Abram and Grunbaum also spoke.

Dr. BRIGGS read a paper on vaginal enucleation and vaginal hysterectomy in the treatment of uterine fibroids (not including polypi). The paper was based mainly upon his own experience in 89 cases treated by the vaginal route, 25 by hysterectomy, and 14 by enucleation. The fibroids enucleated varied in weight from 2 ozs. to 2 lbs. 15 ozs. The uterus and fibroids treated by vaginal hysterectomy varied in weight from 7 ozs. to 2 lbs. 2¾ ozs.

The main object of the paper was to show the advantage of an anterior vertical mesial section of the dilated cervix, after separating the bladder as in vaginal hysterectomy, in affording room for piecemeal extraction and enucleation. Enucleation of submucous and interstitial growths was, in his opinion, now rendered as safe as hysterectomy, by the vaginal route. All the thirty-nine patients recovered, and only one operation (enucleation) was followed by a complication (cellulitis) during recovery. In only one case was the enucleation abandoned and hysterectomy substituted. The author alleged this circumstance was some proof as to how far the adaptability of the operation could be gauged by uterine exploration, before enucleation was commenced, and, if need be, total uterine extirpation could follow. Opponents of enucleation on account of fibroids being multiple seem to have overlooked the complete exploration possible at the close of enucleation. One patient had eight growths enucleated in March, 1893, and was now still free from symptoms or physical signs of fibroids.

The work was in all respects less formidable than the work of Pean, but it demonstrated that operative treatment by enucleation by the vaginal route had wider limits than had been generally recognised. The weights of the tumours removed in the author's practice were net weights, minus blood and serum, yet were larger than many which had been treated with greater risk by abdominal hysterectomy.

Dr. GRIMSDALE thought that there was much to be done by vaginal enucleation, but considered that the great difficulty in the application of the operation was the fact that fibroid tumours, being usually multiple, the exact relations of all the tumours were often impossible to make out, so that the operation must often be completed by means of a vaginal hysterectomy. He related a case where he had removed fifteen fibroids by vaginal enucleation with the best result, but it was still possible that other tumours had been left behind, and that a second operation might be required at some future date. For large tumours he preferred to perform abdominal hysterectomy.

The President and Dr. Burton also spoke.

GENERAL MEDICAL COUNCIL
OF
EDUCATION AND REGISTRATION.
WINTER SESSION, 1899.

Sir WILLIAM TURNER, President, in the Chair.

FIRST DAY.—TUESDAY, NOVEMBER 28TH, 1899.

THE Sixty-Eighth Session of the Council was inaugurated on Tuesday of last week by the usual Presidential Address. The PRESIDENT informed the Council that the services of three experts had been obtained to read and report upon the papers which the majority of the Examining Boards had placed at the disposal of the Council in view of steps being taken to raise the standard of the entrance examination to the medical profession.

Alluding to a correspondence which had passed be-

tween himself and the Registrar-General on the subject of the reform of death registration the President remarked that this official could not himself initiate legislation, the matter resting with the Local Government Board. The President added that the Council should not relax its efforts to obtain this much needed reform and should pass a formal resolution on the subject.

With regard to the proposal to obtain further powers from Parliament for strengthening the penal and disciplinary powers possessed by the Council, the President related the steps that had been taken to bring the various degree-and diploma-granting bodies into accord, and this object had been attained. He pointed out that it lay with the Council to request the Privy Council either to introduce or, if introduced by a private member, to support, a Bill to carry out this much-needed reform, adding that a motion to that effect would be placed before them.

The further steps taken to secure the identification of persons applying to be admitted to the Medical and Dental *Registers* were mentioned, and it was promised that the draft report of the Personation Committee would come up for discussion in due course.

A request having been received from the German Ambassador for information on several points regarding the admission of foreigners to the practice of medicine in this country, and as to the conditions under which foreigners can be admitted to examination by the medical authorities in this country, a *précis* had been prepared which had been handed to the Education Committee for their consideration, and this, when adopted by the Council, would be forwarded to the German Goverment through the usual channels.

With regard to the agitation in Italy in favour of restricting the practice of medicine in that country to persons with native qualifications, the President said he had been requested to ask the Council to move the Government to consult the Law Officers of the Crown in order to obtain an official statement of the rights te practise in this country enjoyed by Italian practitioners. A statement has been prepared by Mr. Muir Mackenzie on the law with respect to the rights of foreign practitioners to practise in the United Kingdom, and a report on the question of reciprocity by the Executive Committee would be brought before the Council.

The Society of Apothecaries had written, challenging the decision of the Queen's Bench Division in the Hunter case, and suggesting that a test case should be arranged with the co-operation of the Council, to be tried in the Court of Appeal, each party to pay its own costs. The address concluded with an allusion to the penal cases and other matters to come before the Council, and after the usual vote of thanks the Council proceeded to the first item of business on the programme.

Examinations for the Services.

On the tables of results of the examinations for posts in the Royal Army Medical Service Corps and the Indian Medical Service being brought forward Mr. George Brown pointed out that of six candidates from the Irish schools only three had been successful, and he suggested that the reports in question should be referred to the Education or the Examination Committee for consideration.

Sir Dyce Duckworth observed that as chairman of the Education Committee he would not know what to do with the reports if they came before him, and Dr. MacAlister pointed out that the candidates in question appeared under the heading "qualified but unsuccessful," which merely indicated that they did not come high enough up on the list.

Sir Christopher Nixon thought Mr. Brown had discovered a "mare's nest," and he failed to see what good could come from such a reference.

Dr. Athill pointed out that the Army Medical Department expected something above a mere "pass" standard, and he suggested that Irish candidates were placed at a disadvantage in being examined by English and Scotch examiners, whose methods were different.

Dr. McVail thought these examinations afforded a means otherwise unobtainable of ascertaining how the various bodies did their work. He thought, too, the motion was of the nature of a compliment to the departments.

Dr. Bruce thought it was a question worth looking into, but Sir Richard Thorne thought the Council had enough work to do without going out of its way to seek additional subjects.

Dr. Little agreed with Dr. Atthill that the Services were not popular in Ireland, and he urged that the motion should take the form of an instruction to the Committee to ascertain the circumstances which led to the unusual success which attended the efforts of the Irish graduates in the more wealthy and appreciative English communities, a proposal which Mr. Brown repudiated.

After some further discussion, the motion was negatived.

The Apothecaries' Society of London.

An opportunity was afforded Mr. Brudenell Carter of replying to certain statements made by a member of the Council bearing on the constitution of the Society of Apothecaries and the action of its representative on the Council. He commenced by observing that his conduct and opinions had for some years past been adversely criticised by Mr. Victor Horsley, such criticisms not always being based on facts. He had thought his fifty years' experience of medical practice, his life, his acts, and his writings were sufficient to defend him against these criticisms, but he now felt compelled to protest against certain acts attributed to him in connection with the case of the late Mr. Hunter, in deference to the instructions of the Society he represented. Referring in particular to Mr. Horsley's statement that the Master and Wardens "knew no more about medicine than bootmaking," and were really a handful of tradesmen who "without any medical education, notoriously prescribed over the counter in the druggists' shop on the ground floor of the Apothecaries' Hall in Blackfriars," and to the reference elsewhere to himself as "a man who is sent there (to the Council) by a handful of City grocers . . . . and who speaks as though he were the representative of a large body of medical men throughout the United Kingdom, instead of the members of the Apothecaries' Society," Mr. Carter remarked that in Mr. Horsley's statements there was a singular "economy of truth," indeed, there was not a particle of truth in the statements. He (Mr. Carter) was not elected by the Master and Wardens but by the Court, a body of twenty-four, of whom the Master and Wardens were three. He commented on the studied insolence of Mr. Horsley's phraseology, and opined that the use of such phraseology addressed to gentlemen of mature years and unblemished character might be compared to the peculiar howl or cry of the variety of the human race known to modern sociologists as the "bounder." He pointed out that since 1815, no one, who was not a medical man, was eligible for election to the court, adding that the Society was mostly composed of medical men. Alluding to a further statement of Mr. Horsley's that the Court of Assistants of the Society contained several gentlemen who were not on the *Medical Register;* he pointed out that this remark referred to a few gentlemen who, having retired from active service, had not placed their names on the *Register* though they happened to be Fellows or members of various colleges. Passing on to the statements made concerning him in respect of the Hunter case, he pointed out that although he happened to have taken the chair at the particular meeting of the committee, he was not the chairman of the committee. At the subsequent meeting of the committee, he believed they only had before them the charge made against Mr. Hunter by Mr. Syme, and they merely had a verbal report that the solicitor "had taken steps to carry out the instructions of the Council." He said that, personally, he knew nothing about the Hunter case, and had incurred no more responsibility than any other member of the Council. In reference to the statement that he had opposed Mr. Horsley having access to the Council's papers, he admitted that he was of opinion that such access should be regulated, and he had voted for this modified access. He complained that while the medical

journals gave publicity to statements adverse to him they suppressed his replies, and he appealed to the journals, if they published the attack, to be fair enough to publish the reply. He denied the right of journalists to comment upon a speech, no report of which appeared in their columns.

Mr. VICTOR HORSLEY having obtained permission to reply, apologised to the Society of Apothecaries for having inadvertently misrepresented their constitution. He had been informed at the office of the Society that practically the representative was elected by the Master and Wardens, and he was also informed that these gentlemen were not on the *Register*. He admitted that when he stated that certain of the members were not on the *Register* he was unaware of the fact that, though not on the Register, they were qualified to be there, and he tendered an apology to them in so far as he had maligned them. He reiterated his view that Mr. Carter was not really the representative of the Society seeing that the licentiates had no voice in the matter. He would not concede either that the work of the Society had, as asserted by Mr. Carter, been carried on without reproach. The reputation of the examination of the Society among students bore him out in the views he had expressed on the Apothecaries Society as a whole. He failed to see what inaccuracy there was in describing Mr. Carter as chairman of the meeting of the Penal Cases Committee referred to (Mr. CARTER pointed out that Mr. Horsley had not said chairman of the meeting, but chairman of the committee). Mr. HORSLEY, continuing, said he would not quibble over such a little point. Mr. Carter complained that he had been blamed for not observing that Mr. Hunter was an L.S.A., but he (Mr. Carter) had had it before him in print, and he asked whether any of them would have voted for the prosecution of Mr. Hunter among a band of quacks if they had been cognisant of that fact. He maintained everything he had said about Mr. Carter on that point, and declined either to withdraw his statements or to apologise therefor. He concluded by remarking that he had certainly been misinformed as to the nature of the present Court of Assistants, and he apologised for what he had said concerning that body.

The President then declared the incident closed.

DEATH CERTIFICATION.

Mr. Carter moved on behalf of the Executive Committee that the President should request the President of the Local Government Board to receive a deputation from the Council to urge the advisability of early legislation on this subject on the lines of the recommendations of the Committee on Death Certification approved in September, 1893.

This was seconded by Dr. GLOVER, and the PRESIDENT stated that according to one of the latest reports of the Registrar-General for Scotland showed 3·6 of the deaths to have been uncertified, and he thought it not unlikely that in England the proportion was even higher.

Mr. G. BROWN observed that in many cases the registrars of deaths were chemists who had been in attendance on the patients whose deaths they had to certify, and he urged that no chemist should hold such appointments, especially if he prescribed for patients.

The resolution was passed, the selection of the deputation being left in the hands of the President.

ILLEGAL CERTIFICATES.

On the motion of Mr. BROWN, seconded by Dr. GLOVER, a communication from the Yorkshire Branch of the British Medical Association, accompanied by copy of a resolution expressing disapproval of "unauthorised societies or other organisations of registered medical practitioners arrogating to themselves the right to grant diplomas or certificates of proficiency in any branch of medicine, surgery or midwifery," as being contrary to the Medical Acts, was received. A similar communication was received from the East York and North Lincoln branch.

Mr. BROWN had given notice of a motion to rescind the resolution of the Council of May 29th, 1895, relating to the Obstetrical Society's certificates, but the consideration of the motion was postponed in order that its terms might be made conformable to the Standing Orders.

The Council then adjourned.

SECOND DAY—WEDNESDAY, NOVEMBER 29TH, 1899.

CERTIFICATES OF PROFICIENCY IN MIDWIFERY.

Mr. GEORGE BROWN moved resolutions (a) that the President be requested to inform the Obstetrical Society of London, the resolution of May, 1895 notwithstanding, that the Council can no longer assent to the holding of examinations in midwifery, or granting of certificates of proficiency therein by any body of persons, unless invested with legal authority therefore, and (b) that notices be inserted in the leading medical journals to the effect that after January 1st next any registered practitioner who took part in such examinations . . . would be liable to be adjudged guilty of "infamous conduct in a professional respect," and to have his or her name removed from the *Medical Register*. Mr. Brown referred to the numerous petitions that had been brought before Council in respect of the practice complained of, and he added that not only midwifery was examined in, but also massage, ophthalmic work, &c. He referred to the terms of the Act of 1886, which defined what was a qualifying examination, yet certain societies issued diplomas quite outside that Act. He animadverted on the practice of the Obstetrical Society in granting these certificates, observing that if the Obstetrical Society were permited to do this sort of thing it was open to anyone so to do.

The PRESIDENT pointed out that the certificate expressly stated that it was not a qualification under the *Medical Act*.

Mr. BROWN admitted that such was the case, and said he would not object to this or any other society issuing a certificate that a person was qualified to act as midwife or monthly nurse. The holder of such a certificate might say that she had a certificate which was approved by the General Medical Council, and this was objectionable.

Mr. VICTOR HORSLEY seconded the motion on two grounds, first that the Council as a whole had never had any opportunity of finally expressing its opinion on the subject, and he hoped that the Council would now acquit themselves of appearing in any way to sanction this certificate. His second point was, that though they must have every sympathy with the Obstetrical Society in taking up these examinations, still he thought the Society was mistaken in issuing any such certificate, the original objection applying equally to the amended certificate.

Dr. GLOVER sympathised with the motion, but urged that it would place the Council in an awkward position to have to stamp men like Sir John Williams as guilty of infamous conduct. The position of the Council was that they had never sanctioned the certificate, and they were all agreed that it was objectionable. It was objectionable also that the Council should appear to give its sanction to an examination which had no legal standing, and he thought they would be doing no harm in withdrawing the apparent sanction which it was said had been given by the Council.

Sir RICHARD THORNE said the fault, if any, of having changed the word "midwife" into "midwifery" and of knocking out the words "natural labour" was that of the Council and not of the Obstetrical Society. He had gone over the resolutions of the Council, and had found that they distinctly urged that midwives should be certified. He urged that after having for twenty years pressed upon the Government the necessity of having midwives certified they could hardly now fall foul of the only body that had made the slightest attempt to achieve what was aimed at. They might as well try to stop the tide at the Nore as to try to do away with the midwife and call her nurse. He thought it was unworthy of the medical profession to say that no women should go through a perfectly physiological process without paying a doctor's fee. If the Council withdrew its assent the Obstetrical Society could go on just the same, and he hoped it would.

Dr. Atthill said the greater part of his life was occupied in teaching midwives and sending them out to the public, under a special charter. He had always advocated the education of these women as midwives, and midwifery nurses.

Dr. MacAlister pointed out that if Mr. Brown withdrew his second motion the effect of the first would be just the same. If they withdrew their consent to the second certificate, that would be tantamount to declaring that it was a colourable imitation of a diploma, and exposing those who granted it to be brought under the ban of infamous conduct. He hoped the Council would be careful what they did in this direction.

Dr. Little thought it would be injudicious for the Council to adopt the motion. He pointed out that the Society gave these nurses no legal status.

Sir Christopher Nixon urged that the Council ought to do all in its power to secure the holding of an examination of the efficiency of women who practised midwifery, and he thought it would place the Council in a false position to ask the Obstetrical Society to abstain from holding their examinations, though he felt that the Council should be opposed to the granting of a certificate, which was practically used as a diploma.

Dr. Leech said he would have been pleased to support any resolution to prevent these certificates being granted, but he did not care to go so far as to say that no examinations should be held.

Dr. Bruce then handed in an amendment to the effect that it was inexpedient under existing circumstances to disturb the present system of examination and granting of certificates to midwives.

Dr. McVail did not like the wording of the resolution, but he preferred it to the amendment. That the system had existed for twenty years was beside the mark. He pointed out that formerly midwifery was held as being much inferior to medicine and surgery, but in 1886 the three branches were placed on the same level, and he hoped they were never going to hear again of the general practitioner regarding midwifery as something alien to his ordinary work.

After some further remarks Sir Richard Thorne moved "the previous question," which was carried by fifteen voices to eight. This disposed of the amendment, whereupon Sir C. Nixon, with the consent of Mr. Brown, suggested that the motion should read as follows:—"That the Obstetrical Society be informed that the Council, while approving of the holding of examinations in midwifery-nursing by the Society, was adverse to the granting of certificates of proficiency, &c."

This was no sooner settled than, on the motion of Dr. Bruce, "the previous question" was carried. A question arose whether the loss of the first resolution entailed the loss of the second, but Mr. Brown insisted on the latter being put to the vote.

The President said he had been actively opposed to the original certificate granted by the Society, but he felt that the Society had been instrumental in exerting a beneficial influence in improving the status of midwives, and he thought that the Society should not be interfered with so long as their certificate did not infringe the *Medical Act*.

Mr. Brown said that if the Council did not feel inclined to deal with the matter now he would withdraw his motion and ask for the appointment of a committee.

After further discussion Sir W. Thomson moved as an amendment that the measure be referred to a committee. He pointed out that the matter was one of considerable importance to the profession, in view of the practice that was growing up of getting the stamp of certain medical and surgical authorities for various purposes, a practice which was entirely opposed to the purposes of the *Medical Act*. He recalled the attitude of the Council last session, when attention was called to the certificates granted to spectacle makers, and this, he contended, showed that there was a ground for the charges which were originally made. This was seconded by Sir C. Nixon.

Dr. McAlister disapproved of the appointment of what might be called a "fishing committee," and Mr. Bryant thought the matter was not ripe for action.

Sir W. Thomson said he did not wish the committee to fish for evidence, but there was a feeling that there existed an evil which required to be dealt with.

The amendment on being put to the vote was negatived by 14 to 6, and the original motion was also negatived by 21 to 5.

The Combination of Medical Corporations with Universities.

Mr. Brown asked leave to postpone a motion which stood in his name, but this having been refused he brought forward a motion urging the various medical corporations in each division of the kingdom to take steps under Section 3, Clause C, of the *Medical Act* (1886) to combine with one or other of the universities to form a conjoint board of qualifying examination.

No seconder being forthcoming, Dr. Bruce kindly filled the gap.

Mr. Brown explained the tenour of his motion, which was negatived without discussion.

The Apothecaries Society and the English Conjoint Board.

After a brief discussion as to the motion being in order, Mr. G. Brown moved that the Council "strongly recommend" the Royal College of Surgeons of England, the Royal College of Physicians of London, and the Apothecaries Society to combine for the purpose of holding qualifying examinations conjointly. He pointed out that it was virtually only asking the Council to repeat a resolution passed in 1887. He recalled the strenuous efforts made by the then president of Council, Sir H. Acland, to induce these bodies to join, and he thought the time had come when these three corporations should be asked to combine.

Mr. Victor Horsley seconded the resolution merely because it was a step in the direction of the one-portal system.

Dr. McAlister pointed out that the University of London Commission Act had for object, *inter alia*, to incorporate these very bodies with the University of London.

After some remarks by Mr. Teale, Dr. Pye-Smith said he could not vote for the resolution because he did not think it would achieve the object aimed at, but he would not vote against it because he was in favour of the one-portal system. He thought there should be a single board in each department of the kingdom.

Sir Richard Thorne said he should vote for the motion as being a step in favour of the one-portal system, but Sir J. B. Tuke, though in favour of the one-portal system, did not think the resolution would help them.

Sir Dyce Duckworth urged that it was useless to do anything at this juncture, and they had better wait the resolution of the Commission.

Dr. Glover said he should vote for the motion, and Mr. Bryant regretted that the combination did not take place when the conjoint board was formed.

Mr. Carter recapitulated what the Society of Apothecaries had done in the matter, and he hoped that the combination would ultimately take place, though he could not vote for the motion.

Mr. Brown declined a suggestion by the President that he should abstain from putting the question to the vote, and when put to the vote, 11 voted for, 8 against, 8 did not vote, and 3 were absent.

The Apothecaries Hall in Dublin.

Mr. Brown then moved that it should be referred to the Irish Branch Council to consider and report as to the possibility of making arrangements for the institution of a conjoint Board for Ireland, to include the royal colleges, and the Apothecaries Hall. If the Council desired that these bodies should combine, the matter might be referred to a committee. The reason he had put this motion on the paper was that he received a report of the examiners of the Apothecaries' Hall, Dublin, and he blushed when he saw so much force was expended for so little result. The whole staff of examiners were brought to Dublin in many instances to examine only one candidate. It was nothing less than a scandal that in Dublin an examining body existed when so few candidates presented themselves. If this went on they would have to put the powers in force given them under the Act of 1886, and made representations to the Privy

Council that a certain body had ceased to be of importance.

Sir C. NIXON seconded the motion, though he feared in so doing that he was acting in opposition to the views of the representative of the Royal College of Physicians. In 1886 he had opposed such a combination because he had thought that if it could not enter into such a combination the Hall would cease to exist, but it did not cease, and they had the miserable spectacle of a competition, to which, as practical men, he thought they should try to put a stop.

Sir PHILIP SMYLY did not see how any recommendation could be considered with regard to a re-combination of the Colleges with the Hall.

Dr. LITTLE objected to the motion on the ground that the Irish branch had no money and could hold no meetings.

Dr. ATTHILL said he had always been an advocate of the one-portal system, and denied that there had ever been any competition between the Colleges and the Hall.

Mr. BROWN thought as the Branch had no money it would be useless to refer the matter for their consideration, and offered to withdraw the motion. Leave to do this having been refused the motion was summarily negatived.

The Council then adjourned.

THIRD DAY.—THURSDAY, NOVEMBER 30TH, 1899.

PENAL CASES.

CASE OF DR. WILLIAM STEWART, OF DENTON.

THE first item on the programme was the adjourned consideration of the case of Dr. William Stewart, of Denton, near Manchester, who appeared at the last session to answer a charge of having covered one Burgess, his assistant. The Council on the last occasion arrived at the conclusion that the charge brought against Dr. Stewart had been proved to their satisfaction, but adjourned the further consideration thereof. A letter was read from the Ashton Medical Society to the effect that they did not wish to press the case further since Dr. Stewart had discharged the unqualified person in question, and had resigned his appointment in the Denton Provident Dispensary, and asking the Council to take these circumstances into consideration at the adjourned hearing. A letter setting forth these facts, signed by Dr. Stewart's solicitor, was also read, and after a brief deliberation *in camera* the Council decided that the conduct complained of was not "infamous in a professional respect."

RESTORATION OF NAMES TO REGISTER.

A report of the Executive Committee with regard to the restoration of names to the *Register* was brought up, and the Council deliberated thereon *in camera*. On the the admission of strangers it was announced that the following names had been ordered to be restored:—Robert Masters Theobald and George Hamilton Wyse.

ADJOURNED CASE OF MR. CLEMENT MAGUIRE KERSHAW.

This is the case of a dentist who was charged last session with employing an unqualified assistant. It transpired that he had discharged the assistant in question, and was employing a man who, though qualified, was not registered. Under the circumstances, the Council decided that the offence did not amount to infamous conduct in a professional respect.

CASE OF HENRY LOUIS GOODMAN.

This was another dental case, the person charged having been sentenced to a term of imprisonment for obtaining money by false pretences, and the Council, after deliberation, ordered his name to be erased from the *Dentists' Register*.

CASE OF MR. RICHARD THOMAS WILLIAMS.

Mr. R. T. Williams, L.R.C.P., L.C.C.S.Ed., of Port Talbot, Glamorganshire, was summoned to answer a charge of covering one Davies, an unqualified person.

Mr. Williams was unable to be present by reason of an attack of tonsillitis, this fact being testified to by the doctor who is attending him. He was represented by his counsel, Mr. Eldon Banks.

The complaint was laid by Mr. James Herbert Powell, of Cwmavon, who was accompanied by his counsel, Mr. Arthur Powell. Evidence was given by a detective, Mr. Oxley, to the effect that the unqualified person was known in the village as "Dr." Davies, that he signed certificates for clubs, &c., and visited patients instead of his principal.

Mr. Powell, the complainant, in reply to Mr. Banks, the counsel for the defendant, explained that Mr. Williams was in partnership with Mr. Roberts, with whom he was not on speaking terms, and it was at Mr. Roberts's instigation that the detective was first employed. It appeared that there was a brass plate bearing Mr. Williams's name affixed to the door of the house occupied by the assistant, but it was stated that this house was formerly occupied by Mr. Williams, and the plate had not been removed. The complainant, through his solicitor, said that the assistant had since been dismissed and, so far as he was concerned, he did not wish to press the matter further, his object having been achieved. The detective, having been examined by members of Council as to how he obtained his information, a statutory declaration made by the assistant was read, setting forth that he was a *bona fide* medical student, having done part of his studies at the Middlesex Hospital. He denied having attended patients in place of his principal, or, in fact, of having done anything more than make a preliminary examination of patients until his principal could visit them. He only signed certificates when directed to do so by Mr. Williams.

Mr. Banks stated that Mr. Williams had applied to the Registrar of the Council for information as to what use he might make in his practice of a senior student, and had been provided with a copy of the resolutions of the Council bearing thereon. Mr. Williams had advertised for a qualified man, but in three weeks he had not a single reply, and, having seen Davies' advertisment, he engaged him until he could alight upon a qualified assistant.

The further hearing of the case was postponed until to-morrow, and the Council adjourned.

FOURTH DAY.—FRIDAY, DECEMBER 1ST, 1899.

ON the Council reassembling, they went into *camera* to consider the Report of the Executive Committee with regard to the Restoration of Names to the *Medical Register*, and strangers were not admitted for a period of upwards of two hours.

ADJOURNED CASE OF MR. R. T. WILLIAMS.

After tea the Council resumed the consideration of the case of Mr. R. T. Williams, of Cwmarvon, Glamorganshire. His counsel read statutory declarations made by certain of the patients who, it was alleged, had been attended by the assistant, denying that such was the case. It was stated that Mr. Williams was still unable to be present, and Mr. Davies, the unqualified person referred to, was put in the box.

Mr. Davies stated that he had not signed a particular certificate of which a copy had been produced, in which he was alleged to have signed his name as "Surgeon." He said he had been a medical student since 1889. He had only signed certificates at the request, and in the presence, of his principal, merely for convennience. In reply to Sir Christopher Nixon, he said he had passed his 1st, 2nd, and 3rd examinations for the M.B. of Glasgow, and was going in for his final in June. In reply to Sir Dyce Duckworth he attributed the delay in completing his studies to ill-health. Mr. TOMES asked to see the advertisement inserted by Mr. Williams, which was produced, and it appeared that it had been continued even after the engagement of Mr. Davies. He stated that his age was 30, whereupon Mr. G. Brown asked at what age he had begun his medical studies. As Mr. Davies seemed somewhat embarrased to reply, the President pointed out that this was merely a question of arithmetical computation.

Mr. Banks then addressed the Council on behalf of his

client. He pointed out that in the district where the practice was carried on people employed the term "Dr." very loosely, even the chemist and veterinary surgeon being thus styled. The incident of the plate bearing Mr. William's name being attached to the door of the house where Davies lodged was a simple inadvertence, the house still belonging to Mr. Williams, the plate having been left *in situ*. After some further remarks by Counsel for the complainant, the Council deliberated *in camera* and, on the admission of strangers, it was announced from the chair that the charge brought against Mr. Williams had not been proved to the satisfaction of the Council.

Case of Mr. William Matthews Joyce.

Mr. William Matthews Joyce, L.R.C.P., L.R.C.S. Ed., L.F.P.S., of Cattle Road, Birmingham, was brought before the Council under the following circumstances:—That in July, 1899, he had been convicted of being drunk and disorderly; and (2) that in November, 1899, he had been convicted of misdemeanor, *viz.*, of assaulting one Ellen Simpson.

Mr. Joyce, who appeared in person, admitted the soft impeachment, but did not appear to be in a position to ay anything in extenuation of his conduct. The Council having deliberated on the case *in camera*, on the readmission of strangers, the President, addressing Mr. Joyce, said that although his conduct had obviously been unworthy of a professional man, the Council had decided to take a merciful view of his case and had adjourned the further consideration thereof until next session, when he would be required to produce evidence that he had in the meanwhile behaved himself as a gentleman. Mr. Joyce then departed.

Case of Frederick William Kirkham.

This was the case of one Frederick William Kirkham, of London Street, Chertsey, registered as L.R.C.S., L.R.C.P.Ed., who in October last was convicted at the Central Criminal Court of fraud. After a brief deliberation his name was ordered to be erased from the *Register*.

The Council then adjourned.

FIFTH DAY.—Saturday, December 2nd, 1899.

L.S.A's and Their Titular Designations.

A communication was read from the Society of Apothecaries in regard to the recent judgment bearing on the description that may be legally assumed by their licentiates, remitted by the Executive Committee. In this letter the Society contend that the judgment in question is to say the least unsatisfactory. They have taken the opinion of distinguished counsel, including Sir Edward Clark, who are of opinion that a licentiate is entitled to describe himself as Physician or Surgeon, or both, the case of Hunter *v.* Clare to the contrary notwithstanding. The Society suggest that a friendly action should brought before the Court of Appeal or the House or Lords, each party paying its own costs. The Society emphatically disclaim any desire to assist its licentiates to appropriate any title belonging exclusively to any other licensing body. This letter was duly received and entered on the minutes.

Mr. B. Carter pointed out that the licentiates must call themselves by a title of some sort, that of apothecary being archaic. Physician was obviously the proper term, it being an old English word, superseding the old word "leech," meaning nothing more than the practice of the healing art. He moved that the communication be referred to a special committee with power to take legal advice and to instruct the solicitor to take such steps as might be necessary to obtain the decision.

Sir Batty Tuke said he held very different views from Mr. Carter, but would second the motion because the question was one that would have to be settled sooner or later, and it was the duty of the Council to remedy the confusion they had been the means of creating, a mishap which he attributed to important matters being held over to the fag end of the session instead of being taken earlier.

Mr. Victor Horsley proposed as an amendment (seconded by Dr. Bruce) that the words after "committee" be left out of the motion. He maintained that the opinion given by Sir Edward Clarke on the case as presented to him by Mr. Upton was valueless, and he did not think that it was the duty of the Council to spend money in clearing up the question. The task was one which would properly devolve upon the society. The decision might unfavourably affect the number of candidates for the licentiateship, but that was not the concern of the Council. He concluded by moving "that the letter of Mr. Upton on the part of the Society on the subject of the use of the titles physician and surgeon be referred to a special committee to report to the Council."

Dr. MacAlister expressed his concurrence with the amended motion, and suggested that they should add "with power to take legal advice."

Sir Dyce Duckworth did not admit that the question was one of any great importance in view of the fact that very few men held the licentiateship alone.

Dr. Athill observed that most medical men were known as "Dr.", and that in every profession there must be different grades. He had great respect for the L.S.A., but did not think that the Council would be justified in spending money for this purpose.

Mr Brown challenged the exclusive right of any particular class of practitioner to the use of the word "physician." He was proceeding to refer to the Medical Act of 1858 when the President called him to order, observing that Mr. Brown was entailing great expense to the Council by his lengthy remarks, it not being the first occasion on which he had done so.

Mr. Horsley objected to the introduction of the permission to take legal advice." They required time to consider the point, and the appointment of a committee would give them the time.

The amendment was then put to the vote, and was carried by 22 to 5.

Dr. MacAlister then moved the addition of the words "with power to take legal advice." This was seconded by Mr. Carter.

On being put to the vote the amendment was lost.

Mr. Horsley's amendment was then agreed to as a substantive motion, the nomination of the committee being left in the hands of the President.

Additions to Penal and Disciplinary Powers.

Mr. Bryant brought forward the report of the President on the steps taken by him to have Section XXIX. of the *Medical Act* (1858) amended so as to secure increased powers for penal and disciplinary purposes, and moved that he be requested to forward to the Privy Council the draft clauses as amended, with the expression of a hope that the Privy Council would support a Bill in Parliament to have them made law. The purport of this report is to confer on the Council the power to erase a name from the *Register* for a specified period, such name to be restored at the expiration of that period if such person then possessed a medical diploma. Also to confer on the various medical authorities the right to revoke, suspend the use of or cancel, diplomas held by a person whose name has been erased from the *Register*, with power to restore such diploma without the necessity of fresh examination. The report also deals with the allocation of fines and penalties recovered under the Medical Acts in the Metropolitan Police District and elsewhere, and defines the meaning of the terms employed.

After some remarks by Dr. Bruce and Dr. Pye-Smith, Dr. Little asked who would take the first steps, whether the Council or the licensing body. The President replied that the body which suspended the diploma would, of course, take the initiative in restoring it.

Sir Richard Thorne raised the question as to what would happen if the medical authority restored the diploma and the Council declined to reinstate the name on the *Register*.

The motion was then carried.

Reciprocity of Medical Practice.

The report of the Executive Committee on reciprocity

of medical practice in relation to foreign countries was received and entered in the Minutes.

This report embodied a statement by Mr. Muir Mackenzie to the effect *inter alia* that a foreign practitioner in the United Kingdom was bound by the laws in force, and was in the position of a practitioner who is not registered. Mr. Mackenzie recalled that under the Medical Act, 1886, the Queen in Council might apply the part of the *Act* which related to foreign practitioners to any foreign country which, in the opinion of Her Majesty, affords to the registered medical practitioners of the United Kingdom such privileges of practising in the foreign country as to Her Majesty may seem just, whereupon the Council would be empowered to grant recognition to such medical diplomas of the foreign country as to the Council appeared to furnish a sufficient guarantee that the holder of the diploma possessed the requisite knowledge and skill for the efficient practice of his profession. These diplomas would then be admitted to registration. Failing the consent of the Council to recognise a colonial or foreign diploma the Privy Council might, if they thought fit, after communication with the Medical Council, order it to recognise the said diploma.

The Executive Committee recommended:—"That the General Council be recommended to authorise the issue of Mr. Muir Mackenzie's statement of August 10th, 1899, as an expression of the Council's views in regard to its legal position in connection with the question of Reciprocity of Practice; and that the Executive Committee recommend that the General Medical Council represent to the Privy Council that the time had arrived when Her Majesty in Council should apply Part II. of the *Act* of 1886 in respect of foreign practitioners to the Kingdom of Italy."

After a brief discussion it was agreed "that the Council adopt the statement made by Mr. Muir Mackenzie with respect to the state of the law in England as to reciprocity of medical practice in foreign countries, and that it be introduced into an amended edition of the Memorandum to be reissued. On the motion of Dr. MACALISTER it was agreed that the statement should be translated into French.

Sir DYCE DUCKWORTH pointed out that British practitioners would be shut out from practice in Italy unless the Council interfered. He spoke highly of the Italian diplomas, and urged that for one Italian practitioner who would come to this country there would be ten British practitioners who would desire to practise in Italy. He concluded by moving the recommendation of the Committee above.

Dr. LITTLE asked why no steps were taken to induce other countries to allow British practitioners to practise their profession, Italy being alone in allowing British practitioners to practise without obtaining a native qualification.

Dr. MCVAIL pointed out that if the Council granted reciprocity to Italy, they would be constrained to adopt a similar course in regard to other countries.

Mr. HORSLEY urged that if Italian practitioners were allowed to practise in this country they would compete with native practitioners, adding that the latitude allowed by the Italian Government was simply due to the fact that English visitors were a large source of revenue to that country.

Dr. MACALISTER pointed out that Colonial practitioners had not shown any great desire to flock to this country, although they possessed many obvious advantages over foreign practitioners, in their knowledge of the language, &c.

Sir RICHARD THORNE urged that the Council should make sure of the exact condition of things in Italy before taking any decided step.

The further discussion was adjourned.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, December 3rd, 1899.

COXALGIA.

At the last meeting of the Surgical Society, M. Nelaton spoke on resection of the hip for coxalgia, and said that radical operation was not generally practised in such cases, surgeons contenting themselves with conservative treatment. Twice he had resected the hip for suppurating coxalgia, and the results were such that he considered that surgeons should have recourse more frequently to this operation.

The first case was that of a woman, æt. 28, treated for two years without success by the conservative method. After the coxa-femoral resection, in the course of which he had removed a considerable portion of the iliac bone, the patient recovered completely, and walked better than could have been expected from any other method of treatment.

The second was that of a boy, æt. 15, who six months before was operated upon in a similar manner to the preceding, and in three months he was able to get about comfortably, although the hip was ankylosed. The speaker concluded by saying that his remarks of the expediency of the operation referred to adult persons and not to children, in whom it was right to expect much from the conservative treatment.

M. Félizet remarked that the history was known of 100 individuals suffering from coxalgia in their childhood, it would in all likelihood be found that out of that number not more than a dozen were alive at the end of twenty years, all the others having succumbed to complications. Consequently, no one should hesitate to utilise a radical operation, and the resection should be practised at an early date of the malady. For his part, he employed it in children in about 300 cases, and thanks to the actual cautery he had obtained excellent results. Generally, he made the first dressing twenty days after the operation. When the shortening, which ordinarily was one inch, attained one-inch-and-a-half, or even more, it was easy to correct it by an apparatus.

CEREBRAL HEMORRHAGE AND THE SIGN OF KERNIG.

M. Widal, in speaking at the Medical Society, said that he had recently observed in a case of meningeal hemorrhage which had been revealed to him by the existence of Kernig's sign. A man of 38 was seized suddenly with an apoplectic attack. When he recovered consciousness a few hours afterwards he presented neither fever nor paralysis. He complained only of intense headache, pain in the back, while the pupils were somewhat dilated. The existence of the sign of Kernig was observed, and a lesion of the meninges was immediately suspected. In the dorsa position, the man could keep his legs extended on the thighs, but once he was seated on the edge of the bed, his legs were drawn towards the thighs. Five days after the accident the temperature rose somewhat, and on the ninth day the patient succumbed. When the cranium was opened a clot of blood was found beneath the arachnoid and extending down towards the bulb, while the rhachidian canal was filled with blood. The clot then did not intesect either the circumvolutions of the base of the brain or those of the covexity. That fact proved that the sign of Kernig could exist independently of all inflammation of the coverings of the cerebral circumvolutions, and that its *raison d'être* was rather to be imputed to an irritation of the spinal membranes. If the sign was more frequently absent in tuberculous meningitis than in cerebro-spinal meningitis, the reason probably was that in the first-named affection, the rhachidian membranes were less affected than in the second.

Grave Pulmonary Affections.

M. Raynaud communicated several cases of pulmonary affections treated by him by blood letting, and the injection of artificial serum, and insisted on the necessity of sustaining the organism in its struggle with the microbian poison and to favour its elimination; blood letting acted mechanically in that sense, and by injecting at the same time the saline solution, the blood withdrawn was replaced, the toxins diluted, the heart stimulated, the tension and the diuresis increased. The amount of blood withdrawn was from six to ten ounces, and that of artificial serum injection seven to twenty ounces.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, December 2nd, 1899.

Iodine and Its Combinations.

Dr. Heintz, of the University of Erlangen, has an article on this subject in a recent number of *Virchow's Archiv*. His investigations into the behaviour of iodoso-benzoic acid and on the influence of the iodine alkalis on absorption are of special interest. Iodoso-benzoic acid discovered by V. Meyer, possesses the property when applied locally of splitting off free iodine in contact with iodine - alkali circulating in the blood. If for example iodoso-benzoic acid mixed with starch is injected under the skin of the rabbit, and an injection of an iodine solution is made into the blood current, the starch is coloured blue by nascent iodine. By the local application of iodoso-benzoic acid therefore, and the simultaneous administration of iodine per os, we have the means of exciting a lasting action of iodine at the place of selection, but the iodoso-benzoic acid acts as a powerful irritant. The author attributes the resorptive properties of iodine to its influence on the leucocytes. Great proof of this hypothesis has hitherto not been at hand; the leucocytosis that follows the introduction of iodine also follows the introduction of indifferent salts. It might be supposed that the iodine alkali in the blood or tissues was split up in the region of greatest tissue change therefore in the leucocytes, the free iodine then acts back on the leucocytes and excites them to greater resorptive activity.

The Treatment of Chlorosis and Anæmia.

Few subjects have been more written about than the one named. Considering the ease with which such cases are generally improved, this is perhaps a matter for surprise. But now and then cases are to be met with that persistently resist our efforts to improve them, and here it is that the possible value of a multitude of counsellors comes in. In view of these difficult cases it behoves us not to neglect any source of possible aid. A recent writer on this subject is Dr. Friese r, who devotes an article to it in the *Klin. Therap. Wochensch.*, 42,99. According to him treatment must take three directions—the direct medicinal, the symptomatic, and the hygienic-dietetic, and he must first of all seek to restore the lost equilibrium of iron in the system. To this end resorbable and assimilable iron must be introduced into the system in sufficient quantity, care being taken not to disturb the digestion. He would exclude all the inorganic preparations of iron, as they are inferior to the ferratin an iron combination made from the animal liver. His experience with the preparation extends to fifty-nine cases, thirty-three of secondary and chronic anæmia, and twenty-nine of chlorosis. In eighteen cases of anæmia and fourteen of chlorosis ferratin was given exclusively with specially good results. In two tolerably severe cases no special result was observed, whilst in four cases of anæmia with complications, it was not well borne, but subcutaneous injections of a 6 per cent. solution gave very good results. In other cases various preparations of iron were given with varying, mostly unsatisfactory, results. The ferratin was generally given as a powder along with a little rhubarb. (Ferratin, 1 to 3 grms., pulv. rhei, 0·1 to 0·4 grms., two or three times a day.) No fruit or acid foods were allowed during the treatment. Quinine iron wine was a useful aid.

The symptomatic treatment was mostly of the side of disordered digestion. Absence of appetite was generally assisted by small quantities of Carlsbad Mühlbrunn water drank slowly on the empty stomach before breakfast. In many cases Penzoldt's wine was of service. Lowered intestinal function was relieved by intestinal infusions with luke-warm water with salt, or under certain circumstances oil injections. Much may be expected by appropriate massage and weak Faradaic currents. In cases complicated by chronic diarrhœa only the most careful regulation of the diet was of service.

Dietetic hygienic treatment embraced all the measures necessary for ensuring a well-regulated mode of life. First of all everything that interferes with the function of the bowels must be removed. The food must be easily digestible, non-irritant, and as varied as possible. The chief food must be milk, meat roast or scraped, and soft eggs. But milk cannot always be taken in sufficient quantity by adults, it sometimes causes diarrhœa and a constant feeling of fulness. Patients must be careful, and be protected from overwork, bodily exercise in the open is of great value, but oftentimes bad cases of both anæmia and chlorosis required prolonged rest in bed. Almost always such cases require an extra allowance of sleep, and this should be provided for them. Special stress must be laid on personal cleanliness The mental and sexual functions must be watched over.

As regards hydrotherapeutics daily rubbings are useful, and act beneficially on the general health and on the strength; but a systematic hydropathic treatment is rarely admissible; but on the other hand massage and faradisation are sometimes exceedingly useful in anæmics.

At the Medical Society, Herr Virchow opened a discussion on Richter's paper on

Organotherapeutics.

He said he remembered Rademacher's "Organotherapy,' and the difference between that and the present; further his essay "Specifica and Specifisches" (in his *Archiv.*), wherein he drew attention to the necessity of finding certain relations between therapy and local pathology as a matter of fact, certain organs were specially susceptible as regarded certain remedies. In the new kind of organotherapeutics he missed the theoretical connection between therapy and the general pathology of the present. The idea of using a whole organ – an ovary for example, for the preparation of the desired remedy appeared to him

monstrous, and corresponded to the first raw beginnings of "Koch Kunst." It was impossible for all the constituents of the ovary to come into consideration as active agents, but only certain groups of cells, possibly the Graafian follicles. The discovery of the peculiar active substances was of the greatest importance in the inquiries now being conducted. The alleged reimplantation of already extirpated ovaries with subsequent recurrence of functional activity we must relegate to the region of the stories from "A Thousand Nights and a Night."

Hr. Burchardt related again the case of a girl of 20 who weighed, without clothes, 158 lbs., on whom treatment by oöphorin tablets was successful. She generally took about fifteen a day, and after taking 1,000 her weight fell to 142 lbs. (March to July). She increased in weight again when treatment was interrupted, but again fell off when it was resumed, but not to so great an extent as at first. Organotherapy under proper medical control, was absolutely harmless, and very encouraging.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, December 2nd, 1899.

THROMBUS IN TRANSVERSE SINUS.

AT the Gesellschaft der Aerzte, Politzer showed a boy, æt. 14, who had suffered from otorrhœa since an attack of measles when he was six years of age. Five weeks ago the boy became suddenly ill with vomiting, vertigo, and headache, for which it was decided to perform trepanation of the mastoid portion of the right temporal bone. Six days after the operation, when the patient was recovering rapidly and all anxiety was considered over, cerebral phenomena suddenly occurred which excited alarm. The original wound was re-opened and extended into the transverse sinus, from which pus discharged, where a thrombus 4 centimètres (0·39 of an inch) was found firmly impacted. After careful removal and washing the patient recovered without a bad symptom.

Sinus thrombi are not uncommonly found after chronic discharges from the ears owing to the proximity of the vascular plexus where the inflammation is conducted to the wall of the sinus and the changes induced. The site of the thrombus is never constant, as it may occur anywhere, even in the vena jugularis communis itself, but wherever situated the prognosis is always grave. The most effectual method of reducing the fatality is an early opening into the petrous bone. Since 1896 70 cases have been published, 41 of which have recovered In his own cases he had had 15 sinus thrombi with 10 recoveries, and 14 peri-sinous abscesses, with 7 recoveries.

TABIC AFFECTIONS OF BOTH KNEES.

Sternberg next exhibited a man with tabic affections of both knees and lower bones. In 1876 there was a history of a genital affection with subsequent copper-coloured spots on the arms and legs. Fifteen years later there were severe pains in both legs and swelling in both knees, with enlargement of the upper ends of the tibia and fibula which increased and diminished temporarily. In 1897 the swelling confined itself to the left leg, but in 1898 it invaded the right, where it has remained stationary ever since, while the bones have become bent in the shaft. Tendon reflex has disappeared, as well as the distinction of heat when rapidly placed in warm and cold water. The case was generally diagnosed as one of tabes or syringomyelitis with bone affection.

LUMBAR EXTRAVASATION.

Lanyer next brought forward a coachman with a large fluctuating tumour in the lumbar region. According to his story he was getting down from the box when he slipped and fell hurting his leg and back. A few days after the fall a fluctuating swelling was discovered in the lumbar region. It seems that the fall, with the muscular movements, had caused a tearing of the subcutaneous cellular tissue, with an effusion of lymph. Levellée and Gussenbauer seem to have been the first to draw attention to these extravasations as being difficult and protracted in resolution. Pressure alone will not effect the object, and even when combined with iodine injections it frequently fails in accomplishing a cure. Free incision and allowing the cavity to heal by granulation is the most effectual procedure.

Weinlechner remarked that in these cases blood extravasation co-existed with the lymph.

Schopf challenged this assertion of Weinlechner's, and pointed out that there was a vast difference between a hæmatic cyst and lymphatic effusion, as the former appeared rapidly after the injury, while the latter did not appear for days after, as evinced in the case shown by Lanyer. He exhibited two cases from his own wards to prove the differential diagnosis.

ÆTIOLOGY OF TABES DORSALIS.

Benedikt next read to the meeting a long paper on the ætiology of tabes dorsalis which he maintained was purely hereditary in origin. All other causes, such as exhaustion, violent exertion, illicit excess and colds, were only immediate exciting causes in persons predisposed to the disease. What part syphilis played in the disease was difficult at the present time to determine but present day statistics were certainly against Erb's figures, which he used twenty-two years ago to vindicate his opinion that syphilis was the sole cause of this obscure disease. Benedikt then adduced his own investigations and found that in every hundred cases examined fifty-two were positively free from syphilis; thirty-four had been infected; while thirteen remained doubtful. It is quite conceivable, however, that mercury and iodide when given in large quantities for syphilis will induce tabes dorsalis in the predisposed.

A large number have syphilis and no tabes dorsalis follows the disease, while a large number have tabes dorsalis without any trace of syphilis.

DOCTOREN COLLEGIUM.

This institution will have reached its 500th year on the 10th of December. To commemorate the occasion a "Festrede" will be given by the Vice-President, Dr. Svetlin, who will probably tell his hearers how Johnn Silber opened this institution 500 years ago as the "Acta facultatis medicæ Universitatis Vindobonesis," the first institution formed after the foundation of medicine in Vienna.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

Cholecystotomy.—Mr. Carless operated on a woman, æt 60, who had suffered from recurrent attacks of pain in the right hypochondrum for some months. She had never been badly jaundiced, but the conjunctivæ were slightly yellow, and after an attack of pain there was a slight yellow tinge about the skin. The attacks of pain were of a colicky nature, and so severe as to exhaust the patient, and she was sent to hospital by Dr. Jardine, of Richmond, as he feared that after one of these paroxysmal seizures she might collapse. The patient was a fat, flabby woman, who looked an unfavourable subject for abdominal operation. She was anæsthetised with A. C. E., and, after efficient purification of the abdominal wall, an incision six or seven inches in length was made parallel to, and about one inch from, the right costal margin, extending downwards and outwards from the middle line above. After opening the abdominal wall, the liver, which was somewhat enlarged, came into view, and on lifting its free border, a few adhesions had to be divided between the duodenum and the gall-bladder, which last at once came into view. The fundus of the gall-bladder was found to be occupied by a hard lump about the size of a walnut, over which the wall of the viscus was firmly adherent, the proximal end of the gall-bladder appeared to be normal. The abdominal cavity was now shut off by a packing of cyanide gauze wrung out of hot sterilised salt solution, and the liver with its attached gall-bladder drawn out of the wound which was in this way plugged. An incision was now made through the walls of the gall-bladder, and by this means the hard mass was exposed, and found to consist of a collection of small black gall-stones held together by a cement-like substance, evidently consisting of inspissated mucus and bile salts; the whole of the stones and the *débris* were removed by means of a lithotomy scoop and a Volkmann's spoon which had to be used somnwhat energetically in order to detach the calculi from the gall-bladder wall. A small communication with the rest of the gall-bladder was found, and down this a long probe was insinuated but no further calculi were discovered. A small amount of healthy bile escaped from the wound. The free wall of the pouch in which the stones had been laying was cut away. The posterior wall of the pouch was freely curetted, and the opening closed entirely by a double row of Lembert's sutures. The gauze packing which was scarcely soiled, was then removed, and the liver replaced in the abdomen; a small lamp-wick drain of ganze was inserted down to the wound in the gall-bladder, the whole of the extensive abdominal wound closed by a double row of buried stitches, and a superficial continuous suture for the integuments. Mr. Carless remarked on the extreme simplicity of the operation in this particular case. The stones were lying in a part of the gall-bladder which was practically shut off from the biliary passages; the liver was large and could be pulled out of the abdominal wound, so that the opening of the gall-bladder could be done outside the abdomen. There was quite sufficient evidence of old peritonitis to explain the symptoms from which the woman had suffered. Surgeons, he said, differed somewhat in their method of treating the gall-bladder after the removal of stone. In the majority of instances a biliary fistula was established, and the immediate closure of the wound in the gall-bladder was not a favourite proceeding; he had, however, followed this practice several times with complete success, and unless there were some definite reasons demanding drainage, such as suppuration, he would certainly feel inclined to close the gall-bladder at once. In this particular instance it would have been ridiculous, he thought, to leave a biliary fistula.

It is satisfactory to report that the patient recovered without a bad symptom, the deep lamp wick drain was removed in forty-eight hours and replaced by a more superficial one, which was in turn taken out at the end of the fourth day. The whole wound was closed in a fortnight, and the patient was out of the hospital in less than three weeks.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 6, 1899.

THE GENERAL MEDICAL COUNCIL.

When the Council adjourned on Saturday last there seemed to be every prospect of the Session extending far into the present week. A certain amount of work has been got through, including a number of penal cases, none of which presented any particular interest, but we fear it cannot be asserted with confidence that the net result of so much talk has been to advance medical interests to any material extent. An interesting little discussion arose on the large proportion of Irish candidates who were unsuccessful at the competitive examinations for admission to the Services. Mr. Brown saw in this lack of success a proof that the examining bodies in Dublin were not up to the mark, but the Council, recognising how fallacious must be a conclusion based on a single set of results, bearing on some half-a-dozen candidates, refused to allow the matter to be referred to a committee. We decline to believe that the Services are unpopular with Irish diplomates, and the explanation, if any be needed, must be sought else-

where. Obviously the Service competitive examinations afford an excellent opportunity of estimating the status of the various qualifying boards, and the Council would be ill-advised not to derive from these lists such information as may be gleaned. Mr. Brown's suggestion, therefore, is right in principle, and may serve as the basis of future scrutiny. Something very like a scene occurred in connection with a speech delivered by Mr. Brudenell Carter in refutation of certain allegations made by Mr. Victor Horsley, reflecting on the constitution of the body of which Mr. Carter is the representative, and on Mr. Carter's conduct in the notorious Hunter case. Unfortunately for Mr. Horsley the very drastic criticisms which he had made with regard to the constitution of the Society of Apothecaries of London proved to be grotesquely erroneous, and although he duly swallowed the leek and apologised for his misstatements, one could have wished that he had verified his references before making them the basis of scathing denunciations from the forum. Having exposed himself to correction he has no right to complain if Mr. Carter, with studied vindictiveness, availed himself to the utmost of his opportunity, but if the *fond* of Mr. Carter's remarks was good the form left much to be desired. Mr. Carter complains that while the medical journals give ready publicity to speeches adverse to himself they usually suppress his replies. We cannot admit the justice of the reproach as addressed to ourselves, but when our readers have perused the report, published elsewhere, of Mr. Carter's most recent utterances, they may possibly come to the conclusion that the reticence of which he complains was all to his advantage. Personalities between members of public bodies are to be deplored, because they impede the course of business and import an element into the debates which is foreign to their intention and detrimental to their utility. We cannot say that Mr. Carter has succeeded in explaining away his behaviour in respect of the prosecution of the late Mr. Hunter. If he was really unaware of the fact that Mr. Hunter was a licentiate of the Society of Apothecaries and a registered practitioner, that was a serious piece of negligence on his part. The proposal that the Council should share with the Society the expense of an appeal with the view of establishing once for all the titular position of its licentiates is hardly one that can commend itself to business men. If, as the legal advisers of the Society contend, the decision is wrong; it is open to the Society to take such steps as they may select to have it redressed, and the most the Council can be expected to do is to abstain from active opposition. Mr. George Brown, who has been very much *en evidence* this session, brought up the vexed question of the Obstetrical Society's examination for midwives which we hoped had been laid to rest by the Society's acceptance of the amended form of certificate, suggested by the Council, which comprises a footnote expressly stating that the certificate in question confers no privileges under the Medical Acts. However much one may sympathise with the Obstetrical Society in its endeavour to raise the educational status of the midwife, the principle of the granting of certificates of proficiency is obviously one to be condemned, especially as the example has been followed by various other medical and non-medical bodies, in contravention of the spirit, if not of the letter, of the Medical Acts. Still, as the Council has inadvertently given a quasi-approval to the present form of certificate, and as legislation which will render the exercise of their present functions as examiners supererogatory, is probably within measurable distance of becoming law, the opportuneness of resuscitating this delicate question may well be questioned, and the action of the Council in declining to take further action therein for the present will doubtless meet with a qualified approval. One of the most interesting points brought out in the discussion of Mr. Brown's motions in favour of a combination between the Royal Colleges in London and Dublin and the respective Corporations of Apothecaries is the existence of a strong feeling in favour of the one-portal system which, just when it appeared to be on the eve of accomplishment, was relegated to obscurity, but apparently not to oblivion, by the Medical Act of 1886. So far as the Metropolis is concerned, the motion was inopportune, seeing that the Commission entrusted with the organisation of the new University of London has for mission to consider the means of incorporating the three licensing bodies in question with the University. Morever, a mere recommendation to conjoin would not be likely to exert greater influence at the present juncture than did the strenuous efforts of the President of Council after the passage of the Act of 1886. Even less likely of success would be a recommendation addressed to the colleges in Ireland because the waning popularity of the Apothecaries' Hall in Dublin encourages hopes, probably doomed to disappointment, of its approaching demise. We must comfort ourselves for the nonce with the reflection that there is a growing feeling in favour of the unification of licensing bodies in each division of the kingdom, a feeling which will doubtless find expression when a suitable opportunity presents itself. Without indulging in unduly sanguine anticipations, we are entitled to hope that the definite attitude of the Council in the matter of the much-needed reform of the present system of death certification will bear fruit in due season. The Government cannot well refuse its support to a measure the necessity for which has been demonstrated over and over again, and we trust that the next session of Parliament will provide the public with additional safeguards against criminal practices which are positively facilitated by the present slipshod system.

THE USE OF DIPHTHERIA ANTITOXIN IN AMERICA.

THE most recent statistics upon the subject of the use of diphtheria antitoxin in America are contained in a report issued by the Department of Health in the City of Chicago. Therein it is stated that from

October 5th, 1895, the date of the first administration of antitoxin by the Department, to February 28th, 1899, a period of nearly three years and a half, a total of 6,342 reported cases of diphtheria were visited by the department inspectors. Of this number 4,311 were bacteriologically verified as true diphtheria, and 4,076 were treated with antitoxin, the remaining 235 being treated elsewhere. The results show that there were 3,795 recoveries out of the total number treated by the department. The fatal cases, however, numbered 276, and at the end of February, 1899, there were five cases still under treatment. Examination of these figures will show that the mortality rate was 6·77 per cent. in 4,071 cases of the disease verified by bacteriological examination, and treated by antitoxin. This remarkably low mortality is certainly significant, more especially as we learn that since the antitoxin has been used a decline in the death rate has occurred of 43 per cent. Such a marked improvement as this in the number of fatal cases is certainly convincing testimony to the efficacy of the method of treatment, and whatever may be said to the contrary, the fact remains that only 6 per cent. of the persons attacked with diphtheria died. But further points of interest are contained in the report. It is mentioned that among 355 cases treated on the first day of the disease only one death occurred; that is to say, a mortality of 0·28 per cent.; in 1,018 cases first treated on the second day of the disease there were seventeen deaths, or a mortality of 1·67 per cent.; in 1,509 cases first treated on the third day of the disease there were fifty-seven deaths, or a mortality of 3·77 per cent.. Again, in 720 cases first treated on the fourth day of the disease there were eighty-two deaths, or a mortality of 11·39 per cent. Lastly, in 469 cases first treated later than the fourth day, there were 119 deaths, showing a mortality of 25·37 per cent. Thus these figures conclusively prove the importance of using the antitoxin as early as possible. So far, however, as the latter point is concerned, it has for some time been known in this country that the efficacy of the remedy was much greater the earlier that it was applied. It would have been interesting to have had some information respecting the frequency of albuminuria in the cases treated by the Chicago Department of Health. As is generally known, Mr. Lennox Browne in this country has brought out some startling facts in connection with this part of the subject. If the use of the antitoxin tends to the development of albuminuria, this would constitute a very material objection to its administration. But more statistics are needed on this point.

SINGLE DIPLOMAS.

A fortnight since we corrected a statement in the *British Medical Journal* to the effect that a single diploma can be by itself a qualification under the Medical Act of 1866, and we referred to the third section of the Act as authority for our assertion. Our contemporary pretends to controvert this statement to which we now, nevertheless, strictly adhere. The section is, *verbatim*, as follows:—3.—(1) A qualifying examination shall be an examination in medicine, surgery, and midwifery held, *for the purpose of granting a diploma or diplomas conferring the right of registration* under the Medical Acts, by any of the following bodies, that is to say:—(*a*) Any university in the United Kingdom or any medical corporation, legally qualified at the passing of this Act to grant such diploma or diplomas in respect of medicine and surgery: or (*b*) Any combination of two or more medical corporations in the same part of the United Kingdom who may agree to hold a joint examination in medicine, surgery, and midwifery, and of whom one at least is capable of granting such diploma as aforesaid in respect of medicine, and one at least is capable of granting such diploma in respect of surgery; or (*c*) Any combination of any such university as aforesaid with any other such university or universities, or of any such university or universities with a medical corporation or corporations, the bodies forming such combination being in the same part of the United Kingdom.

It will be seen that no qualifying Body save a University can grant qualifying diplomas independently, and that even its diplomas do not qualify unless they represent medicine and surgery separately. It is true that under the 5th section "a Medical Corporation which represents to the General Medical Council that it is unable to enter into such combination" (with another Body) can act alone if it causes the Council to appoint assistant examiners in the speciality which it does not profess. In other words, if it be a medical body it must obtain surgical examiners and *vice versa* if it be a surgical body. Outside these arrangements all qualifying bodies may grant any diplomas they please. An apothecaries hall might grant a diploma in aeronauts, just as the spectacle sellers grant one, but such diplomas are only decorative and have no effect as qualifications. The whole controversy arises out of a play on words which our contemporary has originated. It tells us that "the Local Government Board recognises these single diplomas and its possessor would thus, *if registered*, be entitled to hold a Poor-law appointment," and again, "a medical body which fulfils the *statutory requirements* is able of itself to grant a single 'fully qualifying diploma.'" Yes; but no such diploma, *per se*, can be registered or can "fulfil the statutory requirements." We are quite well aware that, of his own mere motion and without any authorisation from the General Medical Council, or, as we judge from the law, the late President of that Council ordered the registration of a number of individuals who presented no other credentials save the medical degrees of the London University, but we protested, at the time, that his doing so was a totally illegal assumption of authority, and we still believe that anyone who chose to take the trouble could cause every one of the entries to be erased.

Notes on Current Topics.

Free Medical Aid to Soldiers' Families.

THE proposal that medical men should give practical help to the movement for relieving the wives and families of soldiers engaged in the South African war is founded on a knowledge of the humane generosity that we are glad to believe animates the medical profession. The gratuitous service already accorded to the community from that quarter is well-nigh incalculable, indeed, if we may believe complaints that have flooded medical journalism for the past half century or more, the habit has led to a crop of sorry abuses. From that point of view it may be well to utter a word of caution as to the manner in which this latest military relief scheme is carried out. The organisers, so we are told by a London morning paper, have been bombarded with offers of free attendance from leading practitioners of the West End. Surely, as regards the honorary surgeons and physicians of hospitals, dispensaries and other medical charities, attendance at their institutions would already provide the aid that is asked for. In every district there are scores of general practitioners who would be willing to extend their list of gratuitous patients so as to include the families of soldiers at the war. The published method of the Soldiers' and Sailors' Families Association is to look up the wives of all the soldiers at the front. Should they discover a case needing medical help they communicate at once with one of the free doctors, who attends the patient and sends on the prescription to the free chemist. Without careful precautions this plan opens the door to undesirable competition and jealousy, although at the same time it is impossible to withhold a cordial approval of the general tenour of the scheme.

"Madame Frain."

WE noted last week that the nest of criminal swindlers who have been making handsome profits by catering for women (married and unmarried) who desire abortion have met with condign punishment at the hands of Mr. Justice Darling. The fact is highly gratifying, because a number of pests of society have been stopped in their pernicious trade, but the greater satisfaction arises from the determination, by the learned Judge, of legal principles which will be invaluable as governing a multitude of future cases. Our readers may recollect that the MEDICAL PRESS AND CIRCULAR was the first medical journal to call attention, some three years ago, to the advertisements of "Madame Frain" when we brought them under the notice of the Public Prosecutor who favoured us with an explicit statement of his view of the law to the effect. (1) That the advertisements were not, of themselves, so obscene as to justify prosecution. 2. That a prosecution neither under the Pharmacy Acts for dispensing without qualification nor under the common law for administering noxious drugs would lie, because, in fact, the medicines sold to the dupes of the firm consisted only of dirty water, and had no emmenagogue potency whatever. 3. That the only prosecution which could be effectually maintained would be one, promoted by a victim, for obtaining money under false pretences, a suit which it was very unlikely that any of "Madame Frain's" customers would be induced to enter upon The prosecution now instituted and the judgment of Mr. Justice Darling have effectually corrected this view of the law. In the first place it was proved that the "Frain" medicines contained a proportion of abortive drugs which might produce the desired result or, if in larger quantity, might kill the patient. Next it was ruled by the learned judge that it was not at all necessary that they should prove this in order to justify a conviction, inasmuch as the vendor of and the purchaser of an abortion medicine were equally liable to the law whether the medicine was or was not what it professed to be. Third, and perhaps most important of all, that the proprietors of newspapers which publish the advertisements of such medicine would be amenable to the law as *particeps criminis*. Considering that it was stated in Court that some of the newspapers (mostly the pious ones) which inserted these advertisements charged at the rate of £7 10s. per inch of space, for which their legitimate cost would be about half-a-crown, it appears that the judge's warning to the journalists comes none too soon.

Tobacco Pipes and Guy's Hospital Subsoil.

REFERRING to our remarks under this heading last week, a correspondent considers that the presence of these tobacco pipes is a strong confirmation as to the conjecture that the bones are those of plague victims. In the seventeenth century tobacco was regarded as a powerful prophylactic, and the faculty strongly recommended everybody to smoke. Those concerned in the burial of plague corpses would, doubtless, be furious smokers, and, probably, as a measure of precaution, would throw away their contaminated "caddies" before leaving the dismal spot. Dr. Charles Creighton, in his work on "Epidemics in England," refers to smoking as a preventive of plague, and quotes the following quaint extract from Hearne, the antiquary, who writes:—"I have been told that in the last great plague at London" [that would be in 1665] "none that kept tobacconists shops had the plague. It is certain that smoking was looked upon as a most excellent preservative, inasmuch that even children were obliged to smoke. And I remember that I heard formerly Tom Rogers, who was yeoman beadle, say that when he was that year, when the plague raged, a schoolboy at Eaton, all the boys of that school were obliged to smoke in the school every morning, and that he was never whipped so much in his life as he was one morning for not smoking." Does this not tend to show that a plague pit exists beneath Guy's? It also demonstrates what a curious animal is the boy. He is whipped in the seventeenth century for not smoking according to commands, whilst now (or, at all events, a few decades ago he was) flogged for smoking against orders! This goes to prove that when doctors deal with boys, they should prescribe in exact opposition to their wishes

in order to give a fair chance to the science of medicine.

"Floreat Hibernia Semper."

The above is the motto of the Irish Medical Schools' and Graduates Association, whose autumnal dinner, attended by members and guests to the number of 180, took place at the Hotel Cecil, on Wednesday, November 29th last. Sir William Thomson, the president, occupied the chair, and he was supported among others by Sir Walter Armstrong, Sir Dyce Duckworth, Dr. and Mrs. Lauder Brunton, F.R.S., Inspector-General W. H. Lloyd, R.N., Sir Christopher Nixon, Sir Philip C. Smyly, Dr. P. S. Abraham, Mr. and Mrs. Robert O'Callaghan, Dr. Gilbart Smith (chairman of Council), Dr. Joceyln Swan (hon. treasurer), and the two honorary secretaries Mr. P. J. Freyler and Dr. James Stewart. After the usual loyal toasts, the chairman proposed "Our Defenders," in which many references were made to the Irish *personnel* among the commanders of the troops now serving in South Africa. The toast was warmly received and was suitably responded to by Surgeon-Major-General Rice, C.S.I., and Staff Surgeon Barrington, R.N. "Our Guests" was next proposed by Inspector-General Lloyd, R.N., to which Sir Dyce Duckworth replied. Dr. Lauder Brunton, in a happy and well-conceived speech, gave the concluding toast, that of "Ourselves," and this was acknowledged by the President. Afterwards an "At Home" was held and was attended by upwards of 400 ladies and gentlemen, consisting of members and guests of the Association. The entertainment provided was of an exceptional description, including songs by Mr. Franklin Clive, Mr. William Nichol, and violin solos and recitations. The whole evening was a great success, and the *reunion* was, apparently, greatly appreciated by all present.

Surcharging of Guardians' Law Costs.

A case has been recently reported in which the Guardians were decreed by the County Court Judge to pay £8 for the law costs of a suit brought by the doctor to recover one guinea due to him by them, which sum he recovered. This is not the first instance by many in which the interests of the ratepayers have been sacrificed avowedly to spite the doctor, because he insisted upon his legal and moral rights, and we have before us from day to day newspaper reports which record speeches of Guardians to this effect. We should wish to ask whether, when the law is clearly against the Guardians, yet they persist on going into court with a hopeless case, and are, of course, mulcted in heavy costs, the Local Government Board considers it right that its auditors should pass such outlay as legitimate. We do not desire to limit, in the slightest degree the right of guardians to contest a claim which may possibly be bad in law, but when the guardians have been declared by a judge to be in the wrong, and when it appears that they, or their legal advisers, should have known that the law was against them before they forced the matter into Court, we submit that it is quite unjustifiable that a dominant clique should be allowed to mulct the ratepayers in costs for the wanton gratification of their own ill-temper. If it can be done, the auditors should be instructed to surcharge against such guardians the expense involved unless he is satisfied that the suit has been undertaken by the Guardians *bona fide*, and for the purpose of protecting the ratepayer against an illegal demand.

How Irish Poor-law Elections Are Worked.

An inquiry has recently been held by the Local Government Board as to the circumstances attending the election of a dispensary doctor for Westport. There were two candidates, and it is needless to say that their competency or incompetency had nothing to say to the case. Had they been stone deaf, blind, or imbecile they would have been elected if they belonged to a certain politico religious party, but there was, not at all for the first time, another element in determining the result. Certain of the guardians required to be paid in hard cash for their votes. One of them wrote "several of us will take the money if you can see your way to a majority, I will be on your side for £2," and another, "It is believed that it is money that will do it all, and I know five or six that would sell their votes for very little. There is one doctor that will sport £100 on the job—it is a fact—and it is no use for him. He will not be returned, as no man stands a better chance than a Leaguer." It would be pleasant if we knew what the Chief Secretary thinks of this method of selection of a medical adviser for the sick poor and whether he thinks of doing anything to purify the Augean stable. We by no means expect that he will.

Penal and Disciplinary Powers.

It is satisfactory to find that the majority of the licensing and degree-conferring bodies have at last been brought into line in respect of the proposed remodelling of the penal and disciplinary powers which they possess in common with the General Medical Council. What the Council requires is the power to suspend registration for a definite period without going through the form of erasure of the name with subsequent reintegration thereof. The licensing and degree-conferring bodies, on the other hand, require to have the right to suspend a qualification with the power to hand back the same without obliging the delinquent to re-present himself for examination. It is manifestly absurd for the Council to have, so to speak, to don the black cap when inflicting punishment for an offence which is regarded as adequately purged by a year's suspension. It is also subversive of discipline that a man who has been struck off the *Register* should go on practising his profession as if nothing had happened, a course in which police magistrates appear to take malign pleasure in backing him up. If the diploma could be withdrawn for a time the delinquents would no longer have any pre-

t for continuing to practise, and magistrates

would have no option but to enforce the law. We are pleased to think that this moderate measure of reform is now within measurable distance of accomplishment, and advantage is to be taken of the opportunity thus afforded to secure that fines and penalties inflicted for contraventions of the Medical Acts shall be paid over, as of right, to the General Medical Council. The appropriation of these sums by the authorities has sadly hampered the very necessary work of stamping out certain forms of illegal practice in the past.

Reciprocity of Medical Practice.

Consequent upon the renewal of the agitation in Italy in favour of restricting medical practice to persons possessed of a native qualification, the question of reciprocity in medical practice may be said to have entered upon an acute stage. Unless advantage be taken, and that speedily, of the section of the Medical Act (1886) to establish reciprocity with Italy, it may be taken for granted that the Government of that country will be unable to withstand the pressure which is being brought to bear. Steps have been taken to define exactly the position of practitioners with foreign qualifications in this country, and we presume the next step will be for the Council to intimate to the Privy Council its wish to be authorised to recognise and admit to registration duly authenticated Italian diplomas. The question, however, is not as simple as it looks because such a departure would establish a precedent which would have to be followed in respect of other countries. The difficulty, however, is not of the magnitude which we are asked to believe, seeing that the General Medical Council will remain master of the situation, inasmuch as it has the power of admitting to registration only such diplomas as appear to offer the necessary guarantee of knowledge. We have no sympathy with the narrow views which would prevent reciprocity, merely because it might bring foreigners into direct communication with native practitioners. That is precisely the argument upon which is based the protectionist policy of most foreign governments towards British practitioners who wish to exercise their profession abroad. For one foreign practitioner who would come to practise in England, scores of British practitioners would obtain the right to practise abroad; in fact, reciprocity must of necessity be all to the advantage of British practitioners. This question should be approached from a statesman's point of view, and not in the huckstering spirit which is better suited to the small shopkeeper, and although Mr Horsley has thought fit to make himself the exponent of the views which we condemn, we prefer to believe that it was the direct representative who was speaking and not the fellow of the Royal Society. Fortunately, even should the Council yield to its conservative instincts to the extent of refusing to move in the matter, it is open to the Queen in Council to impose the recognition of Italian diplomas; but this is a contingency which we would fain hope the Council will not impose on the Government.

Senior Students as Assistants.

The General Medical Council has done much to stamp out the unqualified assistant, but, *pari passu*, it has connived at the employment of senior medical students as assistants in medical practice. There was a delightful ambiguity about this quasi-permission which was sure to bring the Council into difficulties, an instance of which presented itself during the present session. The difficulty was surmounted on this occasion by dismissing the charge, but it will be necessary for the Council to define with some approach to precision at what period of study, and to what extent the senior student may assist a registered practitioner. Actual participation in medical practice at a period not unduly removed from the termination of the curriculum is unquestionably an invaluable means of acquiring practical knowledge, and, what is even more important, of learning how to conduct a practice, including a much neglected branch of knowledge, viz., dispensing. If such a man is to be hedged in by the rigorous restrictions imposed by the Council on the ordinary unqualified assistant, his object will be frustrated in great part, and in any event the position will be unpopular. Why should not the Council lay it down that only fifth-year students are eligible for such posts? Having done this the rules of conduct might be enlarged in order to allow of their deriving the benefit of this modified form of apprenticeship. If the matter be left in its present unsatisfactory position, the Council will have to display an irregular and illogical indulgence whenever it can be shown that the unqualified person is a *bona fide* medical student, irrespective of his grade.

The Practical Value of Sham Diplomas.

Last week the Master of the Spectacle Makers' Company, Sir Reginald Hanson, M.P., addressing the candidates for the optical diplomas of that body, impressed upon his hearers that they should be cautious never to infringe upon the function of the ophthalmic surgeon, and that when, in eye-testing, they discovered some disease apart from refractive error, they should at once send the patient to a competent oculist. Although the suggestion of the Master is not in accord with the view of the Examiner who gave as one of his first questions the diagnosis of glaucoma, we accept his intention as honourable and straightforward, and we are sorry that it is by no means possible for his Company to give any practical effect to it. The spectacle makers are in the same position as the Pharmaceutical and the Obstetrical Societies, which protest their desire to prevent their alumni from counter-prescribing or from the illicit practice of midwifery. Once a trader is put in possession of a pretentious looking parchment certifying his capacity these societies are entirely powerless to restrain him from turning it to any use which will pay. The well-meant assurances of the Presidents of such societies are therefore quite valueless. The medical profession will have to take care of itself, and, if it can, prevent the authoritative issue of such documents, which, as

yet, it does not appear to think it worth its while to do.

Is a Homœopathic Concoction a Medicine?

Our readers are aware that the Apothecaries' Hall of London possesses, under its Act of 1815, the power to prevent any person from practising medicine in England unless he holds a legal qualification from the Hall itself or from some other competent body. Under this authority a person has been recently prosecuted at Ashton-under-Lyne because he practised medicine, he being avowedly a homœopath. An apothecary, it has been decided, is "one who judges internal diseases by symptoms and prescribed medicines for them." As it was clear that the defendant had violated the first part of this definition, he was driven back upon the defence that the stuff which he prescribed was not "medicine." The Judge deferred his decision, and meanwhile we may ask what the thing is for which the homœopaths receive considerable sums if it is not medicine?

Then and Now: Crimea and Cape.

A wide gulf divides the lot of our soldiers who fought in the Crimean campaign and those who are now showing the Boers that the old British bull-dog courage is still a characteristic of the insular breed. In the first half of the century the service medical organisation, to say nothing of the more general army administration, was little short of chaos. The sufferings of the troops from wounds, want, and exposure were terrible, and called forth the noble ministrations of Florence Nightingale, who may be said to have laid the foundations of the modern military nursing. The introduction of a perfect system of base and field hospitals, and of an Army Medical Staff Corps, whereby the wounded are at once collected and medically treated, in itself constitutes an enormous advance. Then within a brief generation soldiers in the field have gained the boon of aseptic surgery, the greatest saviour of suffering and life ever introduced to mankind by the intellect of man. Commissariat has been brought up to a precision that guarantees good food, clothing, with other necessaries and even comforts to our brave campaigners. Latest wonder of all, the marvellous Röngten rays are made to penetrate the bodies of our gallant warriors with harmless beams that demonstrate the presence and location of missiles and in some cases the nature and extent of injuries. Then there are the sumptuous and perfectly equipped hospital ships sent out by the Princess of Wales and by our American "friends across the sea," besides voluntary first aid expeditions. All these and other causes incidental to the Army Medical administration render the lot of Mr. Thomas Atkins of to-day a thousand times less toilsome and terrible than that of his predecessors in the Crimea. For all that it is a shock to read of the wounded in some of the recent fights being left out all night in pouring rain. Some of the details are calculated to fill with horror the imagination even of those inured to surgical experiences. It is to be hoped that the nation will insist on the vast sums of money that have been collected for the relief of those distressed and bereaved in the present war being immediately and freely expended. The fact that several hundreds of thousands of pounds have accumulated from the Crimean fund appears to reflect discredit upon the administration of that fund, and to show that the objects of its subscribers have been hopelessly and recklessly diverted from their purpose.

The Dublin Student Class for 1900.

The returns of the Anatomical Committee, made up to November 25th, show a slightly decreased number of Anatomy students in the schools, 423 for this year as compared with 435 last year. For the individual schools the figures are as follows:—Trinity College 170, College of Surgeons 130, Catholic University 123. It should be kept in mind that these figures represent only the Anatomy students, and even these not accurately. The duty of the Anatomical Committee is limited to ascertaining the number of "subjects" which will probably be required in the coming session for dissection and for operative surgery. It is, therefore, chiefly the second year students who are enrolled in this return, and those entering for other courses are not counted. Moreover, it is open to a school to apply for a greater number of subjects than it wants, in order to secure an abundance of material, and it suffers no monetary loss thereby because it subsequently obtains a refund of the money paid for the redundant material. The shortage in the number of students in the Dublin school for the last year or two is attributable to the new-born severity of the conjoint preliminary examination of the Colleges which has led to the wholesale rejection of aspirants. At the recent examination more than half the candidates were sent away unsatisfied.

Medical Volunteers for the War.

The profession has, we believe, regarded the appointment of civilians, however distinguished, to supervise the work of the Army Medical Service in South Africa with very qualified approval. In the first place it is questioned whether such supervision is at all required, implying, as it undoubtedly does, a doubt on the part of the War Office that the administrators of the Medical Department are to be depended on in emergency, a doubt which the profession at large by no means shares. Secondly, there is a feeling that the gentlemen selected are not the best for the purpose which might be found. The President of the London College, by virtue of his experience of the Franco German War, may be looked upon as an expert in medico-military organisation, and one of the others selected is recognised as an operative surgeon of much eminence, but the third, though recognisable as an advancing surgeon, has not yet attained a position to entitle him to check the work of the campaign. It is to be feared that the appointment of these, or any other outsiders, will give rise to friction with the medical authorities on the spot. We note that one or two of the

Dublin papers have sought to make an Irish grievance out of the fact that the tender of their services by certain Irish surgeons was not accepted. Of the four gentlemen named the President of the Irish College of Surgeons, who offered himself chiefly, we believe, with the purpose of demonstrating the patriotic anxiety of his College to contribute its help, was entitled to special consideration, and the late Mr. Wheeler, by virtue of his experiences in the Abyssinian campaign, would have been regarded as a useful appointment. The other candidates, if we may call them so, whose names were quoted by the newspapers, are known simply as more or less successful provincial surgeons who could scarcely be supposed to represent Irish surgery, and it is possible that they are not well pleased that their pretensions to such recognition should be dragged into prominence by injudicious journalistic friends. In any case we object to the indiscreet effort to make these appointments a question of racial jealousy. The War Office may or may not have made a wise selection, but with that selection the question of nationality ought to have, and probably has nothing whatever to do.

Unsound Tinned Milk.

THE trade in unsound tinned milk appears to be flourishing on a large scale, if one may judge from the disclosures that take place from time to time in police courts. Last week an enormous quantity of this particularly undesirable merchandise was condemned, the evidence showing that most of the tins were blown, and that the milk was in all cases unfit for food. The defendant appeared in the witness box and maintained that some of the milk was fit for confectionery and "manufacturing" purposes. It is to be presumed that in both events the pestilential stuff would ultimately be dished up in some more or less palatable form for human consumption. There were no less than 181 cases, each containing four dozen tins, and the defendant admitted that he had bought them at a price varying from sixpence to half-a-crown a case, a clear testimony in itself to the value of this precious consignment. The whole lot, which filled three vestry dust carts, was ordered to be destroyed. In view of these and kindred prosecutions it will be well for local authorities generally to bestir themselves in dealing with this danger to the public health. Not only is there the injury to the adult population involved in the consumption of such articles, but there is the special damage to the infantile population in those quarters where the cheapness of tinned milk makes it popular as a foodstuff for babies. It is to be hoped that the pathway of the tinned milk offenders will be everywhere beset with thorns.

PERSONAL.

LATEST advices from the seat of war state that Sir William MacCormac has left Durban and gone to Pietermaritzberg in order to be nearer the main body of troops sent to relieve Ladysmith.

HER MAJESTY THE QUEEN received the medical staff, together with the nurses, of the American hospital ship *Maine*, at Windsor Castle on Monday, prior to their departure for the seat of war.

WE regret extremely to hear that Sir Thomas Grainger Stewart, Her Majesty's Physician-in-Ordinary for Scotland, is not making that progress towards the recovery for which his numerous friends and well-wishers hoped and is still in a somewhat anxious condition.

DR. F. W. N. HAULTAIN, F.R.C.P.E., has been appointed one of the assistant-physicians to the Royal Maternity Hospital, Edinburgh, in the place of Dr. A. H. Freeland Barbour, who has succeeded to the post of Full Physician in place of Dr. Halliday Croom, the latter having completed his term of office.

MR. ARTHUR CHANCE, Surgeon to the Mater Misericordia Hospital, Dublin, has announced his candidature for the seat on the Council of the Royal College of Surgeons vacated by the death of the late Mr. Wheeler. Mr. Chance has already served the College as a surgical examiner and as a councillor.

MR. GEORGE BROWN, direct representative for the General Medical Council, writes:—"In order to prevent misunderstanding I will thank you to permit me to state through your columns that I have resigned all connection with the editorial department of the *Medical Times and Hospital Gazette*, which journal I founded in 1872 under the title, *The Students' Journal and Hospital Gazette*."

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE NEW MEDICAL SUPERINTENDENT OF THE ROYAL INFIRMARY, EDINBURGH.—Managers of this institution proceeded last week to fill the post of medical superintendent, vacant through the untimely death of Surgeon-Major-General Lithgow. After protracted proceedings, it was announced that Colonel W. P. Warburton, M.D.Edin., I.M.S., had gained a majority of their votes. The new superintendent is an Edinburgh graduate, his M.B. C.M. degree dating from 1865, his M.D. from 1885. Colonel Warburton's services have hitherto been almost entirely administrative, a fact which augurs well for his successful conduct of the duties of his latest post, a post of considerable difficulty, calling for the exercise of much tact, and all-round *bonhommie*, tempered with discriminating resolution.

UNSEASONABLE WARMTH.—The month of November, 1899, will long be remembered in many parts of Scotland for its phenomenal warmth. In Edinburgh the mean shade temperature works out at 47·4 degs. F., or 6·5 degs. above the 135 years' mean of 40·9 degs. for the month. This value is rather above the average mean for October, as shown by the records during the 135 years. Zymotic diseases in Edinburgh have failed to show any autumnal increase; they have, rather, shown a decrease in connection with this meteorological abnormality. During the week ending November 25, only three cases of measles were notified from amongst a population of over 300,000; the total number of cases of infectious disease notified being below 40. The latter part of the month afforded evidence that a form of influenza had again become prevalent, and as so often happens when visitations of this scourge coincide with warm weather, natural or unnatural (as witness the attack during the unusually warm early months of 1896), chiefly affected the gastro-intestinal tract. Perhaps a still narrower localisation may with reason be noted, because in the majority of instances the large bowel seemed to be selected by the causal

bacillus for its habitation. Incidentally we may mention that the village of Braemar has recently suffered extensively from an influenzal epidemic, which has spared few of its inhabitants.

Student Nights at the Theatre.—A special form of entertainment, introduced into student life some few years ago in an unofficial manner, has more recently developed in Edinburgh into a recognised and official custom. Before a student's representative council ever was, students' theatre nights were not conducive to the comfort of the non-academical members of the audience. Since then the members of the Students' Council have taken it in hand; they secure the entire gallery of the theatre patronised for the night; provide a piano, often select the singers, and act as stewards for the night. Friday evening is usually selected, for there are no lectures to be listened to next morning; the date and the locus are posted up on notice boards beforehand, and at least half-an-hour before the curtain rises, early comers in other parts of the house are entertained with a by no means unenjoyable concert, provided by the "gods," consisting mainly of would-be æsculapians. Solo is followed by part song, that in turn by chorus, until the play begins. Then all is silence, celestial silence, broken only by applause, the kind of applause to which that of the Continental subsidised *claque* is as a whisper The act. ended, and the curtain down, no need for the orchestra to while away the time, the gods provide the necessary music. Altogether, experience of what a students' night at the theatre means, not that of pre-council days, but with the gallery packed with orderly occupants, among whom are not a few respectable vocalists and who together can produce a very resonant volume of sound, robust perhaps, rather than modulated, after the fashion of a Yorkshire choir at a Leeds Festival—rather induces one to select Friday nights for one's visit to the play; the intervals, often so irksome, so often passed by men in refreshing their bodies at the bar, become interesting; nay, in some instances the entertainment provided by those above makes a poor play seem doubly poor, a thin and jejuné score still more jejune.

Glasgow University—Medical Bursaries.—The following results of the competitions for bursaries open to students in the Faculty of Medicine are announced:—John Macfarlane bursary for second year students (annual value about £40, tenable for three years)—Alexander Mathieson. Lorimer bursaries (annual value £19 for three years)—Peter L. Sutherland and John M. Kelly. James A. Paterson bursaries—one of £30 annually for four years—James C. Pairman; one of £15 annually for four years—Carl H. Browning. Senior Arnott Prize of £25 for an examination in Physiological Physics, open to third and fourth year students in Medicine—Robert D. Campbell. Junior Arnott Prize of about £15, open to first and second year students in Medicine for an examination in General Physics—Malcolm Hutton, M.A. Rainy bursary (£20 for two years), open to students of the third year in Medicine, for examination in Anatomy, Chemistry, Botany, Physiology, and Zoology—David Riddell.

Manchester.

[From our own correspondent.]

Women Students.—Manchester is slow to move, but once in action acts thoroughly. Owens College has at last agreed to admit women as medical students. Arrangements are being made for them to enter at the commencement of next winter session. Opportunities for clinical work must be found, and to this end the College authorities have approached the Board of the Royal Infirmary. Such a momentous step needs careful consideration, and the matter has been submitted to a special committee. The rapid development of the medical school makes the necessity for adequate clinical study a very urgent one. Perhaps the "mind of the woman" will do something towards solving the problem of the future of the Royal Infirmary.

Meeting of Medical Association.—A preliminary meeting has been held to consider the desirability of inviting the British Medical Association to Manchester. It is generally thought that at the commencement of the new century Cottonopolis should welcome the great body of medical practitioners in this country. The representatives of the local branch are about to summon a meeting of the secretaries of the various medical societies in the district, who will doubtless arrange for a fully representative meeting of all members of the association in Manchester and the immediate neighbourhood, at which the whole question will be considered.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

A SAD AND URGENT CASE.

To the Editor of The Medical Press and Circular.

Sir,—May I through your columns draw the attention of brother practitioners to a most sad case with which I am personally acquainted, and which is in most urgent need of some help and assistance. An Irish practitioner, for some years holding a good practice in the North of London, contracted rectal trouble, and had two operations performed upon him. This and the consequent long lying up so deteriorated the practice that he was obliged te relinquish it, his health being greatly shattered. After a time he tried to establish himself in a comparatively poor suburb, but again his health broke down, and with a young family of five children he was reduced to sheer poverty. Still, rather than abandon his wife and children to want by going again into hospital, he continued to work, often in great agony, and despite of his disease succeeded in again getting about him a new connection. Of late, however, his health has been so completely shattered, that he could not continue to do his work, and has been forced again to go into hospital. By interest some provision has been made for a few of the children, but now the insurance on his life will be sacrificed and all his furniture sold unless some help is forthcoming for him immediately. I feel certain, Sir, that you will assist by acting as treasurer for any fund that may be raised to help in this melancholy case, and I would, through your columns, ask on behalf of this poor fellow and his half-starving family some aid at the hands of his fellow practitioners. Any sum, no matter how trivial, will be accepted gratefully.

I am, Sir, yours truly,

H. Macnaughton-Jones.

131, Harley Street, Cavendish Square, W.

November 29th, 1899.

THE TEMPERANCE QUESTION.

To the Editor of The Medical Press and Circular.

Sir,—In your leader of last week on the temperance question, you put certain questions which I hope I may be permitted to answer. The "teetotalist"—apparently the teetotaler under a new name—is asked "if his views of fermentation would extend to the making of bread, and generally to all forms of fermentation, whatever they may be." A serious answer seems hardly called for. We shall object to bread and other "forms of fermentation" when we find that bread intoxicates, or that other forms of fermentation (whatever that may mean) give rise to about one-twentieth part of the evils produced by beer and other intoxicating beverages. The writer also shows his total unacquaintance with the literature of the temperance movement. or he would never have ventured to say that "it does not appear easy to find support in the Holy Scriptures for teetotalism." We undertake to prove that both the spirit and letter of Scripture is in favour of perfect sobriety, and as alcohol lessens sobriety in direct proportion to the quantity consumed, we conclude that the less we take of such a brain-benumbing drug the better. Our

objection to alcohol is not simply because of the evils of gross drunkenness and its concomitants. We realize that alcohol is operating from the very first in weakening the highest and latest developed powers of the mind, producing progressive paralysis of the judgment and will, rendering the individual less self-controlled and more automatic, and hence a prey to any chance suggestion of evil. As we regard as the special object of education, both civil and religious, to promote temperance (*i.e.* self-control), we cannot see the wisdom or advantage of using, or advising the use of an agent which acts in exactly a contrary direction, undoing what we are trying to do.

With all due deference I ask the writer whether he advises the universal and habitual use of opium. I do not suppose he is so foolish. But as the consequences of the social use of alcohol are said by those who know both to be much worse than those of opium, I do not admit myself to be more foolish than he.

I think the writer is mistaken when he says that "the tendency shown by many to indulge in excess in the use of any such agents as opium or alcohol is, in the opinion of the profession, an evidence of disease." I should like to know who has ever committed himself to such a sweeping statement. It may be granted that there are some habitual (or, more usually, occasional) drunkards who have an insane impulse to drink, but by far the greater number of excessive drinkers are simply vicious and yield to the temptations of others. We have instances without number that when such people are not tempted to drink they keep sober. In our South African army at the present time there are thousands of reservists who were sent off more or less drunk through the foolish kindness of "friends" (!) but they have been sober ever since, for the very good reason that they are not allowed anything which will intoxicate them, to their own advantage, and everyone else's. When the nation is wise enough they will put an end to all intemperance in a similar way. But "that is another story." My letter is too long already, or I should deal with the assertion that beer is food as well as drink. I will only say that I have seen several cases of delirium tremens through trying to live on beer. There may be some food value left in the soluble extractive, but anyone who wanted food would prefer the barley in any shape at a penny a pound to the beer at 2s. a gallon.

I am, Sir, your truly,
J. J. RIDGE, M.D.Lond.,
Hon. Sec. British Medical Temperance
Enfield, Nov. 25th, 1899. Association.

OPERATIONS AT THE CANCER HOSPITAL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Even in the absence of a passing resort to reflection or common sense, the trifling precaution of previously ascertaining his facts would, I think, have sufficed to avert the "*indignatio*" of your correspondent's letter thus headed.

Every report or circular issued from the Cancer Hospital prominently states that institution to have been founded "for the treatment of the poor afflicted with cancer, *tumours*, or allied diseases. Where, then, are the "false pretences" he so scathingly denounces?

That, however, is a mere technicality. When we regard the question of principle, very curt reflection will show the inexpediency of drawing a too rigid line of demarcation in such matters, even as experience proves its utter impossibility. Your correspondent may, or should know that, even when traced by scientists, the boundary line between cancerous and simple "tumours" is varying and uncertain. That this is especially the case with the lesions in question, uterine myomata. That these growths are by no means rarely associated with cancerous disease, in one form or another. That they occasionally even generate a special variety almost *sui generis*.

Even if practicable would it be advantageous to the community, or even in accordance with common humanity, to act on such narrow pedantic lines as your correspondent indicates?

At any rate all "outside general practitioners" are by no means such purists, as within the past six weeks I have twice found my beds occupied by patients admitted on the certificate of their medical attendant, with no worse ailment than the sequelæ of a neglected miscarriage! When once thus taken into the wards, how could one refuse appropriate treatment? Mr. James Hamilton has evidently not yet learnt to realise the vital service which eleemosynary hospitals in general render to the average medico, viz., the relieving him of his non-paying patients.

The total impossibility under somewhat similar circumstances of drawing this hard and fast line has evidently been felt by our neighbour, the Hospital for Consumption. I have myself casually met with cases of mitral disease, chronic bronchitis, asthma, &c., which were receiving treatment there, and I presume that most, if not all, maladies of the thorax would fall within its "sphere of influence."

Lastly, may I point out that the Cancer Hospital specially commends itself to the "outside general practitioner," on several other important grounds than the above? Among these I need only mention two. It takes all reasonable precautions to exclude any but the "deserving poor." It never exacts a single penny from its patients; and thus lies wholly free from the imputation of intercepting moneys to which the struggling outside general practitioner might lay legitimate claim.

I am, Sir, yours truly,
HERBERT SNOW.
6, Gloucester Place, Portman Square,
December 2nd, 1899.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Not long since I was surprised to see an interesting account of uterine tumours removed in the "Cancer" Hospital, though nothing cancerous had been diagnosed! Like many others, I have laboured under the delusion that special hospitals only took in special cases; but I hear it is now notorious that none of the special hospitals stick to their speciality.

May I ask what would be thought of the specialist in private practice, who would monopolise the cases of the general practitioner in addition to his own. I imagine it would soon be made too hot for him, and I consider it most unjust both to the general practitioner, and a fraud on those leaving money in their wills to a special hospital (for a special purpose) to treat all comers, as I know is the case, at least, in the out-patient department of the special hospitals in London. Surely there is quite enough special material to supply the hospitals aspiring to that name. Without defrauding the general practitioner of a great portion of his income, hard earned as it always is, the Medical Council might devote a little of the time wasted by that ornamental body in looking into the abuse of the special hospitals (so called).

I am, Sir, yours truly,
ALEXANDER DUKE, F.R.C.P.I.
Cheltenham, Dec. 2nd, 1899.

Literary Notes and Gossip.

STILL another illustrated handbook on the diseases of women is in preparation, the author being Dr. Jellet, of the Rotunda Hospital, Dublin, already well-known as the author of a "Short Practice of Midwifery." The publishers will be Messrs. J. and A. Churchill.

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MR. W. R. HUGHES, whose death is announced, was one of the best-known figures in the literary and intellectual life of the Midlands. He was a devoted disciple of Herbert Spencer, and at Mason College, Birmingham, he instituted the first Spencer Society in this country.

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IT is now pretty generally known that English copyright does not hold good in America, unless an author prints his work in that country. A case, however, has just been decided in the High Court at Toronto, which shows that the product of an author's brains cannot be pirated in Canada so long as the Dominion remains part of the British Empire.

We are asked to announce by the publishers, Messrs. Ballière, Tindall and Cox, that a considerable number of the new edition of Dr. Walsh's work on "The Röntgen Rays in Medical and Surgical Work," and "The X-ray Case-book," have been sent out in H.R.H. the Princess of Wales' Hospital ship for use with the Röntgen-ray apparatus in the Transvaal war.

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Mr. W. G. Black, F.R.C.S.E., has in the press a work by his Uncle, William Black, L.R.C.S.E., Surgeon H.M.S. *Chanticleer*, "Narrative of Cruises in the Mediterranean during the Greek War of Independence, 1822–1826." Official visits to various ports are described, and scenes of operations of war precedent to the naval battle of Navarino in the Morea. It will be published immediately by Messrs. Oliver and Boyd, Edinburgh.

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The *Leisure Hour* in its new dress promises to become even more popular than its previous series, which has been running consecutively for nearly half a century. It is now published in a more handy form, is full of entertaining reading to suit all but depraved tastes, has a new serial story by Sir Walter Besant of absorbing interest, and should form one of the most acceptable of magazines for the waiting-room tables of medical men.

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The fourth volume to hand of the second series of the Index-Catalogue, Surgeon-General's Office, United States Army, contains 9,682 author-titles, representing 4,133 volumes and 8,503 pamphlets. It also contains 8,828 subject-titles of separate books and pamphlets, and 8,316 titles of articles in periodicals. This great Index-Catalogue may be said to have restored to use, the medical literature of the past, and to keep us abreast of that of to-day. It is a great gift to medicine, worthy of the great Republic.

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There is a great need for information upon the subject of the existing sanatoria for the open-air treatment of tuberculosis at the present time. The reprint, therefore, from the *West London Medical Journal*, entitled "British Sanatoria," published by Messrs. Bale, Sons, and Danielsson is very opportune and is likely to prove highly useful. The publication is fully illustrated and gives descriptions in detail of all the known sanatoria now open for the reception of patients.

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The December issue of the *Cornhill Magazine* contains many entertaining articles, which appeal to a variety of readers. "Eagles and their Prey" is one, however, which will afford interest for all. The idea that these remarkable birds attack their prey first by tearing out the victim's eyes is quite true, for witnesses to the act have recorded the same. Again, it seems that golden eagles can carry in the air as much as eight pounds, but smaller-sized eagles have been observed to reduce this weight by tearing off an animal's head, when they found that they could not carry their prey to the nest.

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The Sanitary Association of Manchester is about to issue a series of health publications, including the following:—1. "Consumption: Its Causes and how Spread," by Dr. Arthur Ransome. 2. "Ventilation and the Curative Effects of Pure Air," by Professor J. Dixon Mann. 3. "Colds and their Consequences," by Professor Dreschfeld. 4 "Personal Habits," by Professor Leech. 5. "Feeding and Care of Children," by Dr. Henry Ashby. 6. "Causes of Diarrhœa in Children and Adults," by Dr. H. R. Hutton. 7. "Food and Drink," by Dr. R. T. Williamson. 8. "Exercise and Recreation," by Mr. W. P. Montgomery. 9. "Causes and Prevention of Infectious Diseases," by Dr. R. W. Marsden. 10. "Vaccination," by Dr. J. W. Hamill.

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The following new books in medicine and allied sciences have been received during the past few days:—A translation of Thoinot's "Outlines of Bacteriology," by Mr. St. Clair Symmers (Chas. Griffin and Co.); the second and concluding volume of De Meric's "English-French and French-English Dictionary of Medical Terms" (Baillière, Tindall, and Cox); "The X-ray Case-Book," by Dr. Walsh (Baillière, Tindall, and Cox); "Wellcome's Medical Diary for 1900" (Burroughs, Wellcome and Co.); the late Prof. Charteris's "Practice of Medicine," eighth edition, revised by his son Mr. F. J. Charteris (J. and A. Churchill); Part II. of Cheyne and Burghard's "Manual of Surgical Treatment" (Longmans Green and Co); Tillman's "Descriptive General Chemistry" (Chapman and Hall); "Medical Annual Synoptical Index, 1887 to 1898 (Bristol: John Wright and Co.); Vols. I. and II. of Stonham's "Manual of Surgery" (Macmillan and Co.); and "Renal Cases and Surgical Studies," by Dr. D. Newman (Jas. Maclehose and Sons).

Medical News.

The Chelsea Hospital for Women.

The Chairman of the hospital, Lord Glenesk, held a reception at the hospital last week of the members of the committees and friends who had interested themselves in the important alterations which have recently been carried out, including an enlarged operating theatre and new sterilising and anæsthetic rooms, new hot water service, installation of electric light, electric lift. In a brief statement of what had been done he referred to the greatly increased number of patients and consequent growing demands made on the resources of the hospital as necessitating the perfect working of all departments connected with the treatment of the patients in order to maintain the excellent results which had attended the skill of the medical staff. The extremely low rate of mortality, of little more than 1 per cent., had for some time past been a feature of the statistics. Some of the patients themselves had voluntarily come forward with small contributions towards the work by which their successors were to benefit, and the generous gift of wealthier friends, like the late Baroness de Hirsch Gerenth and Mrs. Sington, had provided half the £3,000 required to defray the cost, and Mr. Passmore Edwards, with his wonted generosity, had just given them a donation of 100 guineas. On the invitation of the Chairman the visitors then inspected the wards and operating theatre, and great satisfaction was expressed with the thorough manner in which the work been carried out.

Death Under Chloroform.

An inquest was held at Kidderminster on the 30th ult. on the body of William Lloyd, aged 12, who died while under chloroform at the infirmary. Dr. Stretton said it was one of the unaccountable cases of heart failure from chloroform. All the organs of the body were healthy. The operation was for infantile hernia. The jury returned a verdict that death was due to misadventure, and that no blame attached to anyone.

St. Thomas's Hospital.

The following gentlemen have been selected as House Officers from Tuesday, Dec. 5th, 1899:—House Physicians: F. H. Ellis, B.A., M.B., B.C., Cantab., L.R.C.P., M.R.C.S.; A. H. Greg, B.A., M.B., B.C., Cantab., L.R.C.P., M.R.C.S. (Extension); A. Bevan, L.R.C.P., M.R.C.S. (Extension); B. F. Howlett, L.R.C.P., M.R.C.S. Assistant House Physicians: H. R. Beale, L.R.C.P., M.R.C.S.; L. S. Dudgeon, L.R.C.P., M.R.C.S. House Surgeons: H. J. Phillips, L.R.C.P., M.R.C.S, P. W. G. Sargent, M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., S. A. Lucas, L.R.C.P., M.R.C.S., H. T. D. Acland, L.R.C.P., M.R.C.S. (Extension). Assistant House Surgeons: A. Webb Jones, L.R.C.P., M.R.C.S.; E. A. Gates, L.R.C.P., M.R.C.S.; E. C Bourdas, L.R.C.P., M.R.C.S.; N. Unsworth, L.R.C.P., M.R.C.S. (Extension). Obstetric House Physicians: Senior—G. B. Thwaites, M.B.Lond., L.R.C.P, M.R.C.S.; Junior—H. H. R. Clarke, L.R.C.P., M.R.C.S. Clinical Assistants: Throat—A. J. B. Adams, L.R.C.P., M.R.C.S.; S. H. Belfrage, M.D.Lond.; Skin—T. Perrin, L.R.C.P., M.R.C.S. (Extension); Y. Takaki, L.R.C.P., M.R.C.S.; Ear—Y. Takaki, L.R.C.P., M.R.C.S. Electrical Department: E. F. Buzzard, M.A., M.B., B.Ch.Oxon., M.R.C.P Lond.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

WEARY OF NOURISHMENT!

THE little maid had been ill and had struggled through the early stages of convalescence. She had taken "nourishing" broths and "nourishing" jellies until her soul was weary within her. One morning she electrified the family by sitting bolt upright in bed and saying: "I want you all to take notice, I am not going to take any more nourishment. I am hungry and I want my meals, and not another mouthful of nourishment will I take."—*Medical Brief.*

Dr. D. W. is thanked for the information, which will be utilised in due course.

A CYCLIST'S DIAGNOSIS.

THE scorcher, who thought of nothing but his bicycle caught a cold which left him with a very sore throat. He decided to see a physician. "Well," said the doctor, cheerily, "what seems to be the matter?" "I can't say exactly," was the reply, in a heavy whisper, "but it feel and sounds as if I had a puncture in my inner tube!"

ESMOND.—We can only sympathise with our correspondent. He might submit the facts of the case to his legal adviser, but we fear there would be no grounds for redress.

LONSDALE B.—Garrulousness in a patient, whether old or young, is not necessarily an indication of anything more serious than eccentricity.

HOUSE SURGEON.—No fees are recoverable, and no legal claim can be made.

DR. BERDOE and MR. STRATTON.—Your letters are unavoidably omitted for want of space.

BRASS SCREW SWALLOWED BY AN INFANT

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—An interesting notice under above heading appeared in one of your contemporaries last week, in which it was stated an infant of fifteen months swallowed, and subsequently safely passed, a screw of considerable size, the wonder being the child showed "no symptoms of discomfort" after screw had reached the stomach! I should have thought any young child having swallowed a screw (over an inch in length, judging by illustration) must have suffered excruciating pain. However, the sequel shows the screw was safely passed on the fifth day "without any difficulty," fortunately detected, may we add, by the close scrutiny of the nurse or attendants.

Query. What was the nature of food given to child which acted so well as a screw propeller?

I am, Sir, yours truly,
INTERESTED.

Meetings of the Societies and Lectures

WEDNESDAY, DECEMBER 6TH.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Specimens will be shown by the President, Dr. Blacker, Dr. Tate, Dr. Spencer, Dr. Robinson, Dr. C. Keep, and Dr. J. Phillips. Paper:—Dr. J. Phillips: On a Case of Acute (?) Idiopathic Peritonitis complicating Pregnancy and Labour.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL (Gray's Inn Road, W.C.).—8 p.m. Clinical Evening. Dr. P. Jakins: Demonstration of Cases of Operation on the Mastoid Process, Cerebrum and Cerebellum for Post-Otitic Suppuration.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—4.30 p.m. Dr. T. D. Savill: Herpes and other Dermato-Neuroses. (Post-Graduate Course.)

THURSDAY, DECEMBER 7TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Prof. Watson Cheyne: Surgical Tuberculous Diseases. (Harveian Lectures No. 1.)

NEUROLOGICAL SOCIETY OF LONDON (11, Chandos Street, W.).—8.30 p.m. Dr. F. E. Batten and Dr. J. S. Collier: Spinal Cord Changes in Cases of Cerebral Tumour. Dr. W. J. Harriss: An Experimental Investigation on the Decussation of the Optic Nerves in various Animals, and on the Path of the Reflex for the Contraction of the Pupil to Light (Meynert's Fibres). Dr. Mott and Mr. A. F. Tredgold. Hemiatrophy of the Brain and its Effects upon the Spinal Cord. Each paper will be illustrated by lantern slides and microscopic specimens.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL (Gray's Inn Road).—5 p.m. Dr. D. Grant: Treatment of New Growths in the Nose and Naso-pharynx.

FRIDAY, DECEMBER 8TH.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—8.45 p.m. Mr. Victor Horsley: The Treatment of Trigeminal Neuralgia (illustrated by lantern views). (Purvis Oration.) Followed by a Conversazione.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Papers: Mr. A. E. Barker: Remarks on Twelve Cases of Perforating Gastric Ulcer treated by Operation. Mr. J. Hutchinson, jun.: Two Cases of Successful Primary Resection of Gangrenous Small Intestine. Dr. A. F. Voelcker: A Case of Arrested Development of the Speech Centre.

Vacancies.

Fisherton House Asylum.—Assistant Medical Officer. Salary £150 per annum, with board, lodging and washing. Apply to Dr. Finch, the City House, Salisbury.

Guest Hospital, Dudley.—Senior Resident Medical Officer. Salary commencing £100 per annum, with board, residence, attendance, and washing.

Lincoln Lunatic Hospital.—Assistant Medical Officer. Salary £100, with board and washing.

Middlesex Hospital, W.—Assistant to the Cancer Research Laboratories. Salary £100 per annum, with an honorarium of £50 after his second year of office if re-elected. Also Medical Officer and Registrar to the Cancer Department. Salary £100 per annum, with board and residence in the College.

Norfolk and Norwich Hospital, Norwich.—House Physician for two years, unmarried. Salary £80 a year, with board, lodging and washing.

North Staffordshire Infirmary and Eye Hospital, Hartshill, Stoke-on-Trent.—House Governor and Secretary. Salary £300 a year, non-resident.

Pontefract General Dispensary and Infirmary.—Resident Medical Officer. Commencing salary £150 per annum, with furnished rooms, fire, lights, and attendance.

Queen's County Infirmary.—Medical Officer. Salary £182 6s. 2d. per annum. Applications to Geo. Dimond, Secretary. (See advt.)

South Devon and East Cornwall Hospital, Plymouth.—House Surgeon. Salary £100, with board and residence.

Three Counties Asylum.—Second Assistant Medical Officer. Salary commencing at £150 per annum, with board, apartments, washing. Applications to the Clerk, St. Neots, Hunts.

University of Edinburgh.—Additional Examinerships in Materia Medica and Clinical Surgery. Salary of the Examiner in Materia Medica £75 per annum, and that of each of the Examiners in Clinical Surgery, £50 per annum.

Victoria Infirmary of Glasgow.—Superintendent and Resident Medical Officer. Salary £300 per annum, with board in the Infirmary and a free house.

Appointments.

BLOXAM, G. E., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Western Dispensary, Bath.

BRAITHWAITE, JAMES, M.D.Lond., M.R.C.S., Consulting Obstetric Physician to the Leeds Infirmary.

COANE, JAMES. L.R.C.P Ed., L.R.C.S., Visiting Surgeon to the District Hospital, Beechworth, Victoria, Australia.

CONNAL, JAMES GALBRAITH, M.B., Lecturer on Aural Surgery in Anderson's College Medical School, Glasgow.

CROSTHWAIT, W. S., L.R.C.S., L.R.C.P.Irel., Civilian Surgeon by the War Office on the hospital ship 'Princess of Wales' proceeding to Cape Town.

FARMER, W. H., M.R.C.S., L.R.C.P., Civilian Surgeon by the War Office on the hospital ship 'Princess of Wales' proceeding to Cape Town.

HARDY, L. E., M.B., C.M.Edin., Civilian Surgeon by the War Office on the hospital ship 'Princess of Wales' proceeding to Cape Town.

HOPKINS, J. J., L.R.C.P., L.R.C.S., Medical Officer for the Castlebar No. 1 Dispensary District.

KELYNACK, T. N., M.D., M.R.C.P., Assistant to the Professor of Medicine at Owens College, Victoria University.

PHELPS, J. H. D., B.A.Oxon., M.R.C.S., L.R.C.P., House Surgeon to the Buenos Ayres British Hospital.

ROUSE, R. D., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for the Madron Urban Sanitary District.

RYAN, PERCIVAL CECIL HARDINGE, M.A., M.D., B.Ch.Dubl., Public Vaccinator for the city parishes of Bath.

TAYLOR, FRANK E., M.A., M.Sc., M.B., B.Ch., Senior Resident Medical Officer to Queen Charlotte's Lying-in Hospital, London.

WARBURTON, Colonel W. P., M.D.Ed., Superintendent to the Royal Infirmary, Edinburgh.

WILLIAMSON, R. T., M.D.Lond., M.R.C.P., Assistant Lecturer in Medicine at Owens College, Manchester.

Births.

ABERNETHY.—On Dec. 1st, at 10, St. Colme Street, Edinburgh, the wife of Robert Abernethy, M.D., F.R.C.P.E., of a daughter.

HEDGES.—On Nov. 28th, at Newport, Salop, the wife of C. E. Hedges, M.D.Cantab., of a daughter.

RATTRAY.—On Nov. 30th, at 17, Pemberton Gardens, London, N., the wife of P. Whyte Rattray, F.R.C.S., of a daughter.

SENIOR.—On Nov 29th, at Herne Bay, the wife of E. W. Senior, M.R.C.S., L.R.C.P., of a son.

Marriages.

REID—BARING.—On Nov. 28th, at St. Paul's, Knightsbridge, Sir James Reid, Bart., M.D., K.C.B., Physician in Ordinary to the Queen and to the Prince of Wales, to Susan, daughter of the late Lord Revelstoke.

Deaths.

COOPER.—On Nov. 28th, at his residence, King Street, Leicester, Charles William Cooper, M.B., aged 57 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, DECEMBER 13, 1899. No. 24.

Clinical Lecture
ON
INTERLOBAL PLEURISY.

DELIVERED AT THE HÔTEL DIEU.

By PROFESSOR DIEULAFOY,

Of the Paris Faculty of Medicine.

THE patient I am going to present to you to-day will furnish us an opportunity of studying interlobal pleurisy. But first of all let us define what is meant by interlobal pleurisy. It is pleurisy which develops and becomes encysted between two lobes of the lung. The lungs, as you know, are divided into several lobes, two for the left lung and three for the right. Examine a lung removed from the thorax and you will see that its surface is indented with fissures which penetrate right to the hilus, dividing the lung into distinct lobes. The visceral pleura enters these fissures and clothes their surfaces corresponding to the lobes of the lung; it is for that reason that it is called interlobal pleura. When adherences close the lips of an interlobal fissure, the interlobal pleura no longer communicates with the large pleural cavity, and a pleural sac is the result, favouring the development of encysted pleurisy. This pleurisy, hidden in the recesses of the lung is almost always purulent, as was noticed by Laennec long ago.

Interlobal pleurisy can extend a considerable distance occupying a whole interlobal space; in such cases the neighbouring lobes are strongly compressed and the liquid attains a quart or more. At other times, on the contrary, adhesions circumscribe the cavity, and the purulent liquid imprisoned in this limited space does not exceed eight ounces. The topography of the interlobal pleurisy is in itself very variable. The liquid is not always confined to the horizontal fissure at the back of the thorax; it occupies sometimes the axilla in the region of the oblique fissure, and may descend to the base of the chest. Do not suppose that the anatomical and normal situation of the interlobal fissures is of great help in the exact localisation of the pleurisy, for the relations of the fissures are singularly modified by the effusions and by the retraction of the lobes of the lung. Consequently, the pathological topography does not always correspond with the normal topography. These general notions laid down, I will proceed to discuss the clinical aspect of the question.

The man before you, now in perfect health, entered the ward in the first days of October. On his arrival we were struck by his facies and his almost cachectic aspect. He had considerable dyspnœa but no fever.

His history was as follows:—Enjoying usually good health, he was suddenly exposed in a moment of profuse perspiration, to a draught on September 25th, while washing the yard of the house where he was a janitor. He dined without appetite, complained of rigors, and passed a restless night. The following day he felt better, but on the third day the shiverings returned with fever and pains in his limbs. Towards nine o'clock that evening he complained of acute pain in the left side, which no rubbing allayed. An incessant dry cough set in with fever. A doctor called in diagnosed pulmonary congestion with commencement of pleurisy in the left side, and prescribed a blister and a sedative mixture. The following days the pain and the cough persisted, expectoration was insignificant, prostration was marked, and the general condition bad. After a week or so the patient complained of a bad taste in his mouth, and his wife remarked that his breath had a fœtid odour. A vomica was doubtless in preparation. From that moment the man's condition grew worse, the weakness increased, profuse sweating took place at night, the cough became more and more frequent, and whatever expectoration there was had a fœtid odour. It was under these conditions that he entered the hospital. Close examination showed that the left side of the thorax was affected, principally behind, towards its inferior two thirds, the lesion also extended towards the axilla and to the anterior thoracic region. Here and there were found râles and a souffle as if congestion was present, while percussion revealed a zone of dulness extending from the fifth to the eighth intercostal space behind, and continued up to the axilla. Above and below this dulness percussion gave tolerable resonance. Vocal fremitus, absent over the seat of dulness, was present everywhere else. On auscultating the patient no vesicular murmur, souffle, ægophony nor bronchophony could be perceived over the dulness. Higher up sibilant and mucous râles were heard. A diagnosis had to be made. What was this acute thoracic, unilateral affection, with a dull and silent zone surrounded by râles and a souffle, with fœtid breath and expectoration? Was it a case of pneumonia terminating in abscess or by gangrene, or was it an encysted pleurisy tending to a vomica? To pronounce in favour of pneumonia, with abscess and vomica, the initial phase of that affection was wanting. The patient, as we learned from his history, had not the rusty sputa of pneumonia, nor was the cough followed by expectoration of any kind: further auscultation ought to have revealed to us many other signs; exaggeration of vocal fremitus, bronchophony, bronchial souffle, &c. Nothing of all that could be found. It was consequently very probable that we had to do with an encysted pleurisy, which commenced to open into the bronchi under the form of fœtid expectoration.

The patient was put under a *régime* of expectancy until a decision could be arrived at. The following days the temperature rose to 104 degs. F., the dyspnœa increased, and the expectoration did not cease to be fœtid. On October 13th the man was seized with violent fits of coughing, during which he expelled a large quantity of purulent matter, the smell of which was so offensive as to fill the ward and incommode the other patients. Immediately a change occurred in the signs furnished by a usculta-

tion; the silent zone was replaced by a zone of soft souffle, confirming thus the diagnosis; the patient had emptied through the bronchii an interlobal pleurisy. I waited a few days before interfering, in the hope of a spontaneous cure, but no improvement took place in the condition of the patient. The fœtid expectoration continued, as well as the night sweats, and the man was still losing strength. Under these circumstances I decided to wait no longer, and on October 20th, or eleven days after the man entered the hospital, I handed him over to my colleague of the surgical ward, who immediately proceeded to open largely the seat of the infection. An incision was made from the external border of the scapula to the fifth rib, and then obliquely down and outwards to the axilla. The costal periosteum was detached in the usual manner, and two inches and a half of the sixth rib removed. Through the window thus made the pleura appeared adherent, thickened and of whitish colour. The blade of the scalpel was passed in, and gave exit to a quantity of fœtid pus indicating that the seat of the abscess had been reached. The operator passed his finger into the aperture and assured himself that the cavity was clearly limited above and below, and was prolonged to the hilus of the lung in the direction of the interlobal fissure. After placing two drainage tubes in position, the wound was sutured; no syringing out was deemed necessary. The day following the operation, the man's condition had already considerably improved, and each day the symptoms got better, so that at the end of a fortnight he was sent back to us as convalescent, and to-day, or six weeks after the operation, I present him to you in perfect health.

Let us now pass to another case of the highest interest. On July 5th I was called by Dr. Carron de la Carrière to a child of ten-and-a half, on the fourth day of her illness. The girl had been seized with a pain in the left side, with difficulty of breathing and high fever. When we saw the patient on the third day of her ma'ady it was really impossible to form an exact diagnosis. The pain in the side had decreased, the breathing was laboured, the cough gave no special indication, expectoration was absent, although she knew how to expectorate; the fever ran high, and pulse was very quick. percussion revealed a loss of resonance behind, and at the left in the region of middle third of the thorax, while auscultation showed in the same region a souffle and a few disseminated rales. This souffle was not tubal nor muffled. There was consequently no absolute sign of pneumonia or of pleural effusion; the rales were few, subcrepitant, with some friction sounds over the affected zone. The right lung was entirely free, while the same could be said of the heart, as well as all the other organs. It was certainly not a case of pneumonia, nor could we be sure that there was pleural effusion; the lesion presented all the signs of pulmonary congestion, with more or less involvement of the pleura. Consequently the diagnosis of pleuro-pneumonia seemed justified. M. Jules Simon, who had seen the patient the previous evening, came to the same conclusion. For some days the condition remained unchanged: the fever remained high, oscillating between 102 and 104 degs. F. The dulness covered a larger surface, the souffle and the rales maintained their primary character. However, a new sign attracted our attention, the heart was somewhat displaced towards the right as frequently occurs in pleural effusions of the left side. Nevertheless, we could discover no certain sign of pleurisy, ægophomy, pectoriloquy, and aphonia were absent, while the dulness was incomplete, and the thoracic vibrations were clearly felt. The general state of the patient was satisfactory enough. The cough was moderate, the nights fairly good, but respiration was forty to the minute. We were now at the eleventh day of the malady and nothing announced an abatement in the symptoms; not only did the hoped for defervescence not arrive, but the temperature attained and exceeded in the evening 104 degs. F., and we even suspected tuberculous infection. The right side of the chest remained free from lesion. The following day, however, the signs became somewhat modified; the dulness disappeared along the spine and at the base of the thorax, whilst it revealed itself under the form of a dull zone in the axilla and the anterior portion of the thorax; the displacement of the heart was more pronounced, and it could be felt beating on the right of the sternum; the resonance of the space of Traub maintained its integrity. The idea of purulent pleurisy came into our minds, and we asked ourselves if it might not be a case of pleurisy of the whole cavity, or limited to the lobar fissure. The walls of the thorax did not present the slightest œdema, but the violence and persistence of the fever were for us an indication of suppuration, and we acquainted the parents with our conclusions, and the necessity of making an exploratory puncture so as to be fixed on the nature of the process. It was at this moment that the mother remarked to us that the child's breath was very fœtid, a precursory sign of a vomica, and we immediately concluded that the case was one of intralobar pleurisy. The following day a consultation took place, and while we were preparing in another room the instruments to tap the abscess, the patient was seized with a violent fit of coughing and brought up some very fœtid matter which the mother brought to us in a handkerchief; it was the commencement of a vomica. We postponed our intervention until the following day, hoping, as has frequently occurred, for a spontaneous cure of the vomica. But the fever was in no way abated, and the general condition having in no wise improved, although during the night about six ounces of pus were expectorated, we decided on delaying no longer, and M. Tuffier, who was invited to join us, proceeded to resect the fourth rib for about an inch; the pleura was found thickened and adherent, and when the canula was pushed in about eight ounces of exceedingly fœtid pus spurted out. There was no longer any doubt about the case; it was one of intralobal pleurisy; the finger passed in through the wound could feel the superior and inferior lobe; the pleurisy occupied the entire fissure even to the mediastinum, thus explaining the displacement of the heart to the right of the sternum. The case of this little patient, examined day by day, I might also say hour by hour, shows you how difficult is the diagnosis of interlobar pleurisy. At the outset, nothing precise; during several days, signs and symptoms vague and uncertain. I will insist more particularly on this point by-and-bye, when tracing the *debut* and the evolution of intralobar pleurisy. After the operation the cavity was filled with sterilised gauze, and the following day the temperature fell to the normal, and recovery was uninterrupted. After citing several other cases borrowed from different authors, Prof. Dieu said: "Intralobar purulent pleurisy, like purulent pleurisy of the entire cavity, may be primary or secondary; it is called secondary when it is consecutive to pneumonia (metapneumonic). But although the fact may appear paradoxical, I am of the opinion that the affection is usually primary.

Nothing is more difficult to recognise than the *debut* of intralobar pleurisy. The pain in the side, the fever, the cough, indicate naturally an acute thoracic affection, but when the question arises to decide the nature and the seat of this thoracic affection you have no precise sign to guide you. Is it a case of pneumonia? The rigor, the crepitant rales, the souffle, the rusty expectora-

tion, clear up the diagnosis at once. Is it a pleurisy? The signs of effusion—dulness, absence of thoracic vibrations, ægophony, &c., tell you that you are assisting at the evolution of pleurisy, but quite other is the *début* of interlobal pleurisy. The infection constituting this encysted pleurisy might be compared to an infection of a closed cavity, adhesions having suppressed all communication with the great pleural cavity. During the first two or three days of the encysted pleurisy examine with care your patient by percussion and auscultation, and what will you find? You will find either behind or in the axilla, in a region of uncertain limit, dulness, râles, souffle, in other words, pulmonary and not pleural signs. Nothing at the other side of the chest; the lesion is unilateral. Impossible at this period to make a satisfactory diagnosis, and you prescribe according to the urgency of the case, dry or wet cupping, quinine, antipyrine, sedative mixture, and you wait. The following days the same uncertainty, the same insufficiency of signs furnished by examination of the chest: the pain in the side is perhaps less acute, the cough less violent, expectoration nil or of no account, fever high, dyspnœa intense, the time passes and you have not yet made your diagnosis. You have pronounced it to be a case of pleuro-pneumonia, and yet you are beginning to fear the presence of tuberculous infection. It is thus that you arrive at the tenth or twelfth day of the malady and still defervescence has not set in. At this point the tableau is about to change. If the quantity of liquid accumulated in the intralobal fissure is sufficiently large, a pint in the adult, eight ounces in the child, you perceive either behind, or in the axilla a zone of dulness corresponding to the fissure. If the liquid occupies the oblique fissure of the left side, a considerable displacement of the heart towards the right side is the result, as we have seen in the case of the little girl. Then the idea of encysted pleurisy gains ground in your mind. Percussion limits the dull zone, either to the middle third of the thorax or to the region of the axilla. You make your diagnosis, and pronounce the case to be one of encysted pleurisy.

Among the possible symptoms of encysted pleurisy there are two to which I particularly desire to call your attention. Hæmoptysis has been several times remarked in the course of encysted pleurisy. This hæmoptysis was particularly described by Pailhas in his thesis (1889). The first idea, when it occurs in a pleurisy patient with fever and purulent expectoration, is that the man is tuberculous. but such an interpretation would be erroneous. Numerous are the cases of encysted pleurisy in which hæmoptysis took place, either before or after the formation of a vomica, which is the second symptom I alluded to. In a general way, the opening of an abscess into the bronchi is much more frequent in encysted pleurisy, than in purulent pleurisy of the great pleural cavity, which lasts months and years without ending in a vomica.

I have been able to predict several times the vomica twenty-four and thirty-six hours in advance, thanks to a sign which I described long ago, and that is *fœtid* breath. The liquid of encysted pleurisy is almost always fœtid. Long before the opening of the abscess into the bronchi is large enough to give passage to the us of the vomica, small cracks occur, through which escapes the fœtid emanations of the cavity. Do not forget this sign; it will permit you to foretell the vomica, and aid you in your diagnosis.

I arrive now at the treatment of encysted pleurisy. I may say at the outset that the medical treatment is nil. You are in presence of an infected cavity filled with liquid, which must be evacuated. In fortunate cases, the vomica operates the evacuation alone, and in a few weeks all the symptoms disappear, and spontaneous cure is obtained. But if the fever persists, if the symptoms of infection become accentuated, do not wait. Advise surgical intervention, and if the operation is done in time, and according to the rules of the art, success is certain. Of the eight patients whose history I traced before you, six were cured by operation; the other two were not operated upon and died.

A CASE OF SUPPURATING PELVIC CELLULITIS:

WITH SOME REMARKS ON THE OCCURRENCE OF LOW OR SUBNORMAL TEMPERATURES. (a)

By A. RABAGLIATI,

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The following case of suppurating pelvic cellulitis, fæcal fistula and (as the event showed many months afterwards) of undiagnosed accompanying suppurative salpingitis is exceedingly interesting. I showed the specimen, as some members may remember, at our last meeting but one last year, and proceed to describe the case now. Perhaps some may recollect that I showed an opening in the ileum which was glued up to the abdominal wall in the right ileo-inguinal region. I showed also a fistulous tract which had dissected its way down behind the pubic ramus, and between that and the bladder; and I showed lastly an empty sac which was the right salpinx, and which, at the post-mortem examination, had been about the size of a hen's egg, and had been full of stinking pus.

The account of the case is as follows:—Mrs. H. M., æt. 27, became in-patient in the Bradford Royal Infirmary, December 7th, 1897. It will perhaps save time if I say here also that after being discharged cured, as we thought, or nearly so, on March 5th, 1898, she came in again on March 14th, 1899, about a year after, on account of recurring suppuration in the right ileo-inguinal region, and that she died of influenza on April 11th, 1899, four weeks after admission for the second time.

Condition on admission.—Patient complained of almost constant pain in the abdomen, all over, but perhaps more in right ileo-inguinal region than elsewhere; she had pain in back, thirst, anorexia and constipation. The abdomen was somewhat distended, generally tender, but especially in right iliac, in hypogastric and in left iliac regions. Resistance to palpation in right iliac region just above Poupart's ligament, and following its direction Percussion note dull over it for about one inch above Poupart; clear tympanitic note over rest of abdomen. Pulse, 112 to 120; temperature, about 101·5 degs. F.

Previous History.—Had suffered generally from constipation of bowels. She told us that from the age of fifteen years, when the catamenia began, she had suffered from pain before, during, and after the periods, and that the pain had been much worse during the four or five months previous to admission. For last few days had had pain on micturition, and during last three days had perspired a good deal. No vaginal discharge. Last catamenial period rather more than a week ago. Married two and a-half years. No children; no miscarriage. Patient stated that she had had an operation sixteen weeks before, of what nature she did not know, but that no anæsthetic had been administered. Five weeks

(a) Read before the Bradford Medico-Chirurgical Soc., Nov. 21st, 1899.

before admission she had had an attack of influenza (she died of another attack). She then had headache and backache, and felt chilly and had pain in the lower part of the back and the lower limbs, Ordered linseed poultices to abdomen. Urine 1025 clear, acid; no albumen; no glucose.

December 9th, 1897.—Dulness and resistance have extended, reaching 2½ inches above line of Poupart. Less abdominal pain; frequent painful micturition. Sol. magnes. sulphate one in two, ℥j in hot water.

10th—Bowels open three times. (The aperient effect of the medicine is one of the points to be relied on as assisting us to distinguish between a diagnosis of peri-typhlitic abscess and pelvic cellulitis, for should we not expect more vomiting and quasi-obstruction in perityphilitis?)

11th.—A hypodermic needle was inserted into the swelling and brought away some drops of stinking pus. Accordingly at 4.15 p.m. same day, under ether, an incision about 1½ inch long was made above right Poupart's ligament, a little to outside of pubic spine. The muscles were dissected through; the finger being inserted felt the fluctuating sac, and a hollow needle being used as a guide, the knife was driven into the swelling, when a large quantity of offensive pus escaped. A non-perforated rubber drainage tube was passed into the cavity after it had been syringed out with boric lotion. Gauze, wool, and a many-tailed bandage completed the dressing. On being dressed on the 11th some jelly-like straw-coloured fluid (mucus) appeared in some quantity at wound.

12th—Discharge like fæces escaped from the wound. Abdomen not distended; no pain or tenderness, no vomiting, temperature 100 degs.; no higher than usual level since admission.

13th.—Fæces and flatus passed from wound. The tube was removed, and as it was impossible to re-introduce it a smaller one was inserted. Patient feels well.

14th.—Ordinary diet; patient going on well.

16th.—Wound quite open. Large cavity discharging abundant fæcal matter. General condition satisfactory. No abdominal pain, no tenderness, no vomiting.

24th.—Tube left out. Rectum full of soft fæces. To have glycerine suppository night and morning in the hope of causing bowel to resume its natural function.

January 2nd, 1898.—Patient feels comfortable. Discharge much less. Wound dressed. Opening much smaller. Discharge, such as it is, still fæcal. Temperature, 98·8 degs. F. After this time till about January 20th patient seemed to improve. The discharge diminished, pain disappeared, temperature was natural or only slightly elevated in the evenings, tending to sub-normal in the mornings. About January 20th, when wound seemed to be closing, and there was only a faint trace of discharge at the wound mouth, patient began to complain of pain in right thigh, which crossed, she said, the upper part of the thigh to the outer side from region of sinus, and passed thence down outer side of thigh to knee. After the thigh had been rubbed with liniment sapo. co. night and morning for some days without benefit, a linseed poultice on January 26th, 1898, was ordered to be applied to the right groin for two hours night and morning.

27th.—Pain passes from region of sinus to outer side of thigh, passing thence to right knee. On examination per vaginam an elastic swelling was found in right broad ligament close to uterus. This was thought to be part of the cellulitis already diagnosed in right broad ligament.

31st.—Pain in right thigh better. Temperature normal. Wound almost healed. Poultice once daily.

February 2nd.—Complained again of a good deal of pain in right thigh, shooting down to knee.

7th.—Still a good deal of discharge from the wound. Probe passes three inches in oblique direction to right side of pelvis. Temperature normal. Pain in thigh much better.

10th.—Swelling still felt in right lateral fornix, elastic not tense. Omit poultice. Small mouth to sinus. Not much discharge.

I think I may venture here to digress in order to say that no doubt this elastic swelling in right lateral fornix was the pyosalpinx which was found at the post-mortem examination. It ought to have been diagnosed, but as we had found a pelvic cellulitis, and as discharge was still coming from the wound, I thought the elastic swelling was caused by a recurring accumulation of pus in the cellulitic abscess, and I accounted for the elastic swelling in that way. Besides, the temperature was normal and subnormal.

9th.—Morning, for instance, 97·8 degs. F.; evening, 98·8 degs. F.

10th.—Morning, 97·6 degs. F.; evening 97·0 degs. F. This ought not to have misled me, it is true; but, having my mind full of the cellulitis, I added the fact of the low temperature to the other evidence, thought the whole condition was explained by the known conditions, and missed the pyo-salpinx. This state of things emphasises a conclusion which has often before been forced on my mind, viz., that even where one finds present a sufficient and a generally recognised cause of signs and symptoms of disease, one ought still to go on examining to see if other and undiscovered causes may not be present also, especially if any unusual signs or symptoms are also found, and particularly if symptoms do not subside as they are expected to do. The presence of the elastic swelling in the right fornix might have been further investigated, and one ought not to have let inquiry be put off with a diagnosis of swelling associated with the cellulitic inflammation which was known to be present in that region. But it is easy to be wise after the event.

15th.—House surgeon's note. Probe goes three inches down sinus, and can be felt in vagina anterior to and lower than the swelling in the fornix.

21st.—Wound almost healed. A few drops of pus came away on pressure. Patient complains of no pain; feels quite well.

24th.—Comfortable. Small sinus still present with little discharge.

28th.—Wound almost healed. Feels very weak.

March 3rd—Sinus closed, but its mouth can be opened. A probe cannot now be passed readily. It passes only one inch. Little discharge.

5th.—Patient left for Rawdon Convalescent Home.

Diagnosis.—On hearing the case read, doubts may arise in the mind as to whether the original diagnosis ought not to have been one of appendicitis rather than of suppurating pelvic cellulitis. The fæcal discharge leading to a necessary diagnosis of fæcal fistula might seem to point to suppurating appendicitis. But another explanation is, I think, the true one, viz., that the disease was really pelvic cellulitis, that this went on to suppuration, and that thinning of the exudation with pus formation had begun to take place in the direction of the bowel before I interfered and opened the abscess externally. Nature, in fact, was preparing to open the abscess into the bowel. After I had opened the abscess from the outside this thinning process still went on in the direction of the hollow viscus of the bowel, and the fistula formed. We see similar conditions elsewhere. For instance, a young lady has an abscess in the cheek, set up by a decaying tooth or teeth. On being consulted we think an effort should be made to open the abscess through the mucous mem-

brane in order to avoid an outside scar, and we open on the inside accordingly. But in the meantime, Nature had been making other preparations for opening outside, and the subcutaneous and cutaneous tissues had been thinning in preparation for the event Although our opening inside had removed much of the outside pressure, still the process had gone on so long towards the outside, and the thinning of the outer surface of the cheek had proceeded so far that recovery at that point in the skin was impossible, and so it was that a day or two after the inner opening was made an outer one also supervened, and the opening which we had hoped to avoid in the skin still occurred. I have no doubt that an exactly analogous condition supervened in Mrs. M's. case. Preparation had been made so long and so completely for opening the abscess into the hollow viscus of the bowel, and thinning had gone so far in that direction that even after relief to the pus was afforded outside, the opening still occurred and caused the fistulous track to form.

This same patient was readmitted in-patient, March 14th, 1899, just about a year after her discharge apparently cured. This incident makes the case somewhat long in narration. It is really two cases, but I shall be as brief as possible. Patient said that the fistulous track in the right groin had opened and closed intermittently since her discharge, and she now came in to have it cured if possible, On the 17th I opened up the track, passed a probe down for five inches to the bottom of it, and then cleared the sinus out with a Volckmann's sharp spoon, and packed with gauze, in the hope of getting the sinus to heal from the bottom. Patient went on pretty well, and seemed to be doing well till on April 2nd she complained of headache, for which phenacetine was administered. Then the temperature fell to 97 degs., but on April 4th it rose to 102 degs. Vomiting set in, and all the symptoms of what seemed an attack of influenza appeared, and on April 11th, notwithstanding all that could be done for her by the unremitting exertions of the house surgeon Dr. Chapman and the nurses, she died. The post-mortem examination showed the interesting facts already detailed.

There is another point which I wish to refer to in this case, but it is so important that I fear justice cannot be done to it at the end of a paper, and I hope indeed to take up and discuss the interesting question of subnormal temperature on an early occasion. Meantime, let me say, that on H. M.'s first stay in the hospital, her temperature throughout the month of February, 1898, was as a rule subnormal. The same was the case during her second stay in hospital before the onset of the influenzal attack which carried her off. I show the chart for February, 1898, and you will see that out of fifty-six observations taken during that month on only thirteen occasions was the temperature normal or over-normal. On all the others it was subnormal. varying from 97 degs. F. to 98 degs. F. or 98·2 degs. F. Out of the thirteen observations first mentioned, nine were of a temperature of 98·4 degs., and only four were above normal. The other nine were exactly normal. But on forty-three occasions out of fifty-six when observations were taken, subnormal temperatures were registered. What is the meaning of this? It is a very common condition. The operation had been performed in December, 1897, and the track was still suppurating during the continuance of the subnormal observations of February, 1898. Not only so, but although it is almost if not quite certain that the suppurating salpingitis was present during the whole time she was under observation, still during a large part of that time the temperature was subnormal. That is to say, the presence of a somewhat severe and serious inflammation was compatible with a subnormal temperature. The same thing occurred during her second stay in hospital when the track of the wound was still open, and when there can be no doubt whatever of the existence of the salpingitis, even if there were any as to its existence during her first stay, which I do not think there is. The first fact then which strikes us in considering the presence of subnormal temperatures in this case is that they were associated with the existence of chronic inflammation; although in inflammation, as its name implies, we generally look for the presence of hyper-normal temperatures. In fact subnormal temperatures are very common. I have seen them I do not hesitate to say in hundreds of cases, and not only so, but in very many of these cases inflammation of one or more organs was present.

The next point I shall raise is this. When do we expect to find sub-normal temperatures as a rule to be present? The answer to that question is: we expect them after a feverish attack, especially after a sharp and severe feverish attack, and whether the severe attack be of the nature of an inflammation or of a fever. At the end of a paper there is not time to discuss adequately so important a question as this, for it is really of the very utmost importance to us and to our patients, and I think we might do worse than devote a whole evening or more to this subject; but I am prepared, if members ask for them, with attempts at definitions which shall have for their object to differentiate between the two groups of pyrexial diseases, viz., inflammations and fevers proper. Let me content myself now, however, by saying that after elevated temperature, especially after greatly elevated temperature, we expect to find subnormal temperatures. After acute feverish attacks, during which the temperature is as a rule elevated and highly elevated, we expect to find, and we do generally find a period of time during which the temperature is subnormal; and after this again there is usually a slow return to normal. This is of course only a particular phase or case of the influence of the general law that action and reaction are more or less proportional to one another, not only in inorganic nature, where its influence is known and recognised, but also in respect of its action on organised structures, where its influence is not so widely recognised. High temperature in animal bodies then is apt to be followed by low temperature. There is an ambiguity about the use of the term reaction. It is usually employed of the feverish state. I am here using it in the neutral signification, and only mean that whatever is the primary state, the secondary one is the opposite of that. Now, in this case we did have the hyper-normal readings present, which were followed (and they very likely were preceded also, but I cannot go into that) by these low temperatures, to which I am drawing attention. If you will look at the chart for December, 1897, when H. M. first came into hospital, you will find the readings of high temperature, which are generally associated with the presence of fever or of acute inflammation. Through the month of January, 1898, these gradually subsided, being still, however, a little above normal, till in February, 1898, they reached the more or less permanent subnormal level. I draw this inference then from this and other cases, when we find low temperatures ruling in the organism we may generally believe that periods of high temperature have preceded them in the history of that organism. This is my second point, directly analogous to the occurrence of swelling and shrinking in the organism, viz., that low temperatures follow high temperatures as shrinking follows swelling. High temperature is not the cause of low temperature any

more than swelling is the cause of shrinking, but it tends to be its invariable consequent or sequent rather, for I wish to avoid the idea of causation and to keep to sequence or succession.

And the third conclusion I draw in this matter is this. Both high temperature and low temperature are the marks of the presence of irritation in the organism, but high temperature is the mark of irritation with intolerance (or what is commonly called reaction ?) while low temperature is the mark of irritation with tolerance. Hence as childhood and youth are irritable and impatient we, seldom find low temperatures at those periods of life, but in later life, say over thirty, when the organism has become more tolerant, we find them with increasing frequency, and with still greater frequency as age advances. But if I am right in saying that irritation with tolerance causes low temperatures, while irritation with intolerance causes high temperatures, then it follows that the cause of a low temperature is the same as the cause of a high temperature. This somewhat surprising conclusion is again only a particular case of a general law which may be stated as follows, and of which very many instances can be given—viz., that the same causes acting on the organism may produce in that organism opposite states. This is, as it appears to me, one of the two great paradoxes of medicine which are intensely interesting both as regards causation and treatment, and to which as time does not allow of my discussing them at present, I may perhaps be permitted to return on a future occasion. But I may say, I think, this much, that the primary effect of all irritants is depressing or temperature-lowering or vitality-lowering, while fever, or elevation above normal or temperature-elevation or vitality-elevation is always due to the reaction of the economy from the primary depression. But when the primary depression persists, as it does in many of the izanic states, we have a low temperature prevailing, just as when the reaction comes in the œdanic condition we have a high one.

LACTATION: IN THE VIRGIN—IN THE OLD WOMAN—IN THE ADULT MALE—IN THE NEW-BORN OF EITHER SEX ("WITCHES' MILK"),

By JOHN KNOTT, M.A., M.D.,
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M.R.C.P.I., M.R.I.A.

(Concluded from page 580.)

I will now proceed to consider the existence of the mammary secretion in the new-born fœtus, the "witches' milk' of the palmy days of sorcery and diabolical magic, when it was said to form part of the contents of many a witch's cauldron.

When a midwifery student at the Coombe Hospital, and under the instructive supervision of one of the most eminent obstetric surgeons of his generation, the late Dr. G. H. Kidd, I had an early opportunity of seeing the senior nurse express milk from the mammæ of a newly-born male fœtus. As I was surprised at the phenomenon, I made every available effort to satisfy myself on the subject, and was led to understand that the practice was general, and that the milk was almost invariably present, *especially in the male*; also that neglect of its removal was sometimes followed by inflammation and the formation of abscess. The fact was vividly impressed on my mind soon after I commenced to practice, when I was asked by a lady friend to look after a poor protégé of hers in an approaching period of trouble. The lady also procured a trained and certified nurse. The labour terminated without difficulty, and as the patient was a strong, healthy, and experienced woman — having previously borne a large number of children—I saw no cause for anxiety of any kind. I always inquired after the baby's health, but was confidently told that everything was as well as could be: indeed after about three days it was suggested by the patient herself that I need not "trouble myself" to come again, she felt so well, and "she knew what to do," and promised to be careful. It so happened that I was then called to the country, and was not able to return for about five days. I went to see my patient when I got back: to find her in very good condition, physically; but mentally, in a state of the most vindictive indignation towards her "grand" nurse, who had neglected to "draw the breasts" of her baby boy, with the result that one had become violently inflamed. An abscess had formed, which had been poulticed, and had opened and discharged its contents on the morning of the day of my return visit. She had actually lodged a complaint against the nurse in the institution from which the latter had been sent. This experienced mother knew all about the importance of attending to the mammæ of the new-born.

Nevertheless, the knowledge of this phenomenon does not appear to have been at all generally diffused—up to, at least, the middle of the present century. Bonetus ("Medicinæ Septentrionalis Collatitia," Genevæ, 1684) mentions it, but apparently regarded it as a rare phenomenon in the *female* fœtus. He quotes one case from Hieronymus Cardanus, and another from Joachim Camerarius—both authors of conspicuously luxuriant imagination. He adds one case of his own observation: an infant girl of two weeks old, whose nipples yielded, during a period of eight days, a fluid rivalling milk, "liquorem lactis æmulum." He gives no case of its occurrence in the new-born *male*. The distinguished Dr. Carpenter — one of the representative physiologists of his day —states that "a fluid which is *probably mucus* may be pressed from the nipples of many persons." In discussing the causes of abscess of the breast of infants, Dr, Maunsell observes that "the breasts of infants, both male and female, contain at birth a secretion *somewhat resembling milk*. Accordingly, the attendants frequently set about pressing the part until inflammation and occasionally an abscess is produced."

Blumenbach in his *Institutiones Physiologicæ* (trans. by Dr. Elliotson) mentions that "Occasionally . . . . new-born infants of either sex . . . . have been known to furnish milk," but gives no illustrative cases.

So far as I have been able to ascertain, the first systematic effort to bring existing information on the subject to a definite focus was in a communication made to the "Surgical Society of Ireland," on April 6, 1850, and published in the pages of the MEDICAL PRESS AND CIRCULAR on April 17 of the same year. It bears the title: "An Interesting Case of Milk in the Breasts of a Male Infant. By Francis Battersby, M.B., Surgeon to the Institution for Diseases of Children." The author, who had evidently taken great pains in the investigation of the literature of the subject states that, "I believe the common impression amongst medical men of the present day . . . is, that this secretion is not milk, but merely resembles it." The child in that case had been brought to Mr. Battersby, when aged three weeks, by a nurse who had received him from his mother eight days before. "She then found the breasts swollen and hard, and with milk in them. She obtained from them 'the least little drop,' she stated, which had the taste of milk. The breasts have since become

smaller, but are still the size of large walnuts, with the soft hardness peculiar to breasts full of milk."

For some days afterwards—the limit is not stated, as it could not be definitely observed—some milk could be pressed from the breasts in this case. The baby had been first shown to Mr. Battersby on the 3rd of the previous May, and on the 12th he reports:—"I withdrew by gentle pressure on the breasts nearly a drachm of milk. It was precisely similar in appearance to woman's milk. Having left it with Mr. Moore, I received from him the subjoined note:—

"'My dear Sir,—Many thanks for the specimen of milk, which is most interesting, as it closely resembles that from the adult female. It is alkaline, throws up a cream, is not rendered viscid by caustic potash, nor does it coagulate when heated. Viewed under the microscope, it is seen to consist of normal milk globules of various sizes; on the whole, smaller than those contained in ordinary human milk, floating in a colourless fluid. It contains a few colostric bodies, and some epithelium.—Yours very truly,

Wm. D. Moore.'

'F. Battersby, Esq., M.D.'"

The author of the communication here goes on to observe that: "It is to be regretted that the presence of caseine was not here determined. The quantity of milk submitted to examination was so small that many experiments could not be tried, and Mr. Moore, convinced from its microscopic characters of its being milk, directed his attention to ascertain whether the colostric bodies seen under the microscope were sufficient in amount to give the fluid the chemical properties of colostrum. The fact of heat producing no coagulation, and of the fluid remaining unaltered on the addition of caustic potash, proves the absence of the colostric character. Of the fact of its having been true milk, Mr. M., from extensive observations on the subject, has not the least doubt.

"I was not again allowed to express any more milk. The breasts soon subsided, no abscess ensued, and he was growing up a healthy little child when I last saw him.

"This case is extremely interesting from its being the first in which the milk of an infant has been proved to be identical in composition with woman's milk: and the established fact of adult males, as well as male infants, secreting genuine milk, proves that the action of the uterus is not essential to that of the mammæ, as is generally believed."

In the discussion which followed the reading of this communication, the principal speakers gave a very good summary of the then existing state of general public professional opinion on the subject. The remarks of three of those are well worth quoting in full—as reported:—

"Dr. Geoghegan was quite certain that in one case he had seen milk extracted from the nipple of a new-born male child, and he believed he had met it also in other instances. On the occasion referred to, he examined the supposed milk and found it to contain the oil globules and granular bodies observed in the colostrum, or first milk after parturition, but he did not submit the specimen to a chemical analysis. Nurse-tenders, who consider themselves conversant with the details of the personal care of infants, look upon the thing as by no means uncommon; and are in the habit of rubbing the swelling surrounding the nipple to facilitate the escape of the fluid.

"Dr. Darby said that within the last six months he saw a child which gave milk, or something like it, when only eight days old. The nurse-tender, who was an Englishwoman, asked him to examine the breasts of the child, and when he did so he found them in a state of inflammation. On inquiry, he discovered that the nurse was in the habit of milking the infant. He did not happen to see any of the secretion in this case, but an abscess had formed on both breasts, produced, as he believed, from malpractice on the part of the nurse; she, however, said she deemed it a part of her duty, and that when acting as nurse-tender in England, she had always been in the habit of doing the same thing.

"Dr. Churchill said he had met with many similar cases, where inflammation, and not unfrequently abscesses, were produced in consequence of the malpractice of nurses. If the patients were let alone, and their breasts stuped, the inflammation generally subsided. He looked upon Dr. Battersby's case as one of great interest, because it went far to establish the identity of the secretion of milk in the infant with that secreted by the adult female."

It is interesting, in the light of our present knowledge, to note that so high an authority on the special functions and diseases of both women and children, as Dr. Churchill, entertained, as well as did Dr. Darby, the idea that the mammary inflammation and abscess were always the result of meddlesome interference.

Another speaker on that occasion (Dr. Corbet) suggested that the substance observed by Dr. Geoghegan might have been vernix caseosa, but the objection was efficiently dealt with, by pointing out that the fluid contained both the oil globules and the peculiar bodies of ordinary milk, and in no wise resembled the vernix caseosa.

To the present writer it is peculiarly gratifying to have the opportunity of calling attention to the fact that the *first* appreciable advance on mediæval knowledge regarding the interesting subject of the secretion of "witches' milk" was made in Dublin; and that the *first* approximation to a complete chemical analysis was carried out in our city by the accomplished father of his friend, Dr. John William Moore, President of the Royal College of Physicians of Ireland.

Thanks to the better organisation of clinical observation, and the rapidly improving methods of chemical analysis, I am now able to lay before the reader a very full table of analyses of human milk both adult and infantile.

The chemical composition of (ordinary) human milk has been investigated with great care by Becquerel and Vernois, who have tabulated the following results:—

In 1,000 Parts.	Age.				
	15 to 20 years.	20 to 25 years.	25 to 30 years.	30 to 35 years.	35 to 40 years.
Water ...	869·85	886·91	892·96	888·06	894·94
Solids ...	130·15	113·09	107·04	111·94	105·06
Casein ...	55·74	38·73	36·53	42·33	42·07
Albumin ...	—	—	—	—	—
Butter ...	37·38	28·21	23·48	28·64	22.33
Sugar of Milk	35·23	44·72	45·77	39·53	39·60
Salts ...	1·80	1·43	1·46	1·44	1·06

In contrast with the above series of analyses we can place the three subjoined ones of the milk obtained from the mammæ of new-born infants:—

	Quevenne.	Genser.	Faye.
Water	894·00	957·05	—
Solids	106·00	42·95	—
Casein	22·00	5·57	5·60
Albumin	—	4·90	4·90
Butter	14·00	14·56	14·60
Sugar of Milk ...	62·20	9·56	9·60
Salts	3·40	8·26	8·30

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The milk of new-born infants is stated by Beaunis to resemble colostrum: it presents a dull white or yellowish colour, and contains fat globules and granular corpuscles. The peculiarities of the small proportion of casein, and the presence of a considerable fraction of albumin, are shown in the analyses of Genser and Faye, with which, I believe, most subsequent observers agree.

The above summary will, I hope, be found to contain the most important items of our knowledge on the subject of abnormal lacteal secretion—as hitherto attained by scientific and clinical research. Illustrative cases might be multiplied in large number; but the amount of novelty would hardly compensate the reader who has carefully noted those collected in the present communication.

Clinical Records.

CASES OF CEREBRO-SPINAL DISSEMINATED SCLEROSIS. (a)

By JAMES CRAIG, M.D., F.R.C.P.

THE first, a man, æt. 34, is suffering from insular sclerosis, and displays the classical symptoms of that disease as first described by Charcot—(1) There is defective vision, o.d. $\frac{6}{12}$, o.s. $\frac{6}{24}$; the vision is not contracted; the optic papillæ have a dirty white complexion; there is nystagmus and defective power of consensual, lateral, and upward motion of the eyeballs. (2) Intention tremors are very evident. (3) Scanning speech is fairly characteristic. (4) A spastic condition of the lower extremities exists, with increased knee-jerks, rectus and ankle-clonus, weakness and rigidity of the muscles, and the "toe phenomenon" of Babinski. (5) Considerable delay precedes the act of micturition.

The next case is that of a boy, who, at the age of 9, was found to be blind of the right eye, with atrophy of the disc, which seemed to Dr. C. E. Fitzgerald to be congenital. Right eye was normal. Three years after the lower extremities became spastic, tenotomy was performed in London to correct the talipes equino-varus, and shortly afterwards the sight was lost in the right eye. Nystagmus, intention tremors, and slow monotonous speech had all developed. A probably specific origin, the youth of the patient, the completeness of the optic atrophy, and the surgical interference were the points of interest.

The third case mentioned was that of a young lady who, at the age of 17, developed symptoms of an apparently hysterical character,

In 1882 there was transient blurring, defective vision, with hazy disc in the right eye, and recovery in a month.

In 1884 left optic neuritis, with right hemiparesis, occurred, followed by recovery within a few weeks.

In 1885 there was again transient dimness of the right eye.

In 1888 there was transient blurring in both eyes, but discs were normal.

In 1889 there was transitory blurring in left eye, with vision and discs normal.

In 1890 there was numbness in right leg, weakness in both, giddiness, diplopia, blurred vision, defective lateral movement, and, for the first time, *nystagmus* in the left eye. Delay preceding micturition, with excessive secretion of urine, was noted.

In 1891 there was apparently complete recovery from all the symptoms, save very slight nystagmus. Patient felt quite strong and well.

In 1896 patient became unsteady in walking, and was easily fatigued; knee-jerks were increased, but no ankle-clonus and no tremors existed. Diplopia, blurred vision, and nystagmus were present. Physical disturbances and slight blunting of mental faculties were observed.

(a) Read before the Royal Academy of Medicine in Ireland, November 17th, 1899.

In 1898 intention tremors first appeared; legs became quite rigid; ankle and rectus-clonus and toe phenomenon were present; loss of muscular sense in both upper and lower extremities was very manifest; control of bladder was weak; vision o.d. $\frac{6}{18}$, o.s. $\frac{6}{12}$; hazy discs and nystagmus, but no distinctive syllabic speech.

If only the classical symptoms were to be relied upon in forming a diagnosis the facility for making mistakes become very evident. In this case—1. *Nystagmus* did not manifest itself for six years after the initial symptoms. 2. *A spastic condition* of the extremities was fourteen years in making an appearance. 3. *Intention tremors* appeared after the lapse of sixteen years. 4. *Syllabic speech* cannot be said to exist at all. The difficulty in arriving at a diagnosis was, therefore, chiefly limited to the earlier years where the transient, ocular, and paretic symptoms might have been considered to be of a functional nature.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, DECEMBER 8TH, 1899.

SIR R. DOUGLAS POWELL, Bt., President, in the Chair.

MR ARTHUR BARKER gave a review of

TWELVE CONSECUTIVE CASES OF PERFORATING GASTRIC ULCER, ON WHICH HE HAD OPERATED DURING THE LAST FEW YEARS.

They were all treated as nearly as possible under the same conditions, and, for this reason, offered an opportunity of contrast with other series in which the procedure was undertaken on different lines. The immediate results were that five out of twelve were saved. Two of the fatal cases lived for fifteen and fourteen days respectively, the first dying of subphrenic abscess and consequent pleuro-pneumonia, the second of bleeding into the stomach from the ulcer, the conditions following the operation being otherwise singularly favourable. The first of these two cases suggested an improvement in technique which favourably affected the subsequent cases. The second case suggested the propriety of excision of the ulcer in certain cases as the only means of preventing subsequent hæmorrhage from it. But in none of the other cases was the ulcer excised, and in none was there any secondary bleeding. In all the twelve cases mopping out of the abdomen was preferred to flushing, the author's previous experience having satisfied him that the latter practice is undesirable in these cases. Drainage was only employed in one case, and was then shown to have been unnecessary. In none of the other cases would it have improved the patient's chances. The bearing of the following factors in similar cases were briefly reviewed "early recognition of perforation," "sex," "symptoms," "previous symptoms," "duration of symptoms of perforation," "liver dulness," "last meal," "conditions found at the operation," "dry mopping versus flushing," and their influence on the series in question. Finally a note as to the remote result in the five successful cases was added. From this it appeared that all were well for a considerable period (amounting to years in some cases) after the operation. Only one case had a threatening of a second perforation which was happily met by rest in bed and careful dieting, the patient being now quite well three years after operation.

MR. WARRINGTON HAWARD commented upon the author's statement that many of these cases occurred in apparently healthy people with few, if any, symptoms, a class which he confessed had not come under his (the speaker's) personal observation. He regarded the extreme anæmia as very typical of such cases. He did not think the character of the extravasated material had as much bearing on the future of the case as the time that elapsed before operation. He thought that subphrenic abscess was especially apt to occur when the ulcer had leaked a little, though not to such an extent as to cause

urgent symptoms. A more frequent danger, with ulcer of the front of the stomach, was basal pleurisy. He was pleased that the author preferred sponging to flushing the abdomen, for he himself held that though flushing might be necessary in cases of some standing with extensive contamination, sponging was generally sufficient.

Mr. Wallis referred to the case of a male seen upwards of twenty-four hours after the onset of the symptoms. There was much peritonitis, but he was quite unable to find any perforation, though there was some induration. He therefore opened the stomach and found two ulcerous patches nearly through, but post mortem they held water very well.

Mr. Bowlby, alluding to the symptom pain, said that many of these cases were overlooked because everyone expected pain, and he mentioned two cases recently seen by him, in one of them the pain was all in the pubes, and in the other in the lumbar region. In a great many of these cases the pain was limited to the lower part of the abdomen. He pointed out the liver dulness might be present without any perforation, and he instanced a case of intestinal obstruction with considerable distension, in which it was absent. It was the size of the perforation, and the amount of extravasation that determined the acuteness of the symptoms.

Mr. L. A. Dunn said that he had operated upon six cases of perforated gastric ulcer and one duodenal ulcer, the last was a man, and of the others, four were men and two were women. Two men recovered and one woman. In one case he had to operate again a week ago for intestinal obstruction. He referred to a case in which there was loss of liver dulness, but on operating, though the peritoneum was full of gas, there was no fluid, and the most careful examination of the stomach did not reveal any perforation.

Mr. C. S. Wallace thought flushing the abdomen was a much more satisfactory measure than mopping, but to be efficacious the injection must be large and the intestines should be allowed to float out of the body. He concurred in the view that loss of liver dulness was an unreliable sign.

Mr. F. Eve urged that in these cases they must not wait for particular symptoms. In respect of pain, he alluded to the case of a young woman who had had symptoms of ulcerated stomach and was one morning seized with the typical symptoms of perforation. When he saw her several hours later there was no pain or tenderness in the epigastrium, the only symptom being slight rigidity of the recti and a rise of temperature. On examining the posterior surface of the stomach, he found a pin-hole perforation. He also referred to two cases of young women with gastric ulcer. One of them was suddenly seized with collapse, pain, retching, and tenderness over the epigastrium, yet the stomach was found perfectly healthy, but pneumonia developed the next day from which she died. With regard to liver dulness, he agreed that it was an absolutely futile sign, and he referred to the case of a young man who had received a blow on the abdomen in whom liver dulness was absent, but on operation nothing was found. He thought most surgeons would prefer flushing to mopping in these cases, and he advocated making a hole between the pubes and umbilicus for the escape of the fluid.

Mr. Bidwell had collected 55 cases of perforation, in 33 of which the time before operation was mentioned. One third of the recoveries had been operated within six hours, and five others within twelve hours. All the cases which were operated on within twelve hours were successful, and half of those operated on between twelve and twenty-four hours Mr. Comte had collected notes of sixty-five cases with nineteen recoveries, eleven of these having been operated within the first ten hours. With regard to flushing and mopping that must depend upon the case. In one case he had operated within two hours, and in another within eighteen hours, the pelvis being full of stomach contents. He did not see how it would be possible to remove that simply by sponging.

Mr. Bruce Clarke agreed that liver dulness *per se* was a symptom of doubtful value, but in no disease would they rely on any one sign or symptom. He referred to a case where liver dulness was almost absent from extreme distension. The pain might be almost anywhere, or indeed absent, of which he mentioned an instance. He pointed out that as a general rule the further down the intestinal tract was the perforation the less fatal it was, or at any rate the less acute were the symptoms. Something also must be allowed for the kind of fluid that was extravasated. He agreed with washing out the abdomen, turning out the intestines, and washing out the pelvis, but he admitted that this was not necessary in all cases. He related a case in which he was unable to suture a perforation on the under surface of the stomach, so he simply washed out the cavity and put in a drainage tube with complete success. In some cases he would put in more than one drainage tube.

Mr. Berry preferred mopping to washing out. He had seen about 12 cases of perforated gastric ulcer, and he had not seen a case recover after washing out, while, on the other hand, the majority of cases treated by mopping recovered.

Mr. Barker, in reply, speaking in relation to the previously healthy condition of some of these patients, said he had known one of them for some months before the operation and a more wholesome and healthy looking young woman he had never seen. She had told him that she had had no symptoms beyond slight indigestion. It was certainly very important to get these cases early, but it was the character and the amount of the fluid quite as much as the time that determined the result. In three of his cases there was evidence of irritation of the pleura, in one decided subphrenic abscess, and in two, symptoms of sub-phrenic abscess; in one of these there was serum and in the other not, but there was pleurisy. He himself had been greatly addicted to washing out in years gone by, but had been gradually weaned from it. Even when the extravasation had reached the pelvis it could be removed by mopping. In conclusion, he spoke highly of the value of saline infusion made into the areolar tissue.

A case of arrested development of the speech centre.

Dr. Arthur Voelcker showed a girl, æt. 7½, who was unable to speak. The child was the elder of two children, her brother being healthy. The father's sister had a child, æt. 11, who was said to be similarly affected. There was no family history of insanity, epilepsy, alcoholism, syphilis or rheumatism. The previous history of the child was that she was quite well till six months of age, when she had a series of general convulsions ascribed to dentition. These fits recurred occasionally up till the age of three, when they disappeared. She walked at twelve months, but had never spoken. At one year she had a severe fall on her forehead, followed by suppuration but no discharge of bone At four years she had measles. She had never been violent, passionate or emotional, and had been clean in her habits, though she occasionally soiled her clothes. Though unable to speak, she appeared quite bright and intelligent, and heard well. On admission her present state showed her to be rather small, but well formed. Maximum head circumference 19·75 inches. Forehead scarred in the centre, but no depressed bone felt. Palate high and rather narrow. Motion and sensation were natural, and there was no muscular wasting. The superficial and deep reflexes were natural. Co-ordination good. No tremor of limbs. The child was rather left-handed. She was intelligent, understood what was said to her, and did what she was told readily. Her hearing was normal Spontaneous speech was limited to a few monosyllabic utterances, chiefly "Eh." Imitative speech included "Eh," "Bee," "Bye," "Baa," "Gee," "Tick," and she repeated sounds with a numerical, though not a phonetic, accuracy, thus her repetitions included the same number of syllables as the word she attempted to repeat. The ticking of a watch did not evoke a rhythmic response. She could sing, but no recognisable tune, nor did she sing scales in unison with the piano. There was no attempt to continue the serial production of sounds as in counting, saying the alphabet, &c. Yes and no were sometimes accompanied by their usual affirmative and negative head gestures. The sight was natural. She could not

recognise printed or written words, numerals, or letters, but readily recognised pictures of objects and objects themselves. She had no recognisable appreciation of colour but distinguished large from small objects. She was unable to write letters, words, or numerals or to copy them. She could, however, copy straight lines and circles with either hand, preferably with the left, but could not make a cross. When writing with the left hand she frequently made her marks from right to left. The case he observed was interesting from the fact that it differed from cases of deaf mutism and from cases of aphasia occurring in mentally deficient children, and from those in whom aphasia developed after the power of speech had been acquired. Dr. Bastian had pointed out in the development of the power of speech, the first stage consisted in learning to associate particular sounds with particular mental impressions, and this stage had evidently been reached by the child, but the second stage in which the power of articulating the sounds which have been used as mental symbols is acquired had not yet been reached by the child. Accepting the existence of a visual and an auditory perceptive centre and a glossokinæsthetic and cheirokinæsthetic centre as maintained by Bastian, it appeared that the two former centres were intact, but that the two latter, or their commissural connections with the first two centres were involved. The observation that the child often wrote from right to left was explicable if it was remembered that movements in the right hand of supination result in a clockwise movement of the thumb, while in the left hand supination results in a counter clockwise movement, and that in movements simultaneously performed in the two upper limbs it was easier to excite corresponding muscles than to make the movements of one side maintain a parallelism with those of the other. Thus it was easier to simultaneously describe two circles with the fingers of the right and left hand respectively—one clockwise and the other counter clockwise—a fact which was also confirmed by the results of an attempt to describe a circle with each hand rapidly, while trying to maintain a parallelism of the two hands. This would tend to show that in mirror writing we have in the left hand represented the movements of the right, and that such movements were the result of kinæsthetic and not visual impressions, and also that it was probable that the centre for writing was, as Elder maintained, in the left hemisphere. The absence of any training in writing made it impossible to determine the extent to which the cheiro-kinæsthetic centre itself was involved, and the same held good with regard to speech and the glosso-kinæsthetic centre. The disease must affect the region of the posterior parts of the second and third left frontal convolutions, and was probably not a gross lesion but due to arrested or inhibited development of function of the glosso and cheiro-kinæsthetic centres or their connections with the auditory and visual perceptive centres. The prognosis was favourable and the treatment recommended was instruction in writing and in the lip language.

In reply tothe President, Dr. VOELCKER said he thought they must look to the convulsions as having in some way damaged the region referred to, producing arrested development, though the lesion might not be amenable to investigation.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

MEETING HELD FRIDAY, NOVEMBER 17TH, 1899.

The President, Dr. JOHN W. MOORE, in the Chair.

DR. CRAIG showed a man suffering from

CEREBRO-SPINAL SCLEROSIS.

The case is published under the head of Clinical Records.

In the discussion that followed the PRESIDENT observed that as this disease was so liable to be confounded with hysteria that it was worthy of the attention of all clinical and practical physicians.

Dr. J. B. COLEMAN said that the disease was not very uncommon, A case which he had under observation at present did not differ very much from the case exhibited.

Dr. FINNY took exception to one of the diagnostic points Dr. Craig had mentioned as distinguishing this disease from hysteria. The statement he referred to was that ankle-clonus was not present in hysteria. He had a clear recollection of ankle-clonus occurring distinctly in a case of pure hysteria, and ankle-clonus, which was once thought of great value as pointing to structural changes in the pyramidal tract and cord, was not now considered so trustworthy. In many cases of typhoid fever ankle-clonus could be found where there was no evidence of hysteria or structural disease of the spinal cord.

Sir GEORGE DUFFEY said he could corroborate what Dr. Finny had said about the presence of ankle-clonus in hysteria. He remembered a case in the City of Dublin Hospital which presented peculiar nervous symptoms, and about which there was great doubt as to the diagnosis.

Dr. KNOTT said that Sharpe's great test was to ask the patient to shake hands. In cases of chorea the patient made a series of jerky movements, whereas in disseminated sclerosis the patient always went in a curved line. He was struck with the extraordinary similarity in the way patients suffering from this disease carried their heads. He noticed that the pupils of the patient exhibited were a good deal larger than normal. He suggested that the peculiar monotone of the speech could have been better demonstrated by getting the patient to recite prose rather than poetry.

Dr. R. TRAVERS SMITH mentioned a case of a girl, æt. about 22, who presented the clinical group of symptoms known as spastic paraplegia. The diagnosis between insular sclerosis and primary lateral sclerosis was at first doubtful, but the question was finally settled at the end of a few months by the patient developing an external strabismus, which he considered was an important sign in the diagnosis of insular sclerosis. After that other symptoms of the disease had set in.

The PRESIDENT (Dr. J. W. Moore), referring to Dr. Finny's remark, suggested that at a certain period in typhoid fever there might be structural changes in the spinal cord. Such changes are, however, of a transitory nature, and just as the heart suffers in zymotic diseases so also the spinal cord may suffer from a purely temporary organic change.

Dr. CRAIG, in reply, said that, with reference to Dr. Finny's remarks, he agreed that in severe illness, and, indeed, in many chronic diseases, structural changes might take place in the cord and ankle-clonus and other symptoms be evinced. In answer to Sir George Duffy, the third case he (Dr. Craig) had referred to often got perfectly well for two years, and it was sixteen years before they knew she was not suffering from hysteria.

SENILE DEMENTIA.

Dr. CONOLLY NORMAN read a paper on senile dementia. He dwelt on certain points of clinical interest, emphasising the fact, which he held is too often forgotten, that this form of mental trouble may appear with apparent rapidity, and often seems to develop after an attack of acute physical illness – influenza or the like. Dr. Norman pointed out that the most typical mental condition in senile dementia was characterised, not only by a forgetfulness of recent events, but also by an abnormal acuteness of recollection of events long past. He, therefore, thought that mere amnesia did not cover the field. He gave a somewhat detailed description of the conditions of aphasia, paraphasia, and alexia, which we sometimes met with in cases of senile dementia.

Dr. NINIAN FALKINER inquired if there was generally albuminuria in cases of senile dementia, and asked if it was a fact that there was a train of mental symptoms in chronic Bright's disease closely resembling those of senile dementia?

Dr. LAW said he had a little experience of asylum work in England and afterwards in British Guiana, and a point that struck him when in the latter place was the

large number of cases of senile dementia in comparatively young subjects, where in this country they would expect an attack of more active mental disease. He also noticed that cases of that kind were commonest in the lowest races in the colony.

Dr. Norman, in reply, said that albuminuria and bad kidney disease associated with senile dementia was only what they might expect. He could not, however, subscribe to the theory of some nervous pathologists that senile dementia depended upon arterio-sclerotic conditions in the brain, although it was undoubtedly true that gouty kidney and extensive arterio-sclerosis was common in persons dying of senile dementia. Consequently the two conditions—mental disturbance and albuminura—co-existing would not surprise him. With regard to the racial question, Dr. Law's remarks bore out his statement that the more the brain was used the less the probability of the occurrence of senile dementia.

The Section then adjourned.

OBSTETRICAL SOCIETY OF LONDON.

Meeting held Wednesday, December 6th, 1899.

Mr. Alban Doran, F.R.C.S., President, in the Chair.

DOUBLE HYDRO-SALPINX WITHOUT SALPINGITIS.

The President showed an interesting specimen of obstruction and dilatation of both Fallopian tubes without evidence of salpingitis, though there were perimetritic adhesions in abundance. He recalled the fact that ten years ago in a paper on "Closure of the Ostium in Inflammation of the Fallopian Tube," he applied the term "perimetritic closure of the ostium" to this form of occlusion which had since been observed and described by Dr. Cullingworth and others. The specimen was removed from a young married woman who came complaining of severe pelvic pains in the left iliac fossa, of six months' standing. The periods were irregular and clots passed freely. She had two abortions the last four months previously. Temperature was normal. On opening the abdomen he at once came upon the two dilated tubes which he removed, after breaking down the adhesions, purposely leaving a little ovarian tissue on the left side. An uneventful recovery followed. The tubes were much dilated and sharply bent upon themselves. The mucous membrane was lined with perfect epithelium which had lost its cilia. The specimen is now in the Museum of the Royal College of Surgeons. With this specimen he showed two others of obstructed tube with perimetritic and salpingitic obstruction in their earlier stages, and a third showing how the fimbriæ retract mechanically. He hoped that the catamenia might continue in this case, but one could not be sure of th s. He justified his removal of the tubes on the ground that the usual course of such a case was ultimate suppuration with close adhesions of the tube to the rectum, small intestine and appendix. He did not perform salpingostomy because he suspected a specific origin.

Dr. A. Routh said he had opened and drained the tubes *per vaginam* with good results. One patient had double pyosalpinx yet subsequently became pregnant and aborted.

Dr. Horrocks said he had recently operated on a young married lady in whom, on opening the abdomen, both tubes were found filled with tubercle. He laid them freely open and a sinus formed which had continued to discharge until three weeks ago. They could not be removed on account of extensive tuberculous mischief in the pelvis.

The President remarked that no one seemed to have performed normal salpingostomy. He doubted whether it was a legitimate operation seeing that it was liable to set up pyosalpinx.

COLPOTOMY FOR REMOVAL OF OVARIAN CYST.

Mr. Robinson related a case in which he had effected the removal of an ovarian cyst containing 8½ pints of fluid through an incision in the roof of the vagina after tapping through the incision. The result had been excellent.

TUBAL PREGNANCY (MOLAR) COMPLICATED BY SUPPURATING OVARIAN CYST.

Dr. John Phillips showed a specimen removed from a woman, æt. 40, the mother of ten children, who came on August 5th, 1898, complaining of pain in the left iliac fossa. The last period was in May. A lump was felt in the left and posterior quarter of the pelvis. She had a sudden attack of pain on August 25th with vaginal hæmorrhage which persisted. He was called to her on September 26th. The legs moved with difficulty, but were comfortable in the extended position. Temperature, 100; pulse, 108. Through the hypogastrium he felt a bilobed swelling occupying the whole of the lower abdomen. There was a free hæmorrhagic discharge, and the uterus was pushed against the symphisis pubis by a smooth impacted swelling, occupying the posterior and left two-thirds of the pelvis. Higher up and to the right the base of a smaller swelling could be felt. The sound passed 3¼ inches into the uterus. He saw her again on October 17th, when she seemed to have lost ground. He opened the abdomen and came upon a semi-elastic tumour, generally adherent. Deep down on the pelvic floor the finger passed through an orifice in the sac-wall, blood clot and putrid fluid escaping. The tumour proved to be an extra-uterine sac and a fœtus three inches long projected through the wall. The pedicle was ligatured and the mass removed. The tumour on the right side contained flocculent pus, and it proved to be a right ovarian cyst undergoing suppuration. This was also removed. The abdomen was washed out, and a glass drainage tube left in. The patient made a perfect recovery after three days' anxiety from collapse She subsequently had severe epistaxis at the menstrual periods. In the specimen the tube was enormously distended, measuring 12 ins. in its longitudinal circumference, 10¾ ins. in the transverse, and 9½ ins. in the vertical circumference. The uterine orifice was still patent, but the abdominal end was occluded. The tube had ruptured through the peritoneum. He referred particularly to the constant hæmorrhage, a sign which, according to Dr. Cullingworth, was present in nearly all these cases.

Dr. Herman pointed out that in many cases tubal moles had been removed which were not causing any trouble, and he raised the question whether they could be left with safety. He admitted, however, that the author's case militated against this view.

Dr. Horrocks said that many of these cases got well without septic complications, and probably many cases of ectopic gestation were thus recovered from without attracting attention.

Dr. Galabin said he had seen a number of cases which had not been operated upon in which the lump had gradually diminished in size, and in other cases in which he had operated he had only found clot with little chorionic villi. The question of operation would depend upon the size of the ovum, and when under two months he thought the case might be left to nature.

CASE OF ACUTE IDIOPATHIC (?) PERITONITIS COMPLICATING PREGNANCY AND LABOUR.

Dr. John Phillips related the case of a woman nearly seven months pregnant and in good health, who fell over a chair-back on her left side. Much pain and persistent vomiting followed. She was found in a very serious condition, her abdomen distended, pulse 120, temperature 103 degs. F., and respirations 48. Labour came on, but no true pains could be distinguished, and terminated very quickly. Her condition became rapidly worse, and she was admitted into King's College Hospital. After consultation, Mr. Peyton Beale opened the abdomen, and found general peritonitis, but no apparent cause. The patient died in a few hours. Full details of the post-mortem examination were given. Short histories of five other cases were related—Matthews Duncan (two), Simpson, Romiti, and Gow. The author pointed to three important points for discussion, viz., (1) the cause of the infection; (2) the question of operative interference; (3) the share the blow took in producing the illness.

Mr. Robinson admitted that he was very puzzled to explain the patient's symptoms when first seen.

Dr. Inglis Parsons urged that there was always the possibility of infection by the bacillus coli. He supposed the author did not really regard the peritonitis as "idiopathic."

The President asked if any one knew of a case of primary infection of the peritoneum as a result of the escape of fluid from the tube?

Dr. A. Routh referred to a paper by Mr. Treves, read many years ago before the Medical Society, in which he described peritonitis due apparently to infection by the bacterium coli, after bruising, &c., of the intestine, a possibility which has been proved by clinical and experimental observation.

Dr. Horrocks said the term "idiopathic peritonitis" had long been abandoned in its original sense.

Dr. Galabin referred to a mysterious case of peritonitis in a girl, æt. 17, whose abdominal cavity was distended with semi-purulent fluid, the pelvis being free, and there being no evidence of salpingitis. The patient unfortunately died under chloroform, and there was nothing to show where the inflammation had started.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

Meeting held at the Medical School, Leopold Street, Sheffield, November 17th, 1899.

The President, Dr. Donald, in the Chair.

Dr. J. W. Martin showed a pedunculated subperitoneal fibroid removed by abdominal section.

Dr. W. Walter also showed microscopic specimens.

Dr. W. J. Sinclair related a case of abdominal pregnancy, and showed the specimen along with drawings. The fœtus, which was well developed, together with the placenta, was removed by abdominal section. The fœtus lay free in the abdominal cavity. There was no evidence of an amniotic covering. The patient made a good recovery.

Remarks were made by Dr. Keeling and the President.

Dr. Sinclair replied.

Dr. T. Arthur Helme related two cases of extirpation of the uterus for extreme hypertrophy and prolapse. The patients, multiparæ, æt. 47 and 52 years, had suffered for many years from prolapse of the uterus, along with the anterior vaginal wall and bladder. The posterior vaginal wall was not everted. The cervix was extremely hypertrophied, The fundus uteri was felt in its normal position behind the pubes in each instance. The length of the uterine cavity measured 5½ ins. and 6½ ins. respectively. The operation performed was as follows: The uterus was removed in the usual way, by ligaturing the broad ligaments in section. The peritoneal cavity was completely closed by careful suturing. By means of buried sutures the large, raw connective tissue area covering the bladder was diminished, and the bladder folded upon itself. The cut edges of the vaginal walls were then sutured, a broad surface being united. At a second operation, the perineum was repaired and the vaginal outlet narrowed. The results were quite satisfactory, the patients walk well, have no bladder trouble, and do not require a pessary. Extirpation of the uterus alone will not cure complete prolapse of the vaginal walls which forms a hernia of the pelvic floor. In these cases plastic operations combined with ventrofixation of the uterus give good results.

Dr. Lea remarked that in these cases it is always advisable to remove the ovaries and tubes, inasmuch as they often became prolapsed and painful. This might necessitate their subsequent removal.

Remarks were made by Dr. Sinclair and the President, and Dr. Helme replied.

Dr. W. K. Wells related a case of double ovarian abscess with purulent salpingitis in which the uterus and appendages were removed by the vaginal radical operation. The patient, a multipara, had pyrexia and pelvic inflammation. Whilst under observation rapid enlargement of each ovary was detected. Ovarian abscess was diagnosed, and the operation at once performed. Each ovary was a thick walled sac of pus. Both Fallopian tubes were swollen and infiltrated. They contained purulent secretion, but the fimbriated extremity was not occluded. The patient made an excellent recovery.

The President (Dr. Donald) related two cases of unusual abdominal tumour. Case I. A tumour of the suprarenal capsule. The patient, æt. 37, married, had an abdominal swelling which was the size of a fœtal head at term. It was very mobile and fluctuant, and could not be pushed down into the pelvis. A diagnosis of cyst of the kidney or ovarian cyst with a long pedicle was made. On opening the abdomen the tumour was found to be retro-peritoneal, and crossed by the descending colon. The peritoneum was divided and the cyst enucleated. There was no pedicle. The cyst lay immediately in front of the left kidney, which was normal. The patient made a rapid recovery. On section the tumour contained blood and clots. The cyst wall showed fibrous septa enclosing polyhedral granular nucleated cells closely resembling the "zona glomerulosa" of the normal suprarenal capsule. Case II. Cystic sarcoma of the pelvis.—Patient, æt. 26, single, had a symmetrical cystic tumour springing from the pelvis and reaching the level of the umbilicus. The uterus was small and separate from the tumour. An ovarian cyst was diagnosed. On opening the abdomen the cyst was found to be retro-peritoneal. The peritoneum was incised, and the cyst punctured. Three pints of blood-stained fluid were evacuated. The cyst was not connected with the uterus or appendages, but was found to grow from the connective tissue near the left sacro-iliac joint. The tumour was shelled out with difficulty, and the patient made a good recovery. Microscopically it was a round-celled sarcoma with cystic degeneration. These cases were striking examples of the difficulty of accurate diagnosis of abdominal tumours.

GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION. WINTER SESSION, 1899.

Sir William Turner, President, in the Chair.

SIXTH DAY.—Monday, December 4th, 1899.

The President announced that the Committee on Mr. Upton's letter would consist of Mr. Bryant, Dr. Pye-Smith, Dr. MacAlister, and himself.

Reciprocity of Medical Practice.

Speaking to Sir Dyce Duckworth's motion Mr. Tomes moved as an amendment "that the Privy Council be requested to obtain information (*a*) whether any change in the regulations affecting foreign practitioners in Italy had been made since the communication received in 1898; (*b*) whether any such change was in contemplation by the Italian Government. He justified his amendment on the ground that the Council ought not to proceed on private information when official information was procurable. The Council ought not to act without some sort of pledge on the part of the Italian Government that they were not going to depart from the present order of things. He did not think the Italian Government would act precipitately while official communications were passing on the subject.

Sir C. Nixon seconded the amendment in order to gain time, and in the hope that the matter would not come before them again. He deprecated altering existing requirments for the convenience of foreigners.

In reply to Sir Dyce Duckworth, Mr. Tomes declined to allow his amendment to be added as a rider to the motion.

Sir Dyce Duckworth read a letter, dated December 2nd, from a trustworthy source, to the effect that our Government had in some way led the Italian Government to understand that they declined reciprocity,

thereby cutting the ground from under the feet of those who were seeking to secure for British medical men the privileges at present enjoyed by them in Italy. He pointed out that Italy was now the only country to which that section of the Act could apply. Under the circumstances he was willing to withdraw his motion in favour of the amendment.

The amendment thus became the motion before the Council.

Dr. McVail regretted that the Act did not allow them to limit the practice of foreigners to their own countrymen, and he proposed that the Privy Council should be asked to have the Act amended in this direction.

The motion was then agreed to.

Education Committee.

The President laid before the Council the *précis* drawn up for transmission to the German Government in reference to the admission of foreigners to examinations for British registrable qualifications, and on the motion of Dr. MacAlister it was received and entered on the Minutes, the same to be transmitted to the Privy Council as an answer to the questions contained in the dispatch of the German Ambassador.

Mr. Victor Horsley moved that the report be sent back to the Education Committee for reconsideration of the circumstances under which certain qualifying bodies admitted foreigners to their final examinations. On the suggestion of the President he promised to give notice of the motion.

Finances of the Irish Branch Council.

Sir C. Nixon asked whether the Council would have an opportunity of discussing the opinion of Mr. Muir Mackenzie with regard to the financial position of the Irish Branch Council.

Dr. MacAlister observed that the document was strictly confidential, but it would be in order to move that the Council should go into *camera* for that purpose.

The English Colleges and the Council.

On the motion of Mr. Bryant, two communications from the Royal Colleges of Physicians and Surgeons of London were received and entered upon the Minutes, declining to recognise the Council's requirement that scientific institutions where medical study is commenced should be approved by the General Medical Council.

Sir William Thomson regretted very much that this matter had come up again. He reviewed the history of the matter, and maintained that if the Colleges were allowed to challenge the authority of the Council on this particular matter, itself possibly of small moment, the Council would have no authority in any matter over them, and if this position were acquiesced in they would not have long to wait before all the other Colleges and Corporations and Universities would defy the Council. Referring to Section XX. of the Act of 1858, he insisted on the right of the Council to intervene, and in support of this view he quoted certain clauses from the report of the Education Committee of May, 1894. He insisted that the two colleges had not only departed from the original arrangement as to the five years' course, but that they had also failed in their duty in their own arrangements for inspecting these first-year scholars. He mentioned that in the discussion at the College of Physicians in London last year two of the members of Council, Fellows of the College, took the same view. He maintained that it was the duty of the Council, at whatever cost, if it wished to retain the regulation of medical education, to assert its authority. He concluded by moving that the Registrar be directed to inform the Colleges that the Council adhered to its resolution.

This was seconded by Dr. Bruce.

Dr. MacAlister thought the effect of the resolution would be very small, remarking that the only result would be a hardship on the students who had been misguided enough to seek registration without having fulfilled the proper conditions. These would have to go back to the Colleges or enter some recognised science class, and the Colleges would make nothing of their refusal to comply with the Council's regulations.

Dr. McVail asked whether they were to understand that the resolution as to the registration of medical students was a farce. He complained that the Colleges did not enter into the merits of the question, but simply defied the deliberate opinion of the Council.

Sir Philip Smyly said he had already brought the matter before Council, but it had been shelved.

Sir Richard Thorne thought the action of the Colleges deplorable.

Dr. Atthill observed that if the Colleges would not reconsider the question the Council would have to put the subjects of chemistry and physics after biology, in the preliminary examination, return to the four years' course, or appeal to the Privy Council.

Sir J. Batty Tuke thought their contention would be maintained by the Privy Council.

Mr. Bryant repudiated any desire on the part of his College to place itself in opposition to the Council, but it was felt that the Colleges had their own responsibilities and duties. He maintained that they had done much good by encouraging the teaching of scientific subjects in the big schools. He asked how the Council could select schools and places of scientific instruction.

Dr. Payne did not think the question was arguable, and moved as an amendment that the right of the Council in respect of the matter at issue should be referred to their legal adviser.

Dr. MacAlister said an opinion had already been obtained to the effect that the Council had an inferential right to enforce conditions of registration, though there was no specific clause in the Act referring to it.

Sir Dyce Duckworth observed that the Council must keep within the four corners of the Act, and they would only be justified in appealing to the Privy Council if of opinion that the curricula were not such as to secure adequate teaching, and this, he asserted, had not been shown to be the case.

Mr. Carter did not think the Council was to be altogether confined within the four corners of its statutory powers, but ought to be regarded as a means of enabling them to meet and discuss matters and principles of education. He hoped the Royal Colleges would come into line and endeavour to carry out the wishes of the great majority of the members of Council.

Dr. Pettigrew urged that if the views of the Royal Colleges were adopted, they would be the means of introducing a disastrous element, and he hoped the Colleges would reconsider the matter.

Dr. Leech thought the question depended on whether they thought the teaching school was satisfactory or not.

Sir C. Nixon denied that it was a question of sufficiency or insufficiency, the real test being whether the authority of the Council was going to be recognised by the Colleges or not.

Dr. Heron Watson observed that no objection had been made to the Council's regulations extending the period of medical education until now.

At the suggestion of Dr. MacAlister, Sir William Thomson agreed to make his motion read as follows:—"To invite the Colleges to take the matter into fresh consideration in view of its important bearing on the maintenance of the standard of study and examination in the country at large." Sir William disclaimed any personal feeling in the matter, observing, however, that if the Colleges declined to obey they would have to go to the Privy Council.

On the motion being put to the vote, 22 voted for, 1 against, 3 did not vote, and 4 were absent.

Finances of the Branch Councils.

After considering *in camera* Counsel's opinion on the financial position of the Irish Branch Council, the President announced that a resolution had been agreed to that the whole question of the funds of the Council and its Branches should be referred to the Finance Committee and respective trustees to take legal advice and report next session.

Report of Personation Committee.

The report of the Personation Committee was received and entered upon the Minutes, but on the motion of Dr. McVail the discussion was adjourned until next session.

PRELIMINARY EXAMINATIONS.

Sir J. BATTY TUKE brought forward the report of the Education Committee on the question of raising the minimum requirements of the Council in regard to preliminary examinations. The report recapitulates the steps that have been taken in regard to the appointment of experts. In regard to the substitution of the senior and higher grade, for the junior, examinations, the experts were unanimously of opinion that, taking into account the present state of secondary education in the country, no such requirement could possibly be enforced. They point out that a demand of this kind would certainly result in defeating the end which the General Medical Council have in view. Either it would diminish to an indefinitely large extent the number of candidates entering the profession, or it would compel the examiners to a laxity of marking and a depreciation of the standard of questioning which would merely have the effect of lowering the senior papers to the level of the junior papers. The standard of the Medical Preliminary Examination must depend upon the general standard of the secondary education of each country in which the examination is held, and a standard too high for one might be found too low for another. They think, however, that the immediate object of the General Medical Council would be gained by the gradual raising of the standard of the lower "Junior" examinations to the level of those "Junior" examinations which, in their opinion, rank highest.

In view of this opinion, the Committee maintained their view that a number of the junior examinations must, for a considerable time yet, continue to be recognised. They propose, however, to give effect to the specific recommendations of the experts in regard to enlarging the scope and raising the standard of these examinations, with which object in view, the Committee ask authority to retain the services of the experts, and to have allocated a further sum of £100.

Sir J. BATTY TUKE pointed out that the opinion of the experts coincided with that expressed by the Education Committee in June last, and must be accepted as final for the present.

Dr. MACALISTER thought these opinions deserved the Council's gravest consideration.

Sir RICHARD THORNE said they were asked to adopt the report without seeing on what it was based, and he moved as an amendment that the reports should be circulated among members of Council. He thought it was the most "staggering" conclusion he had ever heard, and he thought the Council should not take a tremendous leap in the dark.

Dr. REID seconded the amendment.

Dr. LEECH said there were many questions on which information was required before the report could be passed.

Dr. PYE-SMITH said he knew from experience that the standard was lamentably and disgracefully low, and he hoped the Council would be able to refuse to accept the report.

Mr. HORSLEY said that he and his fellow representatives had an absolute mandate to raise the standard of preliminary examinations by all means in their power. As for the report, it simply baffled him. He concluded by observing that the opinion of these experts was not only a disappointment, but a very expensive disappointment.

The further discussion was adjourned.

SEVENTH DAY.—TUESDAY, DECEMBER 5TH, 1899.

ADJOURNED DEBATE ON PRELIMINARY EXAMINATIONS.

Sir RICHARD THORNE, in resuming the discussion, repudiated the least desire to convey anything that might hurt the feelings of the Education Committee, whose labours he admitted had been great. Nevertheless he felt that they ought to have before them the reasons on which was based the report which practically put an end to their aspirations and which, if fulfilled, would have done more than anything else to raise the status of the profession from its, in many respects, deplorable condition. He had read the report with the keenest disappointment and he did not think the Council could deal with the subject on the materials at present before them. He therefore proposed, as an amendment, "that the Education Committee obtain from the experts a report setting out in full their reasons for the conclusions they had arrived at with regard to the adoption by the Council of the senior and higher grade standard of preliminary examinations, and that the sum of £100 be placed at the disposal of the Committee for that purpose."

Sir J. BATTY TUKE accepted the amendment on behalf of the Committee.

Dr. MACALISTER recalled what took place last year when a clear line of work was indicated for the future.

Dr. MCVAIL suggested that if the Council laid down and rigidly enforced the minimum examination requirements, the schools of the country would respond loyally. There might be a temporary decline in the number of students, but after that they would get a superior class of men.

Sir Richard Thorne's amendment was, by consent, substituted for the original motion.

Dr. GLOVER pointed out that the £100 was intended not only to enable the Committee to justify the report, but for further services. He shared in the disappointment at the report.

Sir C. NIXON remarked that it was obvious that it would be impracticable to adopt the senior examination as their standard, this examination corresponding to the first examination in arts at the Royal University. He thought the Council would act wisely in leaving the matter in the hands of the Committee and the experts.

The motion was then agreed to, the concluding words "for that purpose" being deleted.

THE APOTHECARIES' HALL OF DUBLIN.

Sir DYCE DUCKWORTH read the report of the Examination committee on the examinations of the Apothecaries' Hall, Dublin, held in July, 1899. The examiners direct the attention of the Council to the lack of general education evinced by one of the candidates, but the preliminary examination passed by this candidate is not mentioned. The Inspector reports that the final examination will bear favourable comparison as a test of fitness with any of the ordinary pass examinations of the United Kingdom The Surgical examiners were satisfied with the way in which the examination was conducted and with the standard of knowledge required. The Committee recommend the Council to ascertain the particular arts examination which the imperfectly educated candidate had passed. They suggest that a copy of the report should be sent to the Privy Council, and that the inspections should be continued.

Mr. TICHBORNE objected to individual allusions in the report and criticised the wording thereof in other respects. He concluded by proposing as an amendment that the words complained of should be left out.

Mr. G. BROWN seconded the amendment with the hope that the Committee would acquiesce in the suggestion.

The suggestion was acceded to, and the motion was then agreed to.

PHARMACOPŒIA COMMITTEE.

The Report of the Pharmacopœia Committee was received and adopted, and the Council then received *in camera* a report from the Penal Cases Committee. The Report of the Public Health Committee was received and entered on the Minutes, and the Report of the Students' Registration Committee in Exceptional Cases was also received and entered on the Minutes.

UNQUALIFIED DISPENSERS.

A report from the Unqualified Dispensers' Committee was received and entered on the Minutes. The conclusions arrived at by the Committee are that they do not see their way way at present to recommend any course to be taken by the Council, but they endorse the reply sent by the Executive Committee to the Privy Council.

COMPANIES' ACT AMENDMENT COMMITTEE.

The report was received and entered on the Minutes. The Committee urge that the words "Medical Practitioner" ought to be added to the clause, adding that both medical and dental companies were still actively pursuing highly objectionable forms of practice.

Medical Aid Associations.

The Committee report favourably on the constitution of the proposed Conciliation Board, and it was hoped that a better understanding would be arrived at with the Societies.

Loss of Right to Practice.

Sir C. Nixon brought forward a motion to the effect that when a practitioner's name had been removed from the *Register* he should be officially informed that he had forfeited the legal right to practise, but, at the suggestion of the President, he consented to withdraw it.

Admission of Foreigners to British Examinations.

Mr. Victor Horsley moved that the Education Committee be asked to consider the circumstances under which foreigners obtained exemption from some of the conditions of education and study. He urged that foreigners should be required to produce evidence either that they were qualified to practise in their own country or that they had followed out the five years' curriculum of this country. He mentioned that at some of the Scottish Universities—Aberdeen, for example—a student was allowed to pass three years of his curriculum elsewhere.

The motion was carried by 10 votes to 8.

The Rhodesian Medical Ordinance.

On the motion of Mr. Carter it was resolved to forward to the Secretary of State a copy of a resolution to the effect that the memorial drawn up by medical practitioners in Southern Rhodesia against the validity of the Ordinance under which they acted was justified, and indicated a serious grievance of which they were warranted in complaining.

The first year's examination of the University of Adelaide was ordered to be recognised as qualifying for registration for medical and dental registration and, after a vote of thanks to the President, the Session came to an end.

France.

[from our own correspondent.]

Paris, December 9th, 1899.

Arsenic in Animals.

At the Academie de Medecine M. Gautier said that he made researches which permitted him to affirm the constant presence of arsenic in the thyroid glands of all herbivorous and carnivorous animals, and in man himself, but in very small quantities. In all the other organs except in the thymus, the brain and the skin where it existed in smaller quantities than in the thyroid gland, no arsenic was found. The same might be said of the blood. In the thyroid gland of man he found one milligram (fiftieth of a grain) of arsenic for 127 grammes of gland. This arsenic was furnished by a certain number of aliments, and was carried, probably by the white corpuscles to the nucleus of the cells. A point which the speaker considered worthy of attention on account of the consequences which might result from a therapeutic and pathological point of view was that the presence of arsenic was as necessary as that of iodine to the proper function of the thyroid gland.

M. Brouardel remarked that from what had been said, they should not come to the conclusion that the presence in the normal state, of arsenic in any appreciable quantity in certain organs, affected medico-legal examinations, in which that metalloid had been met with, the quantities of arsenic, on which were based the conclusions of the examinations being always much greater than those indicated by the first speaker as existing in the normal state. M. Gauthier replied that the facts he had related established on the contrary that arsenic was only found in the normal state in the thyroid, the brain and the skin. Arsenical poisoning consequently might be inferred where the metalloid was found in the liver, spleen, muscles, blood, &c.

Coxalgia.

M. Kirmission referring to the communication of M. Nelaton at the previous meeting, anent the treatment of hip-joint disease by resection, said that although he might be a partisan to active interference in the adult he was decidedly conservative in the coxo-tuberculosi of children, so long as the skin remained healthy con servative methods might be pushed very far. Injections of a solution of iodoform and ether (1-10) frequently brought about a cure in suppurating coxalgia. Even in cases complicated with fistula excellent results might be hoped for from this treatment.

As regarded the curative value of resection for coxalgia, it should be admitted that many of those operated on had fistula tracts resulting from the fact that it was not always possible to remove the fungosities completely. He had the opportunity of examining ten patients who had been operated on; three presented fistulæ and four had the limb in a bad attitude, while the shortening varied from 1½ ins. to 4 ins.

Incomplete Consolidation of Fractures.

M Potheral related two cases of incomplete consolidation of fractures treated successfully with the administration of thyroid gland. The first case was a comminuted fracture of the leg treated by the stiff bandage and massage. At the end of eighty days, no consolidation having taken place the thyroid gland was prescribed, and after fifteen days the desired result was obtained. The second case was somewhat similar, but on the eleventh day of the administration of the gland, the patient was seized with cerebral hæmorrhage, and presented symptoms of danger.

The results obtained, said M. Potheral, by thyroid medication in the treatment of retarded consolidation appeared to have given satisfaction in a certain number of cases. However, it should not be forgotten that the medication was attended with more or less danger.

Germany.

[from our own correspondent.]

Berlin, December 9th 1899.

At the last meeting of the Society for Innere Medizin Hr. J. Boaz read a paper on

Experiences in Cancer of the Colon.

He had a material of fifteen cases (twelve in men, and three in women). In eight cases the tumour was demonstrable, in six its seat was the cæcum, and two, the hepatic flexure of the colon Twelve cases were treated by operation. He divided the cases, according to the subjective symptoms, into four groups. (1) Only slight gastric disturbances, and here the diagnosis was difficult. (2) More precise symptoms that fixed the attention on the disturbed intestinal function, the symptoms not being very characteristic. (3) The history and subjective symptoms directed the attention, from the first, to the bowel, and were indicative of the nature of the trouble. The history here was of a stereotyped character. The patients had had no

previous trouble in the bowels, or only slight. Suddenly severe symptoms supervened, with paroxysmal pain, nausea, and vomiting. The attacks then became frequent and more severe, from a stenosing carcinoma; if the disease was seated in the sigmoid flexure, there was tenesmus in addition to the other symptoms. (4) In the midst of seeming good health ileus came on, without distinct indications as to the nature of the disease. On careful inquiry earlier indication will be brought to light. Sometimes errors in diet have been blamed as the cause, sometimes not.

The existence of a tumour was more important as regarded diagnosis. Of the eight cases in which the tumour could be felt, in only two could it be distinctly moved, and these tumours were in the cæcum with a short mesentery. The temporary disappearance, sometimes for two or three days, was of importance. By this was shown the importance of repeated examination, both with the bowel full and empty, in order to protect against errors of diagnosis. In order to test the movability of a tumour, artificial blowing up of the bowel was of importance, and also palpation in the warm full bath.

It was important to distinguish between innocent and malignant tumours, and especially between tumours on cæcal and perityphilitic exudates. The speaker had had two cases in which it was very difficult to distinguish such tumours from tuberculous ileo-cæcal tumour. The diagnosis was facilitated by indications of tuberculosis in the fæces, and by the musical intestinal sounds said by König to be heard when the stenosed part is of length. One especially good means of distinction lay in the diazoreaction observed in tubercle. It had been confirmed in recent times that this was always absent in the case of malignant tumours. A valuable sign was furnished by the symptoms of stenosis. Subjectively, there was severe colic with nausea and vomiting, and objectively, independent of meteorism, tetanic peristaltic movement. The symptoms often receded for a time with careful dieting. Repeated tension of a small coil of intestine with subsequent relaxation was an important sign. All cases exhibiting such symptoms should be taken to the hospital for further observation. He had seen hæmatemesis in two cases, in which the blood regurgitated from the lower segments of intestine. As regarded the fæces, the presence of blood and pus was important. Serious bleeding was only seen in two of the fifteen cases. He had never seen particles of the tumour in the stools except after washing out. The general condition sometimes oscillated more than might have been expected; he had seen an increase of weight of three kgms. in a week. As regards diet, some kinds of food should be avoided—skin fruit, Graham bread, and asparagus—they might originate an attack of ileus. In attacks of stenosis purgatives were generally useful, but in some cases opium was the best.

Of his twelve operation cases five were resection, with two deaths. One being still alive and well after four years, four well after being operated on five months. In four cases enteroanastomosis was performed. (One death from perforation, one patient living after nine months, two after six months.) In one case an anus præternaturalis was made—death after four months.

The results of operation were not very encouraging. Most of the cases were operated on too late. With early diagnosis and operation, the result would have been better.

Operation was indicated in movable tumour and good general condition. The form of operation could not be decided before the abdomen was open. As metastases generally took place late, extirpation afforded tolerably favourable chances. Further, operation should be performed even when no distinct tumour could be felt, if symptoms of stenosis were marked, and also in the case of ileus.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, December 9th, 1899.

SYRINGO-CYST-ADENOMA.

AT the "Gesellschaft der Aerzte," Neumann showed two cases of syringo-cyst-adenoma originating in the sweat glands. It was present on the antenor and lateral surfaces of the thorax over the mammæ, down the back, on the flexor aspects of the extremities, on the face and eyelids, in the form of small tubercles ranging in size from small shot to peas, granular on the surface, and varying in colour from a bright red to a dark brown or purple colour.

In both cases the history and appearances were the same. This condition had existed more or less since early childhood, but had increased in extent of late, decidedly so since they had entered hospital; some of the tubercles becoming flat and cystic during this period.

In many respects this affection resembles xanthoma or dermatomyoma, but differs from both in colour course, and distribution. In diagnosis, another error must be avoided, viz., that after injections of pilocarpine a spurious form of syringo-cyst-adenoma may be induced.

The microscopic appearance is peculiar. The mass appears to be composed of a number of tubercles formed of solid nests of epithelium, cysts with glairy homogeneous fluid contents.

The degeneration of the cysts and solid contents of the nests finally form a colloid substance which may contain many of the epithelial cells with granular contents. The first cellular nests and columns seem to arise from a thickening and hardening of the sebaceous glands and sweat ducts. From the pathology of the disease Neumann thinks the correct terminology is syringo-cyst-adenoma. He also emphasised the fact that the origin in his cases was not due to an abnormal or degenerate embryonic tissue, as many other observers had affirmed, but from primarily healthy tissue.

The notes in these cases were well illustrated by photographs as well as wet and dry microscopic preparations.

GASTRO-ENTEROSTOMY

Ullmann next exhibited a female, æt. 35, on whom he had performed gastro-enterostomy for a tumour in the pylorus. He connected the small bowel of the mesentery with the stomach, and closed the proximal end of the alimentary section. To the small intestine, which he connected with the stomach, he laterally connected the lower part of the duodenum to conduct the products of the pancreas and liver into the alimentary canal, so that digestion might not

suffer. The operation fulfilled the most sanguine expectation, and the patient recovered rapidly, and since the operation had increased in weight 17½ kilos, or 38·5 pounds. Microscopical examination of the glands taken from the neighbourhood of the pylorus showed inflammatory infiltration. He compared these specimens with others taken from the neighbourhood of the cæcum, which he had removed for carcinoma, thus proving the carcinomatous condition of the remaining pylorus. He thought the success of this case disproved the opinions of Schuchard and others, who have affirmed that recovery is protracted in such cases, even if successful, when the carcinoma and glands are left behind.

Direct Examination of Larynx.

Schrötter demonstrated Killian's method of examining the larynx and trachea as well as the bronchi by means of a tube directly, and not with the laryngoscope as hitherto. The part to be examined is lighted by means of a small electric lamp with a lens carried in the instrument itself. His object in using this instrument was an immediate one. He brought in a boy, æt. 12, who had the head of a pencil lodged in the left lung which could be seen by the Röntgen rays, but was beyond the reach of all instrumental arrangement. By cocainising the trachea and bronchie and inserting this instrument he is hopeful of reaching the, at present, inaccessible fragment.

Concretions in the Urinary Tract.

Zuckerkandl showed a few concretions taken from different parts of the urinary tract. The first were three stones removed from the urethra of a child æt. 3½. The second was a preputial stone taken from an old man, 73 years of age, who ten years previously was stung on the organ by a wasp, which produced a phlegmonous condition of the penis, with subsequent hardening of a small tumour about the size of an apple. The operation revealed two phosphatic stones in the preputial sac.

The third was a stone occurring in a female, æt. 55. For a long time this stone was caught in the lower end of the right ureter, where it formed a sac, it ultimately burrowed its way into the bladder, whence it was removed by crushing.

Whatever be the primary origin of these para-urethral stones, Zuckerkandl is firmly convinced that many of these crypts and fistulæ furnish the initial history of many of the nephritic and cystic stones met with in daily practice, which often reach a gigantic size before removal.

The Operating Theatres.

WEST LONDON HOSPITAL.

Nephro-Lithotomy.—Mr. Bidwell operated on a man, æt. about 40, who had been admitted to hospital suffering from acute pemphigus. A sinus discharging pus was found in the left loin, and the patient gave the history that seven years before he had been operated on for renal calculus, but the wound had never healed. The present operation was undertaken when the acuteness of the attack of pemphigus had subsided. The kidney was exposed in the ordinary way by an incision of which the sinus was the centre, and seven calculi were removed from the body of the organ, not from the pelvis. A drainage tube was inserted, and the wound closed. Mr. Bidwell said the interesting point about the case was the probable origin of the pemphigus from infection depending on the sinus in the loin; the infective origin of pemphigus, he said, was now well recognised, and an important point of its treatment should be the cure of any suppurating point.

It is satisfactory to note that the patient progressed satisfactorily both as regards his kidney trouble and the pemphigus.

Arthrectomy of Knee.—The same surgeon operated on a boy, æt. 19, who had been admitted to the hospital with tuberculous disease of the knee. At first he had trouble in his knee ten years ago. This had subsided under rest and splints, leaving a perfectly useful joint. Eighteen months before admission the knee again became swollen, the swelling being most marked on the outer side. It had persisted in spite of treatment by splints and strapping. As the swelling was principally on the outer side of the joint, the inner side being seemingly not involved, the incision was made along the posterior border of the biceps tendon, and a cavity containing broken down cheesy material and granulation tissue opened up; the walls of this were dissected away, and the deeper parts scraped; it was then found that the cavity led directly into the knee-joint and that the cartilage at the lower end of the internal condyle was separated. A semilunar incision was therefore made in front of the knee-joint, its centre being below the lower border of the patella, and the skin flap dissected up as high as the upper border of the bone. The patella was then drilled vertically, was divided transversely with a saw, and the knee-joint opened up. The synovial membrane, which was infiltrated with tuberculous granulations, was dissected away from the external condyle and outer head of the tibia. The loosened cartilage over the external condyle was removed, and the bone scraped; nothing was done on the inner side of the joint as the synovial membrane had been replaced by cicatricial tissue, and there was no tuberculous deposit. The joint was thoroughly flushed with perchloride, and a stout silver wire was passed through the holes which had already been drilled in the patella, and tightened, bringing the edges of the divided bone in apposition, the ends of the wire being then twisted at the upper border of the patella. Both skin incisions were closed with horsehair, and a few points of silkworm gut, and the limb put up in plaster of Paris splints. Mr. Bidwell said the first point of interest was the relapse in the knee after apparent cure eight years before, showing that there was always a risk of return of tuberculous disease when it is not removed, and the case treated by rest alone. Another point, he remarked, was that, as the principal swelling was on the outer side of the knee, he had hoped that this was tuberculous infection of the bursa and had no communication with the joint; when he found that the articulation itself was affected he naturally decided to do an arthrectomy since the whole of the diseased area could not be removed by a lateral incision. He drew attention to the fact that the division of the patella gives excellent access to the joint, and ensures a perfect power of extension after wiring. He said he always drills the bone before dividing it, as this ensues accurate apposition of the two fragments. In wiring a patella, it is always, he said, advisable to twist the wire at the upper border of the bone, so that the resulting prominence afforded by the twist is well out of the way of pressure in kneeling. He

remarked that probably the case would not be dressed for three weeks, when the stitches would be removed, and the limb would be put up in plaster of Paris for another month; afterwards a moulded leather splint would have to be worn for about a year.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 13, 1899.

THE COUNCIL AND THE PRELIMINARY EXAMINATIONS.

The attitude of the General Medical Council during the last two or three years in regard to the proposal to raise the standard of preliminary examinations had raised hopes on all hands that at last, after many weary years of half-hearted tinkering, we were within measurable distance of an improvement. Last session, the expediency of forthwith substituting the senior or higher grade examinations for the second and third-rate tests at present recognised as sufficient for purposes of registration by intending medical students, was referred to the Education Committee, with instructions to enlist the services of three experts in matters educational, and to report to the Council thereon. Early last week the anxiously expected Report was brought forward, but the conclusions therein arrived at will assuredly dash the hopes of all who take an interest in the problem of raising the status of the profession by ensuring that its members shall be persons of fair general education. It is well-nigh incredible, but we are assured on the authority of the three experts in question that the substitution of the higher grade examinations is at present impracticable "in view of the present state of secondary education in this country." The Committee endorse this report, and calmly ask the Council to acquiesce in conclusions which, if accepted, must inevitably have for effect to maintain the present miserably inadequate standard for an indefinite, but certainly protracted, period. Is education then at such a low ebb in this country that schoolmasters cannot undertake to provide their scholars with a standard of general education superior to that exacted for the second class of the College of Preceptors or the junior local examinations of Oxford and Cambridge? Why, this admission justifies the harshest criticisms that have been passed on our national system of education by critics at home and abroad. It amounts to a confession of educational bankruptcy! From all corners of the Council Board arose cries of astonishment, disappointment, and dismay; indeed, Sir Richard Thorne was not wide of the mark when he described the report as "staggering," an adjective in the use of which Mr. Victor Horsley concurred. The Report gives no hint of the data on which these three experts arrived at their lamentable conclusion, fortunately perhaps, because the Council was manifestly unable to accept such far-reaching conclusions in the absence of any justificatory information. Are we then to consent to abandon for the present all idea of eliminating from the ranks of medical men the flagrant examples of illiteracy to whose existence attention has so often been called in connection with the competitive examinations for appointments in the Services, and also at the final examinations for diplomas? To deter the Council from entering upon any experiment of the kind, the experts threaten us with an immediate and considerable reduction in the number of candidates for registration, not perhaps an unmixed evil, even if their Cassandra-like utterances were fulfilled. The matter has been referred back to the Committee with instructions to furnish the data on which these conclusions were arrived at and to further consider the matter as a whole. We trust that before it again comes before them for discussion members of the Council will pluck up courage to do their duty to the public and to the profession in this matter *ruat cælum*.

THE HOUSING OF THE POOR.

There is no problem in the whole field of preventive medicine that demands more careful and immediate solution than the housing of the poor in our great cities. The rapid increase of population and the exodus of labourers from country to town has taxed existing urban dwelling space to its utmost capacity. The natural result is overcrowding, with all its attendant evils, a state of affairs that demonstrates among other things the urgent need of drastic land legislation. It has long been known that the rate of mortality has a close relation to the density of population, as shown by Dr. Ogle, when the number of persons to the square mile reaches or exceeds 400. On the other hand Dr. Newsholme insists with great reasonableness that the true density to be considered is the number of persons per room. So far as London is concerned it has been estimated upon the basis of the last Census that considerably more than half a million of the working classes, and about an eighth of the whole population, live in one- and two-room tenements, while the average occupiers per room in

three. In the parish of St. Pancras it has been officially stated that upwards of 60,000 persons are living more than two in a room. Bad as this state of things undoubtedly is there can be no question that it is surpassed in many provincial towns especially in such manufacturing districts as Lancashire and the Black Country. The brunt of the resulting mischief falls upon the producers of the national wealth, and in this way undermines one of the chief foundations of the prosperity of Great Britain. It may be argued that the local authorities are armed with sufficient means of coping with the evil, an assertion that goes beyond the facts of the case. It is true that there are considerable powers both as regards the control of overcrowding and of providing fresh housing accommodation. Against these potentialities, however, must be placed practical drawbacks that in no small measure render special legislative powers abortive. For instance, if vestries were to attempt to enforce the law against overcrowding, they would simply turn into the street whole families who would be unable to find other accommodation. So too with closing orders against insanitary property. Where the vestry does its duty as often as not landlords leave the condemned property alone and do not attempt to rebuild, because the source of their profits lies in the overcrowding, and the original tenant cannot afford to pay a high rent unless he is able to rack-rent the sub-tenants at a figure that can in turn be made up only by overcrowding. Indeed, with a knowledge of the fact that there is no accommodation available for displaced inmates magistrates often refuse to make closing orders, that is to say, admittedly insanitary premises are allowed to be crowded to excess in the heart of the greatest and richest city in the world and that, moreover, by express legal sanction and in contravention to the written law. For all that one cannot quarrel with the common sense humanity that guides the action of the magistrates, it is rather to the state of the law and the action of the local authorities that one must look for future reforms. As already said the laws relating to the tenure and sale of land lie at the root of a great deal of the evil. The want of cheap transit prevents the migration of workmen to outlying districts where land is cheap. The London County Council has the power of demolishing insanitary areas and providing for the displaced population. Unfortunately the new houseroom may be pitched in any part of the metropolitan area, however distant and there is no obligation to furnish *interim* accommodation while the fresh buildings are being erected This difficulty, however, is only one of many that beset the whole problem. For instance one of the means by which vestries evade the regulation of houses let in lodgings is to fix a low maximum price, which they are entitled to do, at which control shall be exercised. Supposing half a crown be fixed as the limit then it is clear that the majority of lodgings in that particular district will be at once excluded. Then, again, a fact that must be faced is the decrease in common lodging houses, and the rapid increase of ill-regulated shelters, neither of which should be wanted to any great extent were casual Poor-law relief administered in a broad and liberal spirit. Another point is that excessive hours of labour add to the pressure by making residence on the spot a necessity. Coming to remedies, the vestries should be urged to do their duty in enforcing sanitary standards and in regulating houses let in lodgings. Municipal bodies should follow the example recently set by the London County Council in closing unhealthy areas and building houses to accommodate the displaced population. A great impetus might be given in that direction if the Government would advance at a low rate of interest and a long term of repayment the money necessary for rehousing schemes. Nor can it be doubted that the general education and enlightenment of the people on these matters must precede any great measure of reform. Lastly, the reconstruction of the laws affecting land seem to be an imperative condition. Of anything like a thorough handling of this question of the housing of the poor, and certainly not the least important of the points that demand attention in that quarter is the taxation of ground values.

THE LONDON COLLEGES AND THE COUNCIL.

The uncompromising attitude of the London Colleges in regard to the authority of the General Medical Council to control the recognition of schools and other teaching bodies by the Colleges as suitable for imparting scientific teaching to intending medical students, gave rise last week to an animated debate at the Council, in which the representatives of the Colleges were obviously at variance with the great majority of their colleagues. It will be recollected that the London Colleges had, for three years past, accepted as qualification for their examinations courses of "instruction" in physics, chemistry, and biology, delivered to school boys in grammar schools and other non-medical schools long before the boy became a medical student, and they claimed that a year supposed to have been occupied with such courses should be accepted as one of the five years of medical study enjoined by the Medical Council. That Council and everyone outside these Colleges regard this proceeding as a palpable attempt to evade the regulations, and the Council has said so in no uncertain terms; but it has been met by the Colleges, not to say with hostility, but with truculence and discourtesy. Their answer to the Council is that they "decline to recognise the requirement that scientific institutions, where medical study is commenced, should be approved by the Medical Council." This is an ultimatum which it is quite obvious the Council cannot put up with, because it amounts to a deliberate repudiation of its authority to supervise study, not in these subjects alone, but in any of the subjects of the curriculum. The ground taken by the Colleges in justification of their refusal to admit the authority of the

Council to intervene in this matter is based on the fact that no clause in the Medical Act specifically gives this power. If, however, the sciences are admitted to form part of medical education the conditions under which they are taught must obviously fall within the competence of the Council. It seems absurd to pretend that the Council does not possess the right to specify the conditions under which they will recognise particular courses of study, for, were it otherwise, the whole system of examination would be reduced to a farce. It is to be presumed that the Colleges have had good legal advice before assuming this, but certainly, we fail to find any legal justification for the position which they have assumed. As to the power of the Medical Council to define the sort of instruction which it will recognise, the 4th Clause of the Medical Act of 1886 says:—"If at any time it appears to the General Council that the standard of proficiency *in medicine, surgery, and midwifery, or in any of those subjects or any branch thereof, required from the qualifying examinations held by any of the Bodies . . . is insufficient, the Council may make a representation to the Privy Council which . . . may by order declare that the examinations of such Body shall not be deemed qualifying examinations for the purpose of registration.*" The only question which can be discussed seems to be whether Chemistry, Physics, and Biology form part of the subjects essential to competency in medicine, surgery, and midwifery. If not it is competent for every licensing Body in the Kingdom to wipe these subjects out of the curriculum, and we have no doubt that they will do so. The Council, however, possesses ample means of enforcing its resolutions, and should the matter ultimately be referred to the Privy Council there can be little doubt as to the result. As, after all, the Colleges do not stand to gain anything by protracting their obstinacy, we may hope that wiser counsels will prevail, and that they will avail themselves of the earliest opportunity of abandoning an untenable position. They may, perhaps, feel themselves strong in the letter of the law, but it is manifest that they have no support in public opinion considering that, in the division which was taken on this Council, they scored but one vote—that of the representative of the London College of Physicians—against twenty-two votes cast in support of the policy of the Council.

Notes on Current Topics.

A Magistrate upon Medical Certificates.

THE Stipendiary of Cardiff, Mr. North, may be congratulated upon having the courage of his opinions so far as the value attachable to medical certificates produced in defence of School Board prosecutions for non-attendance. The exciting cause of his remarks upon a recent occasion was the putting in of an undated certificate stating that a child who failed to attend the Llanwonno School was suffering from bronchial catarrh. The magistrate thereupon said that doctors' certificates given in certain cases were simply waste paper. Without a detailed knowledge of the facts it is impossible to form a sound opinion as to this extreme attitude, but if it were dependent on the absence of a date from the document, then we think the medical man who signed it should have been afforded an opportunity of offering an explanation. Some clue to the inwardness of the matter may perhaps be obtained from the request of the prosecution, which asked his worship to say that certificates delivered for the first time in Court should be taken no notice of. If these certificates, it was urged, were delivered at the schools or given to the attendance officer they would receive due attention, and the parents would not be summoned. There seems to be reason in this view of the question. It will be well for medical men to grant certificates only where a case is absolutely above suspicion, and to refuse altogether where the document is required simply to spring in Court upon a prosecuting Board. Members of the medical profession are apt to act from the heart rather than the head, but it would be a thousand pities if from abuse of sheer good nature they were to destroy or lessen the value of medical certificates produced in Court for various purposes.

The Way the Juvenile Student Has.

EVERY one must thankfully acknowledge the great improvement which the last quarter of a century has witnessed in the demeanour of the student. Bob Sawyer and Ben Allen, who were very trying realities in the early fifties, have become extinct, and, as a rule, students are now endowed with sufficient intelligence and self-respect to feel that there is no fun in making fools of themselves and bringing their class into public contempt, although even those who preside over them like to see them good humoured and hilarious. We suggest that, as a reform in the conduct has been voluntarily effected by the great majority of students, it is time that the rowdy minority should be restrained from making nuisances of themselves by disturbing important public functions. We say unhesitatingly that the system of converting such a function into a disreputable bear garden is played out and ought to be stopped by those in authority out of respect for their own offices and for the prestige of the institutions over which they preside. The idiotic pandemonium which marks the conferring of degrees in most places is confessedly a nuisance to every one, so much so that many thinking people stay away to avoid it, but it is tolerated as many other abuses now departed were tolerated because it is an old custom, a reason which in these days has ceased to have any force. We urge that it is a most distressing sight to see an honoured old gentleman attempting to address such an assembly while he is bombarded with peas and crackers, and his voice drowned by the screeching rowdyism of a number of the audience who can think nothing interesting save their own inane jokes and howls. These observations are evoked by the stupid and annoying conduct of some of the students of the

Queen's College, Cork, on the occasion of the recent triennial visitation of Mr. Justice Holmes, Sir Thornley Stoker, and Dr. Moore. We are told that the baby-minded men students converted the notice boards into banners, and, having procured a garden hose, saluted the President's residence, where the visitors were lunching, with discharges of water. A hunt was then organised, a stuffed tiger belonging to the natural history museum being commandeered for the purpose, and during the sport several botanical specimens were uprooted. An empty prison van was next attacked, overturned, and the driver seriously injured. In the evening these students diversified the entertainment by getting up a street riot in which they were compelled to fly ignominiously before the incensed mob. We submit that, if this sort of contemptible rowdyism cannot be avoided, visitations and capping ceremonials should be held *in camera*, or that only carefully selected ticket-holders should be admitted thereto. Really it is desirable that the feelings of the respectable people amongst the audience on such occasion should be consulted.

The Reciprocity Question.

With a dilatoriness to which the Council has accustomed us the pressing question of reciprocity of medical practice in regard to Italian practitioners has again been postponed, under the fallacious protest of ascertaining whether the Italian Government contemplates any change in existing arrangements as regards the practice of medicine in Italy by British practitioners. In the interest of the not inconsiderable number of British practitioners in that country some action on the part of the Council was imperatively called for, but in deference to the natural distaste for hypothetical foreign competition action has been postponed. This is the more regrettable seeing that Italy is alone in according generous treatment to our fellow countrymen in this respect, and the opportunity of cementing an accord on this point may at any moment be lost. We have no sympathy with those who, like Sir Christopher Nixon, deprecate any alteration in existing regulations "for the convenience of foreigners." He and they lose sight of the fact that reciprocity is a measure which must always tell in favour of the ubiquitous Englishman. We must deprecate also the narrow-minded suggestion to introduce a clause into the Medical Act to restrict foreign medical men to practice among their own countrymen, a provision which could not possibly work well and would be virtually impossible to enforce.

American Army Surgeons' Grievances.

The assistant surgeons of the United States army who served during the war with Spain appear to have some ground for complaint as to their treatment by the Government. At any rate, they have called a mass meeting in New York for the purpose of forming an organisation and of obtaining legislation from Congress fixing their legal status as officers of the army. It is claimed that the burden of the medical and surgical work of the Spanish war fell upon about a thousand acting assistant surgeons, who were exposed to all the dangers of wounds and disease incurred in that campaign. They were overworked, and had only the shadow of rank and authority, while a part of their already scanty pay was withheld by the rulings of treasury officials. The main ground of complaint, however, relates to their present standing in the army. They say that in accordance with an agreement made at the time of their enlistment, the acting assistant surgeons were to have received the rank and pay of first lieutenants on the staff when mustered out, but that this has never been accorded to them, and their legal status as officers in the army has, in consequence, been left undetermined. At the forthcoming meeting it is proposed to ask of the legislature that each acting assistant surgeon receive preference for appointment over those who have not had previous service in the medical corps of the army or navy or the marine hospital corps. Without hearing the arguments on both sides of the question it is impossible to form a sound judgment, but it certainly appears that in the present instance the United States Government have not acted generously to the medical men who so freely offered their services in time of need. Jealousy of the medical branches of the military service is not unknown in other countries, but it is to be hoped that the United States will not allow her laurels to be smirched with black ingratitude to the men who did their duty as heroically as any who graced the annals of their country during the late war.

The London School Board and Underfed Children.

For some time the London School Board have had under discussion the subject of providing meals for the young scholars, who are considered to be underfed. The idea, of course, may be regarded as excellent from a philanthropic point of view, and upon this basis we should like to see it accomplished But it is quite another matter to look to the ratepayers for the means of carrying out the scheme. This was entirely the view taken at the last meeting of the Board, and it has now been decided to reconsider the question for the purpose of seeing what can be done by voluntary effort. Clearly, there would be great danger of abuse if free meals for underfed children were promiscuously provided by the ratepayers. Much as we may sympathise with the poor little mortals who have to work hard at school without having enough to eat, we nevertheless think that it is not the duty of the Board to deprive the parents of the responsibility of providing dinners for their offspring. With free education and free dinners, generously afforded by public money, poor parents at this rate will soon be able to have children who will cost them nothing. On the other hand, we doubt whether any self-respecting parent would permit a child of his to accept a free meal; consequently the free meals would probably be given to the children of parents who would

be only too glad of the opportunity of shirking their parental duties. By this means worthlessness would be encouraged, and a premium placed upon idleness.

More Influenza.

WE learn with regret that there is every probability of a renewal of the influenza outbreaks which for years past have exacted a heavy toll from the population of the United Kingdom. Numerous reports of attacks in schools and elsewhere have come to hand from both London and the provinces. Fortunately, the epidemic seems to be, on the whole, of a milder type than in former years. Although influenza does not confer subsequent immunity from the disease, it nevertheless seems to modify the course of the malady in later attacks. It is difficult to judge of the extent or severity of an epidemic of this most subtle and infectious complaint from mortality statistics, because many of the resulting deaths are due to remote and indirect causes. From a recently issued bulletin of the Health Department in Chicago, we learn that this pest of mankind has been "permanently domesticated" since 1891. It is to be feared that the epidemic wave of influenza has not yet rolled away from our own country. Indeed, in the face of the present somewhat alarming signs of recrudescence, it has been suggested that the Home Office should be asked to take into careful consideration the advisability of requesting the local authorities throughout the country to add influenza, for the time being, to the list of notifiable diseases.

The Decadence of the Army Medical Service.

LAST week Surgeon-General Hamilton, lately P.M.O. for Cape Colony, gave, when distributing prizes at the Volunteer Ambulance School, some instructive facts as to the decadence of the Army Medical Service. He said that when he entered the Service forty years ago the total strength of medical officers was considerably over 1,100. At present the executive ranks barely numbered 800, a long way short of the recognised establishment. During the same period the European Army of England had been increased by some 70,000 men, so that with this large increase in strength we had 300 fewer officers to do the work. Out of this number of 800 medical officers there were 408 on ordinary foreign service, 240 in South Africa, and about 100 effective officers in the United Kingdom. When the two further divisions now being mobilised were provided for, the Royal Army Medical Corps would have closely approached its vanishing point in the United Kingdom. It had been already found necessary to supplement the medical staff in South Africa by 70 civil surgeons, and he believed all, or nearly all, of the available retired pay officers had been called back to duty. It was quite evident there was no lack of military ardour among the members of the medical profession as was proved by the fact that seventy civil surgeons were now serving with our troops in the field, but it was equally evident that the Royal Army Medical Corps was not popular in the medical schools This falling off in the strength of one of the most important departments of the military service of the nation is, obviously, due to the policy of "snub" adopted by the "my military advisers" towards the medical officers. Surgeon-General Hamilton said that there was satisfactory proof that everything that was possible was done in South Africa for the care of the sick and wounded, the medical staff working most heroically in the field under the greatest difficulties. Sir George White had spoken most kindly and sympathetically of the labour of medical officers in the late Frontier War in India, and said he had seen reason to recommend more of the medical officers for the Victoria Cross than all other branches of the Service put together. This gallant officer's recommendations, Surgeon-General Hamilton observed, were set aside by those in power in our War Office, and the many acts of valour performed by medical officers in that campaign had gone unrewarded.

The Surgeoncy to the City of Dublin Hospital.

THE succession to the surgeoncy of this hospital, vacated by the death of Mr. W. Wheeler, is the subject of speculation among Dublin hospital surgeons. It is rumoured that three former house surgeons of the hospital will be candidates, besides others, and that there is also a proposition to appoint an assistant surgeon, either in addition to or in substitution, temporarily, for the surgeon. As we have always been strongly in favour of the system of promotion from the ranks in hospital appointments, we think that the candidate who had served the hospital in the minor capacity should have a prior claim to the higher position, if his record, in the minor rank, has been good, and we strongly object to the pitchforking of any untried competitor into the responsible charge of cases and the performance of operations. Perhaps it may occur to the administration of the institution that the sick poor who enter the hospital ought to be thought of when a practitioner competent to treat them is for selection.

The Harvest of the War.

THE first arrival of sick and wounded from the seat of war by the *Sumatra* last week included two wounded officers and 126 invalided men, who were mostly the victims of some tropical disease, such as dysentery and malaria. But light in casualties as this preliminary batch is, we, nevertheless, shall have to be prepared for some very heavy consignments of wounded men later on. The Boer marksmen have not come up to the standard expected of them, so far as the accuracy of rifle fire is concerned, otherwise it is certain that the casualty lists for the various engagements already fought would have been greater on our side than they have proved to be. From all accounts, however, there seems to be every probability that the war will yield an enormous total of wounded soldiers which will tax the resources of the hospital accommodation in South Africa to the fullest extent. Hence, no

doubt the authorities will endeavour to help lessen the pressure on the beds by regularly transferring as many of the wounded as possible to this country. Of the two wounded officers already referred to, one was injured in the head by the bursting of a Boer shell early in the battle of Elandslaagte, and the other was suffering from an injury to the right arm caused by a Mauser bullet. The latter case will presumably require some surgical treatment inasmuch as very acute suffering, showing some nerve lesion, is still being experienced by the officer.

Senile Parotitis.

It is said by some authors of text-books on medicine that parotitis in old persons may occur, but it so happens that medical literature contains the records of only one case, referred to by Pepper. Another case, however, has just been published by Walcott in the *American Journal of the Medical Sciences*. The patient was a retired practitioner, aged ninety years and a-half, and the attack began to develop one day after he had been working in his garden. The right parotid became rapidly swollen, and exceedingly painful. The swelling ultimately extended to such a degree that the right ear was completely closed, and the ear occupied the centre of the inflammatory enlargement. Despite active treatment delirium supervened; the heart also began to fail, and on the fourth day of the commencement of the attack the old patient died. The fatal termination in this case is significant when compared with the other recorded case, which also proved fatal, in an old lady of eighty-four. The typical signs of parotitis were present in both, and there seemed to be no grounds for doubting the correctness of the diagnosis. It is, however, impossible to believe that cases of the disease, other than these two, have not been met with. Rare in old age as the affection undoubtedly is, it must nevertheless be true that the disease has occurred upon former occasions, but without the cases having been placed on record.

Unsound Fruit Prosecutions.

The seizure last summer of large quantities of fruit at certain South London jam factories always seemed more or less a counsel of perfection. From what we know of the process of manufacture of the wholesome edible concerned it may fairly be presumed that sterilisation of all harmful microbial life is connoted. That view of the case, however, did not commend itself to the prosecuting sanitary authorities, and to the magistrate and the judge who tried the case. The sequel to the heavy penalties then exacted has come in further legal proceedings against the Covent Garden merchants who consigned the fruit in the first place in an unsound state to the jam factories. The practical outcome of these prosecutions has been to place a serious check on a large and flourishing branch of local industry, while, on the other hand, it is doubtful if the public is a penny the better off. The zeal of the sanitary inspectors and of the Medical Officers of Health, who are nominally in charge of these matters would be more wisely directed, in our opinion, against the thousand and one adulterations that cheat the pockets and undermine the health of the community on all hands. Yet the prosecutions for this class of offence are ludicrously inadequate. The very terms of appointment of the public analysts, as we have recently pointed out, in many cases emphasise the act that any extensive analysis of food and other adulterations was never contemplated by the appointing authorities. Otherwise no sane vestry would hand over this exacting work to a man who held similar posts in connection with, perhaps, two or three civilian and half-a-dozen distant county districts. Where are the Home Office and the Local Government Board, who share the responsibility of the present arrangement?

School-Life and Constipation.

The want of consideration shown by careless and bashful schoolmasters and mistresses to the physical needs of their scholars is doubtless responsible for the constipation which, we are assured, is so prevalent in schools. No special measures are taken to ensure attention to these fundamental details of life, the closets are for the most part cold and decidedly uncomfortable, and every difficulty is placed in the way of scholars who experience a desire during the progress of the lessons. A French practitioner, Dr. Gripat, recently published an article insisting on the necessity for greater attention on the part of those who have charge of young persons in this respect, and he goes so far as to suggest that a register should be kept, in which every scholar would be constrained to record the working of his economy. Certainly a little systematic drilling would greatly tend to regularity of the intestinal functions, and much time would be saved by accustoming children to avail themselves of the intervals between lessons, instead of waiting until class time for the need to become imperative. It is obviously as important, from the point of view of scholastic hygiene, to ascertain the integrity of these functions as to examine the throat or the eyes, for unless these functions are regularly and adequately discharged, the capacity of the student to profit by the teaching must be greatly impaired.

Medical Practitioners in Japan.

It seems almost inconceivable that a dearth of medical men should exist in any part of the world save in parts far removed from civilisation. But the curious fact is that in Japan the number of medical men available for the population is far below the requirements. In discussing this matter the last issue of the *Sei-i-Kwai* Medical Journal remarks as follows:—"At a time when the numerical insufficiency of medical practitioners has become a chronic complaint in this country it is gratifying to find that their number has been appreciably on the increase during the past few years." The journal in question, however, subsequently shows that the returns for the last five years only show an average annual increase of 50 qualified men. It seems remarkable that more young men are not

induced to join the medical profession in Japan. The question of any natural incapacity for the work cannot be one which acts as a deterring element, for Japanese medical students are by no means unknown in the British medical schools, and it is also tolerably well known that some of these students have displayed more or less brilliancy in their work. How is it, then, that Japan suffers from a dearth of medical men?

Unqualified Dispensers.

As we foretold, the Council have not thought fit to take any action in regard to the employment of unqualified dispensers by medical practitioners. The special committee appointed to investigate the matter simply endorse the reply already forwarded to the Privy Council by the Executive Committee, thereby intimating that they do not consider the subject to be one calling for any special action. The question is one of far-reaching importance, but we can quite understand the reluctance of the Council to intervene, unless constrained thereto. The whole fabric of medical practice is based on the employment of unqualified dispensers, and any modification of existing arrangements would entail what would almost amount to a dislocation. We doubt whether public opinion is, as yet, sufficiently alive to the drawbacks of the present system to insist on a change. The bogey of accidental poisoning, trotted out by pharmaceutical agitators for trade purposes, has not had the desired effect, and, as far as one can judge, practitioners are not likely to be molested in this respect for some time to come.

"One Man—One Billet."

UNDER this heading the *Australasian Medical Gazette* offers some remarks in its October issue respecting some recent appointments conferred upon Dr. Leith Napier, who was at one time well-known in gynæcological circles here. The South Australian Government, in addition to the posts already held by Dr. Napier, have just appointed him Assistant Colonial Surgeon, and Senior Assistant Medical Officer at the Adelaide Lunatic Asylum, and have also made him a member of the South Australian Medical Board. These additional marks of favour seem to have caused some resentment in the Colony, which our contemporary takes upon itself to voice. But it is only natural that the Government should avail itself of opportunities to show its appreciation of the services which Dr. Napier at one time rendered it; and if he is now a pluralist, it is not improbable that a good many of his profession in the Colony would only be too glad to be in his shoes.

The Branch Councils.

UNLESS the Branch Councils are to become inanimate bodies it is evident that steps must be taken to rehabilitate their financial position, a contingency which has never been favourably entertained by the General Council. The matter, however, is forcing itself on their attention, and a slight step in the direction of redistribution has just been taken by referring the matter to a committee for future report No good can come of taking further legal opinion thereupon. The Council must by this time be perfectly cognisant of the situation, and it only remains for them to agree to proceed to draw up a plan providing funds for transacting business in the two departments of the kingdom, in which the Branch-Councils are specially afflicted by impecuniosity.

The Plague in England.

THE introduction of the plague into Great Britain dates from mediæval times, and it was most likely identical with the terrible scourge known as the "Black death." It was epidemic in this country for centuries until its last great outburst in 1665, after which it retreated to the European continent, where it lingered fitfully in certain countries until 1841. In Asia it has always been endemic with constantly recurring epidemic outbreaks. The mortality from plague in the 17th century was terrible, as shown by following figures taken from the London bills of mortality:—

Plague deaths—Total.				Deaths per 1,000 from all causes.
1603	... ...	30,561	... ...	819
1625	... ...	35,417	... ...	652
1636	... ...	10,400	... ...	445
1665	... ...	68,596	... ...	705

The cessation of the scourge in England was no doubt due almost entirely to the disinfection of the chief centre of population by the Great Fire of London. The march of science, however, has made it practically impossible for the plague to get a foothold in any country that maintains a decent average of general sanitation. The increase of knowledge regarding its etiology has been well expressed by an authority upon these matters, Dr. Newsholme, who says: "Plague is an infectious filth disease, fostered by destitution, overcrowding and lack of ventilation, and due to a bacillus which lives in the soil, and attacks lower animals; mortality in rats has been often observed before outbreaks." In the disappearance of plague we find an object-lesson of what will one day occur with all infectious diseases. Nothing in that direction is impossible to the energy and resource of modern prevention.

A Medical School for Assam.

BY his will the late Brigade-Surgeon John Berry White left 50,000 rupees for establishing a medical school for the Assamese students. It is expected that the school will be opened in June next.

Preservatives in Food.

IT will be observed that almost all the evidence given before the Departmental Committee on food preservatives turns upon the fact that boric or salicylic acids or other similar preservatives are present in most of the preserved foods which the public consume. The sophistication is now confessed, but it does not seem to us that it touches the real question, which is whether these preservatives are present in any quantity sufficient to injure the health of anyone who consumes a reasonable amount of the food. We should like to know how many pounds of butter, or gallons of milk, or hams it would be necessary to consume if one wanted an injurious dose

of any of these preservatives. It is a very "white lie" to say that a food is not adulterated if it contains no more than a homœopathic dose of an almost inert preservative.

From Sewage to Peppermint.

The cultivation of peppermint on sewage farms seems to be a profitable undertaking, as proved by the experience of the Sutton Urban District Council. Nothing, however, could more eloquently—or satisfactorily—show the marvellous concatenation of changes which Nature can effect, that that by means of foul smelling sewage, an odorous product can be evolved which enjoys several spheres of popularity. The authority above mentioned, will by next year have six acres of their sewage farm under peppermint cultivation.

Inebriate Asylums.

For the present it appears that the provision of asylums under the Inebriate Act of last year must devolve upon the wealthy English communities, and we observe with satisfacfion that the London County Council has appointed a special committee to organise the system. In Ireland, as yet, there is but one such asylum, situated at Ennis, and to it there is no admission save for a criminal sent in by the magistrates. Everything must have a beginning, and we expect that these beginnings will eventuate in the general adoption of the principle of the Act and its system.

War Supplies.

Some idea of the vast proportions of the supplies required by the War Department for a campaign like the present may be judged from the fact that it has provided on the basis of a four months' campaign for 6,000 lbs. of carbolic powder, 20 tons of chloride of lime, 10,000 gallons of Izal, and 10 tons of Macdougal's disinfecting powder.

The treasurers of the Middlesex Hospital have received £100 from "Research" in response to their appeal for the establishment and maintenance of the New Cancer Research and Laboratories, recently instituted for the investigation of the cause of cancer.

PERSONAL.

Viscount Portman has contributed a further donation of £1,000 in aid of the building fund of Queen Charlotte's Lying-in Hospital.

The Earl of Leicester, President of the Norfolk and Norwich Hospital, has promised a further sum of £10,000 in aid of the funds of the institution, making in all £15,000.

The Council of King's College, London, have appointed Professor N. J. C. Tirard, M.D., to the Chair of Medicine vacant by the resignation of Professor J. Burney Yeo, M.D.; and Dr. W. A. Turner to be an Assistant Physician at King's College Hospital.

Dr. Christopher, accompanied by Dr. Stephens and Mr. A. Pichels, having been selected by the Royal Society, have left by the s.s. *Bakana* for the West Coast of Africa to study the question of the prevention of malaria. They work under the auspices of the Liverpool School for Tropical Diseases.

Mr. J. S. Wood, formerly Secretary to the Chelsea Hospital for Women, has given a donation of £100 to name a bed "In Memoriam," and the council, being in urgent need of funds, suggest the naming of beds in memory of those who have fallen in battle in South Africa.

A correspondent informs us that Dr. C. A. Stark, who was recently killed at Ladysmith by a Boer shell, was a graduate of Edinburgh University, and had been in practice at Cape Town for the last twelve years. On the outbreak of the war he at once volunteered for medical service, and was among the last batch of officers to enter Ladysmith before the investment.

Dr. Morgan Dockrell was last week presented with a service of silver plate and an illuminated address, which had been subscribed for by a large number of medical men in recognition of his action in the Law Courts to prevent the unauthorised use of his name in advertisements, and as a *solatium* in the heavy expense incurred in connection therewith, as recently set forth in these columns.

In addition to Mr. Arthur Chance, whose candidature for the seat on the Council of the Royal College of Surgeons, Ireland, vacant by the death of the late Mr. Wheeler we announced last week, Mr. Charles Bent Ball, Regius Professor of Surgery in the University of Dublin and Surgeon to Sir Patrick Dun's Hospital has offered himself to the Fellows as a competitor. Mr. Ball has served recently as a Councillor, and retired from that position in order to seek the Vice-Presidency of the College.

MEDICAL SOCIETY OF LONDON.

At the meeting on Monday evening last, Dr. Rolleston and Mr. Turner contributed notes of two cases of ascites due to hepatic cirrhosis treated by the artificial production of peritoneal adhesions, a method introduced by Dr. Drummond and Mr. Morison, of Newcastle. Case 1. A man, aged 52, had been twice tapped for ascites. The abdomen was opened in the right semilunar line, and the opposing surfaces of the cirrhotic liver and the diaphragm rubbed and scratched, the liver being then fixed by a kangaroo tendon to the abdominal wall. The patient recovered from the operation but no improvement followed. Case 2 was that of a man of 45, who suffered from hæmatemesis with ascites and œdema of legs. The liver was exposed by a 5 inch incision parallel to, and 1 inch below, the right costal margin, the surface was scraped and the omentum was brought up between the diaphragm and the convexity of the liver, and fixed in position by a kangaroo tendon including the edge of the liver, the omentum, and the parietal peritoneum. This patient steadily improved and had had no further ascites. The author pointed out that the benefit of the operation was not due merely to reducing the portal blood pressure by opening up a collateral circulation (for this, if carried to its logical extreme, led to an uræmic state), but to an improved blood supply to the liver *via* the adhesions.

Dr. Weber thought a high specific gravity of the fluid might indicate the presence of inflammation, in which case tapping might effect a cure.

Dr. F. J Smith advocated laparotomy in place of the ordinary brutal paracentesis. He mentioned two cases in which the fluid was blood-stained and asked what this might mean.

Mr. Bidwell mentioned two unsuccessful cases of operation for cirrhotic ascites, and Mr. Wallis mentioned a case of enormous ascites in which permanent relief had followed several tappings.

Dr. Ewart said they required to know how to tell beforehand whether the case was one of cirrhosis or not, and mentioned a case of ascites supposed to be cirrhotic which proved to be due to calcified pericardium.

Mr. John D, Malcom read notes of "Fifty Successful Consecutive Cases of Ovariotomy, recorded three years after the operation." He commented on the difficulty of comparing statistics, 25 of his patients were in almost perfect health, 7 could not be traced, 7 others had little to complain of, and three were dead. He urged that an early operation should be performed whenever possible, delay not being justified by present good health of the patient. He attributed most of his fatal results directly to delay in operating.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

MR. BRUDENELL CARTER—AN EXPLANATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I find certain statements in your journal of the 6th inst, the correctness of which I am compelled to question, and which are made with reference to a speech which I addressed to the Medical Council on November 28th. You say I complained of the "medical journals" for habitually suppressing replies to speeches adverse to me, and you deny the justice of this reproach as applied to yourself. If you will refer to the *Lancet* report of my speech, in the number for December 2nd, page 1,561, at the foot of the first column, you will find that charge did not extend to you. You say also that I did not "succeed in explaining away my behaviour in respect of the prosecution of the late Mr. Hunter, and that if I were really unaware of the fact that Mr. Hunter was a licentiate of the Society of Apothecaries that was a serious piece of negligence on my part." If you will refer to the *Lancet* report, in the upper portion of the column already reported, you will see that I made no attempt to "explain away my behaviour," in relation either to the Hunter case or to anything else. You will also see that everybody concerned was perfectly aware that Mr. Hunter was a registered medical practitioner, and that proceedings against him were recommended by the Penal Cases Committee on the ground that, being a registered medical practitioner, he had nevertheless used titles which he did not possess in any registrable form. He asserted his right to use these titles (those of Doctor and M.D), and expressed his readiness to "fight to the end" in defence of his claim. The proceedings were recommended by the committee for the purpose of determining an unsettled legal question, and of determining it in the case of a defendant who expressed his readiness to fight. The question was, whether a registered practitioner who, in addition to his registrable and registered qualifications, possessed another which was not registrable, was entitled to use the latter as part of his ordinary professional designation. The recommendation of the committee to the Council was that this question should be settled by legal proceedings. If any members of the Council did not know that Mr. Hunter was qualified and registered, such want of knowledge was not the fault of the Committee, and might, perhpas, not unfairly be described as "a serious piece of negligence," with regard to business the precise nature of which was clearly stated. I presume it will hardly be contended that, if a practitioner commits an act of doubtful legality, it becomes the business of the representative, in the Council, of the body from which his qualifications are derived, to endeavour to prevent the doubt from being cleared up That the proceedings ultimately took a form not anticipated either by the Committee which recommended them, or by the Council which ordered them, was a highly unfortunate occurrence; but it was brought about by the fact that the legal advisers of the Council acted upon a view of their instructions, which the Council itself, or at least which I, as an individual member of it, had not so much as contemplated.

I am, Sir, yours truly,
R. BRUDENELL CARTER.

31, Harley Street, W.,
Dec. 9th, 1899.

THE SOCIETY OF APOTHECARIES OF LONDON

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was amused to read the report in your columns of what occurred at the recent meeting of the General Medical Council, when Mr. Brudenell Carter and Mr. Victor Horsley were allowed to be heard. It did not certainly appear very creditable to Mr. Horsley to be called to account for speaking of the Society of Apothcaries in public in the way he had done, apparently assuming without inquiry that his damaging statements were facts instead of the fallacies which he subsequently was compelled to admit them to be. But now it is evident there is great need for the three great societies which control the licenses of medicine and surgery in London, to work in greater harmony than they have done for some time past In a recent article you drew attention to the difference between the Conjoint and the L.S.A. examinations and licences; and I think that in the interests of our profession, our students, and the public such rather discreditable controversies as occurred at the Medical Council should not be encouraged. It brings the medical profession into public discredit when such displays occur, and the impression is produced that there is a great need of reform in medicine, as in some other lines of professional life and business.

I am Sir, yours truly,
F.R.C.P.

INCONSISTENCIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—A large number of persons (call them "benevolent old parsons and impressible old ladies" if you think it accurately describes our great society) have united themselves together to oppose what we consider the cruelties practised in physiological laboratories. This is a very clearly defined object—in no sense necessarily involving the work of protecting animals from ordinary forms of cruelty such as those of sport or of the cattle-trade. The excellent and powerful Royal Society for the Prevention of Cruelty to Animals occupies itself with cases of ordinary cruelty. It was felt that a special organisation was needed to deal with vivisection, because of the many technical matters involved, but it is no more the office of our society to deal with such questions as those with which the Royal Society for the Prevention of Cruelty to Animals concerns itself than it is the duty of the War Office to interfere with the adulteration of milk or the spread of ritualism in our churches. As a fact, a great number of our subscribers are individually supporters of the Royal Society for the Prevention of Cruelty to Animals, the Society for Prevention of Cruelty to Children, and the like. Your correspondent, "Mawworm," says we devote ourselves to "mendacious attacks on the medical profession for putting a hypodermic injection under the skin of a frog." Does he really believe that such an agitation as that of the Anti-vivisection Movement could be maintained in this country, America, and Germany on the strength of hypodermic injections on frogs? Has he read Dr. Crill's "Surgical Shock," or even studied the "Journal of Physiology"? That physiologists have done very cruel things in this country was proved by the Royal Commission, that they do very cruel things in Continental laboratories now is not, so far as I am aware, disputed by English physiologists. The question at issue is, does the Vivisection Act of 1876 adequately protect the animals? In a debate on the subject at University College, London, in which I had the honour to take part recently an opponent, said, "I concede you

seven-eighths of your case," that is to say, the pain involved, the paucity of results to practical medicine, &c., "and I take my stand on the ground that what is useful to science is moral." This is the dignified attitude of a competent judge of our question. It is too late in the day to treat us either with ridicule or discourtesy.

I am, Sir, yours truly,
Edward Berdoe, L.R.C.P.Ed., M.R.C.S.
December 1st, 1899.

To the Editor of The Medical Press and Circular.

Sir,—I am a strong anti-vivisectionist, but I am not averse to "Mawworm" pointing out that all those who object to torturing, in the alleged interests of science, should openly and uncompromisingly denounce the cowardly cruelties practised by sportsmen. Last Friday, for instance, the Queen's Hunt turned out a tame deer at New Lodge, Winkfield, and more than a thousand people graced the function. This wretched animal was harried about the country till it actually fell and died by the bank of Silwood Park Lake, Sunninghill, as soon as it got into the water. Such were its exhaustion and terror.

This sport-torture is infamous, and every anti-vivisectionist is bound by logic and common sense to denounce it. I don't know whether I am Dr. Berdoe's "obscure clergyman in an obscure parish"; but, if so, I would ask him not to trouble about my *obscurity*, but to give heed to my facts.

I am, Sir, yours truly,
Wokingham, Dec. 1. J. Stratton.

OPERATIONS AT THE CANCER HOSPITAL.

To the Editor of The Medical Press and Circular.

Sir,—I quite admit that Dr. Herbert Snow has the best of the argument if it is a fact that the Cancer Hospital, founded by Marsden, is a general hospital. I confess I did not look up the report, but I have repeatedly seen appeals in the public Press, and to the public it was never, so far as I can remember, held out as a general hospital The two cases that I mentioned could not by any possibility be classed as cancerous, and it is a revelation that the sequelæ of a neglected miscarriage should be treated at this hospital, as that could not possibly come under the class of "cancer, tumour, or allied disease."

Having lived in this neighbourhood for nearly twenty years I am not ignorant of the ways of this special hospital, and I have, I confess, frequently taken advantage of its lax methods to send a patient for operation who had nothing cancerous the matter. To this extent the hospital has been a boon, but, on the other hand, the out-patient department has treated cases of syphilitic ulcer and other similar diseases in persons who could quite well pay the small charge of a general practitioner. It is to the credit of the Cancer Hospital that it is free, and therefore does not compete with outside practitioners.

Dr. Snow's remarks about the Brompton Hospital are founded on ignorance. The Brompton Hospital is, as it always represented, viz., for consumption and diseases of the chest, and therefore it is quite legitimate in treating heart disease, although to my knowledge it also treats cases of dyspepsia. If we are to have special hospitals, and a great majority of the profession think both the profession and the public would be much better without them, they should stick to their specialty, and decline to treat others.

I am Sir, yours truly,
J. Hamilton, M.D.
6, Sydney Street, Chelsea, S.W.
Dec. 11th, 1899.

Pharmacy in the Isle of Man.

The Manx Legislature has passed a Pharmacy Act analogous to the Acts of England and Ireland. The new departure is remarkable in one respect, *i.e.*, that it forbids unqualified assistants to compound even in association with medical practitioners. Every person so employed must either possess a recognised pharmaceutic qualification or a certificate of apprenticeship to an apothecary or a chemist.

Obituary.

MR. EDWARD HAMILTON, OF DUBLIN.

We report with great regret the death, on the 7th inst., of this well known and much respected member of the surgical profession in Ireland, at his residence in Stephen's Green, Dublin. At his death he was surgeon to Steven's Hospital and surgeon to the Lord Lieutenant and the Viceregal Court, and held many other positions of emolument and dignity. He was born in 1824, the son of Mr. William Cope Hamilton, who was well known to the profession a few years afterwards as medical attendant on the cholera hospital in Dublin. Mr. Edward Hamilton graduated in Dublin University as B.A. in 1845, and took his degree in medicine in the following year. His studies were pursued chiefly in the School of Physic, and in Dun's and Mercer's Hospitals, and, in succession, he took the Letters Testimonial of the College of Surgeons in 1846, its Fellowship in 1852, and the M.D. of his University in 1860. Finally he became President of his College in 1875, and again in 1892, and again in 1893, thus achieving the very unusual honour of a thrice repeated Presidency. He was elected as the Professor of Surgery in the College in 1884. He also occupied the Presidency of the Irish Medical Association and of the Dublin Branch of the British Medical Association. The public and the profession in Dublin had experience for nearly half-a-century of Mr. Hamilton's qualities, his capacity as a practitioner and as a teacher, and his character as a man, and we believe we can say with truth that no gentleman was more universally respected and esteemed than he was by his professional colleagues and his fellow citizens. He was a most conscientious and careful medical adviser, an upright citizen, and a kindly and genial friend, and has left behind him "troops of friends" to mourn his loss. His College has not been slow to record its deep regret for his departure, for its Council adopted unanimously on Thursday last a resolution of profound sympathy with his family and, out of respect for his memory, adjourned forthwith without transacting business.

Literature.

NEALE'S MEDICAL DIGEST. (a)

Since 1877, when the New Sydenham Society published Dr. Neale's great work, we have kept the "Medical Digest" on our study table as the most trustworthy book we possess. There is an idea among those not familiar with the book that it is simply an index of the principal British medical journals for the past fifty years. But this does not do anything like justice to the author; besides being an index for fifty and two years, it affords a means of ready information regarding such discoveries, new doctrines, and different methods of treatment in each department of medical science as are likely to be of interest to the practitioner. Its pages mark the steady progress of scientific medicine for over half a century.

Should the practitioner desire to know the therapeusis of any disease as practised to-day or in the past, a reference to the proper section and every shade of medical thought on the subject is displayed to him. To the medical practitioner who has been wise enough to bind his medical periodicals the book is invaluable; it directs him to the very page where the information sought is to be obtained. For the many who do not keep their medical journals the "Medical Digest" possesses the great value of an exhaustive year-book in which no medical subject is overlooked, no treatment unrecorded, no unforeseen result unnoticed. Its 250,000 references give the pith of the British medical journals tabulated with the utmost care; easy of reference, rich in information, and always trustworthy.

To review such a work is a pleasure, and it is even

(a) "The Medical Digest; or, Busy Practitioner's Vade-Mecum to the Principal Contributions to Medical Science during the last Fifty Years." By Richard Neale, M.D Lond. Third Edition. With an Appendix including the years 1891 to March, 1899. London: Ledger Smith and Co. 1899.

more so to see that the medical profession appreciate Dr. Neale's indefatigable industry and great intellectual ability in his herculean task of classifying, arranging, and editing his "Medical Digest."

CHEYNE AND BURGHARD'S SURGICAL TREATMENT. (*a*)

THE first volume of this work to be issued in six parts, has been in circulation for some months. It embraces the treatment of general surgical diseases, including inflammation, suppuration, ulceration, gangrene, wounds and their complications, infective diseases, tumours and the administration of anæsthetics.

Our acquaintance with the previous writings of Mr. W. Watson Cheyne on surgical subjects has led us to anticipate a high degree of merit in the volume before us, and having given it a careful perusal we can confidently state that our expectations have been fully realised. It will, we think, be freely acknowledged that a work of this class has been badly wanted for some time, and especially by the younger practitioners whose necessarily limited experience has in many instances rendered it particularly difficult for them to select appropriate treatment out of the long and often bewildering methods recommended in many of the standard text-books. The book is well written, clear and concise, and the rules for treatment recommended are fully in accord with the present state of our surgical knowledge. We congratulate the authors upon the high degree of excellence reached in this, the first volume of the work, and we look forward the pleasure to the parts which are to follow.

TWENTIETH CENTURY PRACTICE. (*b*)

THE present splendid instalment of the "Twentieth Century Practice" contains ten articles by a corresponding number of contributors:—"Lobar Pneumonia," by Andrew H. Smith, of New York; "Cerebro-spinal Meningitis," by Professor A. Netter, of Paris; "Dysentry," by Professor A. A. de Azevedo Sodré, of Rio de Janeiro; "Yaws," by H. A. Alford Nicholls, of Dominica; "Inflammation" by Professor Ernst Ziegler, of Freiburg; "Erysipelas," by Otto G. T. Kiliani, of New York; "Simple Continued Fever," by Professor Landon B. Edwards, of Richmond (Va.); "Relapsing Fever," by Professor Leo Popoff, of St. Petersburg, "Typhoid Fever (Etiology and General Pathology)," by John S. Thacker, of New York; and "Typhoid Fever (Symptomatology and Treatment)," by John Winters Brannan, of New York.

The contents of this excellent volume are well qualified to maintain the high reputation of its predecessors. The first article—that on "Lobar Pneumonia," by Dr. Andrew H. Smith of New York—occupies 139 pages. It deals most thoroughly with its important subject, both clinically and therapeutically. The writers clinical acumen is peculiarly well illustrated on page 23. "In pneumonia it is often difficult to auscultate the posterior portion of the chest. To turn the patient so as to bring the affected side uppermost, will frequently cause extreme respiratory distress; and with a weak heart it is not wise to raise him into a sitting posture. To meet this difficulty, I have devised a stethoscope that, by pressing down the mattress with the left hand, can be slipped under the patient on the fingers of the right. The cup of the stethoscope is flat and shallow, in shape like the cover of a pill box; and the rubber tubes instead of coming off from the top, come off from the side at points but little removed from each other. The thickness of the cup is about half an inch. With this instrument the auscultatory signs can be obtained with scarcely any disturbance of the patient." We most sincerely congratulates Dr. Smith on this ingenious and philanthropic device, which we hope soon to find adopted by skilled physicians throughout the world.

With regard to pathology, after recognition of the function of the pneumococcus, the writer recognises "three types of cases; sthenic, asthenic, and obstructive." And later on we are told that "In addition to the foregoing types there may be differences in the clinical features of the disease depending upon mixed infections. Other organisms may be present with the pneumococcus lanceolatus, such as the pneumococcus of Friedländer, Pfeiffer's influenza bacillus, the Klebs-Loeffler bacillus, the typhoid bacillus, the staphylococcus pyogenes, and the streptococcus. One or more of these acting with the diplococcus proper to pneumonia may modify more or less the clinical picture." Surely of the making of microbes there is no end!

Dr. Netter's excellent article on "Cerebro-spinal Meningitis" gives special prominence to the diagnostic importance of Kernig's sign. He also emphasises the connection which exists between cerebro-spinal meningitis and pneumonia. In the bacteriological section he pursues this point by indicating that relations—probably important, but not hitherto well defined—exist between the pneumococcus and the diplococcus intracellularis meningitidis of Weichselbaum.

Professor Sodré believes in the amœbic origin of dysentery. He places 4 per cent. of hepatic abscesses complicating dysentery in the *middle* lobe of the liver. We would like to know where the middle lobe of the liver is?

Yaws—*granuloma tropicum*—here receives the fullest recognition as an independent disease. The persistent way in which this malady has been confounded with syphilis is, of course, noticed by the writer, Dr. Nicholls. The diseases often co-exist. "In those cases of yaws in which chronic, intractable, and destructive ulcerations came on, the explanation lies in the fact that there is a complication with tubercle or syphilis." . . "The theory advanced by Jonathan Hutchinson that yaws may be a syphiloid disease produced by the long influence of race and locality is disproved at once by the fact that syphilis in all its typical forms exists now, and has existed for many generations among the races most subject to the ravages of yaws. Syphilis is the same disease among them now as it was then; time, race, and locality not having altered any of its manifestations."

The appearance of Professor Ziegler's excellent article on Inflammation in the middle of this volume (pp. 355-402) would appear to be, from the æsthetic standpoint), an "incident." We need not criticise it; it is worthy of its author.

Dr. Kiliani contributes a very thoroughly prepared article on Erysipelas. A short article on "Simple Continued Fever," by Dr. Edwards, is followed by a very elaborate one on "Relapsing Fever," by Dr. Leo Popoff, Professor at the Imperial Military Academy of St. Petersburgh. As this fever was the great "*famine fever*" of Ireland, which swept that island after each failure of the potato crop, we are obliged to the Irish physicians for the earliest accounts of it. Dr. Popoff makes some very curious blunders in the historical portion of his carefully-prepared thesis, which we would recommend him to correct in any future reprint.

Typhoid fever is very fully and satisfactorily treated in the closing essays of this important volume. Space will not permit us to discuss in detail the vast number of questions which arise in connection with this great subject. Nor, indeed, is it necessary or desirable that we should under any circumstances make the attempt. We refer our readers to the volume before us, with the assurance that they will not be disappointed.

(*a*) "A Manual of Surgical Treatment." By W. Watson Cheyne, F.R.C.S., F.R.S., and F. F. Burghard. Burghard, M.D., M.S., Lond F.R.C.S. Part 1. Price 10s. 6d. (London: Longmans, Green & Co., 1899.)

(*b*) "Twentieth Century Practice. An International Encyclopædia of Modern Medical Science." By leading authorities of Europe and America. Edited by Thomas L. Stedman, M.D., New York City. In twenty volumes. Volume XVI. Infectious Diseases. London: Sampson Low, Marston & Co., Limited. 1899.

Medical News.

Medical Sickness and Accident Society.

THE usual monthly meeting of the Executive Committee of the Medical Sickness Annuity and Life Assurance Society was held at 429, Strand, London, W.C., on 24th ult. There were present the Chairman, Dr.

Havilland Hall, Dr. J. B. Ball, Mr. J. Brindley James, Mr. Wm. Thomas, Dr. M. Greenwood, Mr. William J. Stephens, Mr. F. S. Edwards, Dr. F. J. Allan, Dr. J. W. Hunt, Dr. J. Pickett, Dr. Alfred S. Gubb, Mr. Edward Bartlett, and Dr. Walter Smith. The Committee examined the accounts, and found that the sickness experienced by the Society during the autumn had been so much under the expected amount that the extra claim account of the earlier part of the year was more than covered, and the record of 1899 would probably show an appreciable increase in the financial strength of the Society. During the fifteen years of its operations and even in the worst time of the influenza epidemic, the growth of the Society's reserves has been uninterrupted. The Committee were able to report every year a substantial addition to the funds, which now amount to over £130,000. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

The Apothecaries' Hall and the Royal College of Physicians of Ireland.

We are requested to publish the following minute of proceedings of the Board of Directors of the Hall:—At a special meeting of the Apothecaries' Hall on 8th December, 1899, it was proposed by Dr. Adye Curran, seconded by Dr. Evans, and passed unanimously:—That the observations with reference to this body made by Dr. Atthill at the General Medical Council in London be considered most unprofessional, totally uncalled for, and highly discreditable to the representative of the R.C.P. Ireland.

Uniformity of Preliminary Examinations.

A correspondent of the Edinburgh *Evening Dispatch* writes:—"It would be interesting to know how Sir William Turner reconciles his strong advocacy of the raising of the standard of the preliminary examination in medicine with the fact that the Edinburgh University is at present evading the principal rule of the General Medical Council for maintaining a fair standard. The rule we refer to is that which insists that all the subjects of this examination shall be passed at the same time. The Edinburgh University, on the other hand, allows candidates to pass the examination at two sittings which, of course, makes it very much easier to pass. The University even allows a candidate who failed in other similar examinations in one or two subjects to go up for simply the subjects in which he has previously failed, and, on passing them, gives him a certificate that he has passed his preliminary examination. This anomalous state of matters should be put a stop to at once, as the status of Edinburgh medical degrees is not likely to be improved by trying to attract men and consequently fees by the offer of an easier preliminary examination than is to be had elsewhere."

London Cows and Tuberculosis.

By order of the Public Health Committee of the London County Council, a veterinary examination of all the cows in London cowsheds, with a view to the discovery of tuberculous disease, has recently been carried out. The result of the examination is now reported by the committee. In all, 5,144 cows were inspected, and of these 4,464 were found to be free from disease or abnormalities of the udder. Of the remaining 680 cows, seven were found to have tuberculous disease of the udder, whilst another five were regarded as suspicious. Of the seven cows, five have been sold or slaughtered, and the owners of the other two have undertaken not to use their milk. Of the five suspected cows, the milk from three has been sent to Dr. Klein for examination, and the remaining two have been already disposed of. The milk of two of the three has been found to contain tubercle bacilli. One of these cows has been sent to the butcher, and the other it was proposed to send to the market, whence it was to be expected it would be conveyed to the butcher. Of the rest, 241 cows were found to be suffering from acute mastitis, or affected with chronic induration of the udder, and these cases, the veterinary surgeon thinks, require periodical inspection, as the characteristics of minute deep-seated tuberculous lesions may possibly escape detection. Having regard to the importance of these facts, and with a view to the protection of the public, the committee intend to ask the Council for the necessary funds for a quarterly veterinary inspection of all the cows in the London cowsheds, and for submitting 100 samples of milk from various parts of London to Dr. Klein for bacteriological examination. The Committee, however, recognise that the examination of cows in London cowsheds would be absolutely futile to prevent the sale of tuberculous milk so long as milk from cows outside the county, which have been subjected to no inspection, is allowed to be sold in London and mixed with milk produced in London. If the result of the bacteriological examination of the 100 samples of London milk showed that a large number were tuberculous, the case for legislation would be strengthened, and the public would be warned of the danger to which they were subjected.

Housing the Poor.

In the *Leisure Hour* for December, a writer who has worked among the poor for twenty-five years, asserts that not less than 900,000 persons are living in overcrowded tenements in London, and of that vast number about 300,000 are huddled together in single-room tenements. It is no uncommon thing to find from five to eight persons occupying a single room, and careful inquiry appears to have proved that close upon 40,000 unfortunate creatures are living five persons in one room. As might be expected, the effect upon the physical and moral welfare of human beings, herded together under such unnatural, unwholesome, and immoral conditions, presents one of the most pathetic and ghastly aspects of this sombre and formidable problem. With remorseless precision the death-rate increases with density of population, and in such crowded areas amounts to *double* that prevailing over the whole of the metropolis. When one remembers the importance of bodily health to the labouring classes it is impossible to withhold compassion from men and women compelled to live under conditions which starve and exhaust all staminal strength. Apart from considerations of humanity, the slow but sure impairing of the industrial efficiency of so many thousands of our workers is profoundly to be deplored. If the physical consequences are so serious, what must be the effect of all this herding of human beings on their moral nature? Imagine the brutal frankness, the coarse familiarity, the shameless indelicacy which must obtain where all natural reticences and decencies of domestic life are rendered physically impossible. Every finer sensibility is blunted, and habits of thought and feeling contracted which gangrene the soul.

Glanders in Newcastle.

An outbreak of glanders has broken out among the horses in Newcastle-on-Tyne, and orders have been given to keep the troughs empty for the present, buckets being used instead.

University of London.

The following is an official list of the candidates who passed the M.B. Examination during October, 1899, alphabetically arranged:—

SECOND DIVISION.

Bonnerjee, Susila Anita
Capper, Harold Selwyn
Clifford, Harold
Collens, Edward Howard
Collinson, Harold
Davenport, Edward Charles
Evans Thomas
Everington, Herbert Devas
Ferris, William
Fookes, Ernest Faber
Gaff, James
Gardner, Thomas Hudson
Gowdey, Annie Chapman
Hall, Edmund Stokes
Harcourt, John Charles
Hartley, Harold
Heath, Phillip Maynard
Hirst, Walter Clapham
Hoban, Thomas
Hooper, George Henry Jas.
Horn, Arthur Edwin, B.Sc.
Iles, Mary Muriel Griffin
Lander, Chas. Llewellyn, B.Sc.
Leah, Thomas Noy
Lovibond, Beatrice Frederica
Martindale, Louisa
Meachen, George Norman
Mills, Herbert Henry
Murrell, Christine Mary
O'Dowd, John Austin
Osborn, Alfred Gelsthorpe
Pocock, Arthur Robert Geo.
Porter, John Fletcher
Potter, Bernard Elwell
Reeve, Herbert Midgley
Reynolds, Bryan Ellis
Rhodes, James Herbert
Robertson, James
Stewart, Mary Ariel
Stewart, Walter Grahame
Strange, Robert Gordon
Swift, Eric Wilson Danby
Taylor, Isaac
Thwaites, Gilbert Bahn
Turnbull Jane Holland
Turner, Philip, B.Sc.
Unwin, William Howard
Van Praagh, Harold John
Vernon, Ethel Miller
Wallis, James Garfit
Watson, William Bertram
White, Harold Edward
Wirgman, Charles Wynn

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

A SAD AND URGENT CASE.

IN reply to the appeal in our last issue, we have received a cheque for £2 from a correspondent who desires its acknowledgment as from H. S., and one for £1 from Dr Jas. Hamilton, of Chelsea. We think most of our readers must have passed over the appeal without reading it, or we should have received a different response from the thousands who peruse our pages weekly. The case is an exceptionally sad one, and the urgency of the circumstances surrounding it is our excuse for consenting to act as treasurers, and for pressing its claims on the attention of our readers. The appeal will be found in our last week's issue on page 599.

STOCKPORT (M.D.).—We have referred your question to a specialist, who says that in the erythematous type of lupus erythematosus a prolonged trial should be given to calamine lotion and other soothing applications. Collodion suits some cases. Failing these measures multiple scarification may be tried The method of carrying out that simple surgical procedure is simple Hundreds of shallow incisions are made in all directions across the diseased area, bleeding is encouraged for some time, and then styptics are applied A general anæsthetic is nearly always necessary. The sebaceous form of the disease requires different treatment.

M.R.W.—Chloroform should not be administered to the same subject twice within a week if it can be avoided, because it has been shown that the elimination of the drug is not completely effected within a shorter period. Sudden pallor with marked dilatation of the pupil is a danger warning, especially if associated with shallow, sighing respiration, and a rapid and intermittent pulse. Gasping is a sign that the proportion of chloroform vapour in the inspired air is too high.

K. S. W.—The question as to the Salvation Shelters is an important one from the public health point of view, and it is to be hoped that a speedy settlement of the case will be made by the Legislature. As things stand these semi-charitable, semi-commercial undertakings are allowed to bring together under doubtful sanitary conditions large numbers of the vagrant poor, who are practically outside the control of the local sanitary authorities.

FOREIGNER.—Official documents will shortly be available setting forth the exact position of foreign graduates in relation to medical practice in this country. Your questions cannot be answered offhand.

NEO-PRACTITIONER.—The practice of publicly announcing one's intention of "setting up in practice" in a particular neighbourhood is regarded as absolutely unethical. There are plenty of other ways of disseminating a knowledge of the fact, *inter alia*, by calling on the local practitioners, a step which will go far to secure for you a courteous if not a cordial reception.

DR MARRIS. If you will embody your criticisms in a letter we shall be pleased to give them publicity. The matter is not one which we care to deal with editorially.

Meetings of the Societies and Lectures.

WEDNESDAY, DECEMBER 13TH.

HUNTERIAN SOCIETY.—8.30 p.m. Pathological Meeting. Specimens will be shown by Dr. Hingston Fox, Dr. F. J. Smith, Mr. Targett, and other Fellows.

THURSDAY, DECEMBER 14TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8 p.m. —Patients and Card Specimens. 8.30. Clinical Evening. Mr. G. Keeling: Congenital Subluxation of Lens.—Dr. C. Shaw: Sympathetic Ophthalmitis after Enucleation. Mr. J. Griffith: Case of Sarcoma of the Upper Conjunctival Cul de sac.—Mr. A. H. Thompson: Embolism of the Central Artery of the Retina.—Mr. G. D. Maynard: Nasal Duct Dilator.—Mr. G. Brooksbank James: Changes in the Macula Area consequent upon Injury.

BRITISH GYNÆCOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. M. Doyen (Paris) will give a Cinematographic demonstration to illustrate his Operative Procedures on the Abdominal and Pelvic Organs.

FRIDAY, DECEMBER 15TH.

EPIDEMIOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).—8.30 p.m. Meeting.

Vacancies.

Bootle Hospital for Infectious Diseases.—Resident Medical Superintendent, unmarried Salary £120 per annum, with board, washing, &c. Applications to the Town Clerk, Bootle.

Dorset County Hospital, Dorchester.—House Surgeon, to reside and board in the hospital, unmarried. Salary £100.

Guest Hospital, Dudley.—Senior Resident Medical Officer. Salary commencing £100 per annum, with board, residence, attendance, and washing.

Harris Parish Council for the Southern Division of Harris.—Medical Officer and Public Vaccinator. Salary £90, other emoluments. Apply to Mr. T. Wilson, Lochmaddy, Clerk.

Kent and Canterbury Hospital, Canterbury.—House Surgeon and an Assistant House Surgeon, unmarried Salary House Surgeon £90 the first year, with board, &c. Salary Assistant House Surgeon £50, with board &c.

Leeds, Beckett Street Fever Hospital.—Resident Medical Officer. Salary £150 a year, with board, lodging, and washing.

Lewes Dispensary and Infirmary and Victoria Hospital.—Resident Medical Officer. Salary £100 per annum, with furnished apartments, board, coal, gas, and attendance.

Lincoln Lunatic Hospital.—Assistant Medical Officer. Salary £100, with board and washing. Apply to the Medical Superintendent.

Norfolk and Norwich Hospital, Norwich.—House Physician for two years, unmarried. Salary £80 a year, with board, lodging, and washing.

Parish of St. Mary, Islington.—Medical Officer for No. 2 Upper Holloway Central District. Salary £100 per annum, with certain extra fees. Apply to the Clerk, Guardians' Offices, St. John's Road, Upper Holloway.

Pontefract General Dispensary and Infirmary.—Resident Medical Officer. Commencing salary £150 per annum, with furnished rooms, fire, lights, and attendance.

Queen Adelaide's Dispensary, Pollard Row, Bethnal Green, London.—Resident Medical Officer, unmarried. Salary £100 per annum, with furnished apartments, coal, gas, and attendance.

South Devon and East Cornwall Hospital, Plymouth. House Surgeon. Salary £100, with board and residence.

Wexford Union. Medical Officer. Salary £100 per annum, and £15 as Medical Officer of Health, with the usual vaccination and registration fees. Applications to Clerk of Union. (See advt.).

York.—Medical Officer of Health. Salary £400 per annum. Apply to the Town Clerk, Guildhall, York.

Appointments.

BOASE, RICHARD DAVEY, L.R.C.P., M.R.C.S., Medical Officer of Health for the Madron and Ludgvan Urban Districts, Cornwall.

BUTTERFIELD, FRANK, M.D.Lond., Junior House Surgeon to the Blackburn and East Lancashire Infirmary.

EVANS, ARTHUR H., M.D., B.S.Lond., F.R.C.S.Eng., Senior Surgeon to the East Dispensary, Liverpool.

FAIRWEATHER, WM. ERNEST, L.R.C.P Lond., M.R.C.S., House Surgeon to the Jessop Hospital for Women, Sheffield.

GUNN, ALBERT A., M.B., Ch.B.Edin., Senior House Surgeon to the Blackburn and East Lancashire Infirmary.

HARPER, J. M., M.R.C.S.Eng., Police Surgeon for Bath.

HARRISON, ALFRED JAMES, M.B.Lond., M.R.C.S., L.S.A., has been reappointed Honorary Physician to the Bristol General Hospital.

HELLIER, JOHN B., M.D.Lond., M.R.C.S., Honorary Obstetric Physician to the Leeds General Infirmary.

HIGGINS, ALEXANDER G., M.R.C.S., Assistant House Surgeon at the West Kent General Hospital, Maidstone.

NICHOLSON, H. GILBERT, M.R.C.S., L.S.A., Honorary Medical Officer to Queen Adelaide's Dispensary, Bethnal Green.

PAGE, HERBERT, W., M.C.Cantab., Examiner in Surgery in the University of Oxford.

SYMES, JOHN ODERY, M.D., L.R.C.P.Lond., D.P.H., M.R.C.S., Second Assistant Physician to the Bristol General Hospital.

WHITELOCKE, R. H. ANGLIN, M.B., M.C.Edin., F.R.C.S.Eng., Surgeon to the Radcliffe Infirmary, Oxford.

WIGG JAMES, L.R.C.P.Lond., District Medical Officer for Ward 2 of the Parish of St. Pancras.

Births.

BARR.—On December 7th, at Wentworth, Rotherham, the wife of Horace Chas. Barr, M.R.C.S., L.R.C.P., of a daughter.

BROADBENT.—On December 3rd, at 35, Seymour Street, London, the wife of John F. H. Broadbent, M.D.Oxon., of a daughter.

HEYWOOD.—On December 7th, at Woodside Hitchin, the wife of Fleet-Surgeon Alex. J. J. Johnson, R.N., M.D., of a son.

MCLEOD.—On December 7th, at 89, Ladbroke Grove, London, W., the wife of C. E. A. Macleod, F.R.C.S., of a son.

TURNEY.—On December 5th, at Portland Place, W., the wife of H. G. Turney, M.D., of a son.

Marriages.

CARTWRIGHT GILES.—On December 7th, at St. Mary Abbot's Church, Kensington, Ernest Hy. Cartwright, M.A.Oxon., of Maidstone, to Dorothy, daughter of the late R. W. Giles, Esq., of 60, Nevern Square, London, S.W

LYON—RUSSELL.—On December 5th, at St. James's, Westminster, John Lyon, M.D., Fleet Surgeon, Royal Navy, to Josephine H. Russell, Claremont Drive, Timperley.

PILCHER-GARDNER.—On December 6th, at Christ Church, Wanstead, Colonel J. G. Pilcher, F.R.C.S., Indian Medical Service, retired, to Elizabeth Emma, daughter of George Gardner, of Fellside, Snaresbrook, Essex.

STEWART—LIGHT. On December 5th, at St. Martin-in-the-Fields, London, Charles Howard Stewart, M.R.C.S., L.R.C.P., L.S.A., of Witheredge, North Devon, to Grace, youngest daughter of Jabez, Light, of Kenley Court, Kenley, Surrey.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIX. WEDNESDAY, DECEMBER 20, 1899. No. 25.

Original Communications.

RECTO-VAGINAL HÆMATOMA FOLLOWING DELIVERY —INCISION AND DRAINAGE— RECOVERY.

By ARTHUR GILES, M.D., B.Sc., F.R.C.S., M.R.C.P.,

Assistant Surgeon, Chelsea Hospital for Women; Gynæcologist to the Tottenham Hospital.

IN July, 1899, Dr. Dodwell, of Battersea, sent for me to see a patient with him under the following circumstances. The patient, Mrs. M., æt. 30, was confined of her second child on July 3rd, between two and three in the afternoon. The labour was normal, though a little tardy, the pains not being very strong. The presentation was left occipito-anterior, and the child was born naturally, and without any rupture of the perineum. The patient complained of pain and soreness immediately after delivery, but nothing abnormal was noticed on washing and inspection. Pain increased locally, and started in the abdomen, so that ten or twelve hours after delivery Dr. Dodwell was sent for. He found that the pain, which was of a forcing character, was referred to the rectum and abdomen, and he ordered a sedative, which gave relief. The next morning, on inspecting the vulva, he found the perineum bulging and distended, and diagnosed hæmatoma. After watching it for a few hours, in consultation with his partner, he found that the swelling was increasing, and sent for me with a view to exploration.

On my arrival, at 8 p.m. on July 4th, I found the patient looking rather ill, and complaining of severe pain in the rectum and vulva. On inspection, the perineum was distended nearly to the size of a fœtal head, and the skin at the most prominent part was very dark and almost gangrenous. By the vagina the swelling could be felt to extend up in the recto-vaginal septum higher than the finger could reach. The uterine fundus was higher than the normal, and was apparently pushed up by the effusion. It was decided that as the bleeding was evidently going on, and was likely to lead to sloughing and suppuration if left, the hæmatoma required to be at once evacuated, packed, and drained, the bleeding point being secured if possible. The patient was accordingly anæsthetised by Dr. Dodwell, whilst I had the advantage of the assistance of Drs. Macrory and Martin. After the perineum had been carefully cleansed, an incision 2½ inches long was made over the most prominent point, and a large quantity of fresh blood and clots was evacuated. The opening-up of the recto-vaginal septum extended higher up than the finger could reach, and so a second incision was made in the posterior vaginal wall, and through this incision the hæmatoma could be explored as far as its upper limit. No actual bleeding point could be detected; but it was ascertained that the cellular tissue of the broad ligaments was not involved in the hæmatoma, which was thus limited to the recto-vaginal septum. After all the clots had been evacuated, the cavity was freely syringed out with warm iodine lotion, 1 drachm to the pint, and then packed with strips of double cyanide gauze (John Milne's) some of which were brought out through the upper, and some through the lower, incision.

The after-treatment consisted of plugging with cyanide gauze and douching with creolin. The plugging was discontinued after the seventh day, and the douching a week later. The patient got up about the twelfth day feeling quite well and with the wound well healed. The perineum looked very well. Recovery was uninterruptedly good, except that on the fifth day the patient got up without her doctor's leave and fainted. The temperature never rose to 100 degs.

This case has seemed to me to be worth recording on account of the rarity of the complication, and because this extensive hæmatoma arose without any apparently adequate cause. A hæmatoma of the labium majus complicating delivery is sometimes met with, especially when there has been a very long tedious labour, or when instruments have been required, or when the vulva has been the seat of varicose veins; but a hæmatoma of the recto-vaginal septum is exceedingly rare, and none of the predisposing causes mentioned were present in this case.

The anatomical conditions of this hæmatoma are worth noting; it opened up a space bounded sharply above by the recto-vaginal reflection of the peritoneum, whilst the lateral boundaries corresponded with the lateral margins of the posterior vaginal wall.

The treatment adopted does not call for much comment; in view of the fact that the swelling was steadily increasing in size, and in view of the threatening tendency of the skin to slough and break down, the only possible course was to open, clear out the slots, and pack. The laxity of the connective tissue in this situation, and the absence of any structures that would cause sufficient pressure to arrest the bleeding, would probably have the effect in any case of necessitating incision and packing, and I doubt whether the accepted rule which is given for hæmatoma of the labium, viz., to leave the swelling unopened except in the event of continuance of bleeding or of sloughing, will ever be found applicable in the case of hæmatoma of the recto-vaginal septum. I should say that here the indication will be to incise and pack early. In conclusion, I wish to thank Dr. Dodwell for kindly furnishing me with the notes of this interesting case.

SUPPURATIVE MASTITIS IN THE NEWLY-BORN.

By FRANCIS A. WINDER, B.A., M.B.,
Rathfarnham.

As several instances of abnormal lactation have appeared lately in the MEDICAL PRESS AND CIRCULAR, and Dr. John Knott has given us his valuable hints on the subject, I would like to bring forward the following cases of suppuration occurring in the breasts of children after birth, associated, as it always is, with previous swelling, and what appears to be secretion of milk.

CASE 1.—Female child, aged fourteen days, the mother, a primipara, had a severe and tedious confinement. My notes are as follows:—Transversely narrowed pelvis, ligaments hard and tense, large outlet, but generally contracted laterally. Presentation R.O.A., large head, elongated antero-posteriorly. She had been nearly thirty-six hours in labour. I applied forceps as the waters had all escaped, and the head was firmly fixed, and delivered her safely after a hard and tedious second stage.

About ten days after birth, the nurse noticed that the child's breasts were swelling, and that she could squeeze a thick yellowish-white fluid from them. She told the mother that this was her own milk going through the child, and that it must be squeezed out. Also that it was very commonly seen in first-born children. She vigorously proceeded with her massage, using a copious amount of goose grease, not only to the child's breasts, but also to her entire body and head "to drive the milk down to the breast;" the breasts became inflamed, and the child broke out in a general pustular impetigo. I saw the child first on the fourteenth day and found both breasts enlarged, conical, soft, and resisting to the touch, the left breast was but slightly inflamed, the right acutely, causing great pain, which had kept the child and household awake for several nights. It fluctuated, and I made a radiating incision in the lower quadrant and there gushed out about an ounce or more of the most fœtid pus I ever had the misfortune to smell I ordered hot boracic poultices to be applied to the wound, and put the child on sulphide of calcium in doses of one-tenth grain. The head seemed inclined to break out in impetigo, in fact, whether from the effects of the goose grease or not I cannot say, but the child seemed to have developed a suppurative diathesis. The breast healed up slowly and finally closed without leaving any scar visible.

CASE 2—S., Female child, aged 14 days. (The mother was attended during her confinement by a midwife, and was almost convalescent when on the tenth day her left breast became acutely inflamed and suppurated freely). When the child was some 12 or 14 days old her right breast became swollen, and there exuded a thick creamy viscid fluid, to all appearances resembling colostrum, but which microscopically was seen to consist almost entirely of large epithelial cells, leucocytes, and a few fatty granules with much cell débris; in spite of active treatment the glands suppurated and had to be incised, after which it quickly resolved. However, no sooner was it well on the way to recovery before the left breast inflamed and went through the same pathological stages, ending in suppuration. The midwife learnedly explained that the reason the child's breast suppurated was that the child sucked the "matter" from her mother's breast and it settled in her own.

CASE 3.—Female, æt one month; both breasts enlarged simultaneously, a thick white creamy fluid could be squeezed from them under the influence of hot fomentations. Treatment by gentle rubbing and strapping was adopted with small doses of hyd. c. creta to keep the bowels free. They subsided without suppuration. This child died some two months afterwards from erysipelas of the vulva.

CASE 4.—Male child, one week old; immediately after birth the child's right breast became swollen and secreted a fluid similar to above cases. The midwife in charge of the case kept squeezing the breast, which filled again almost as soon it was emptied. It then became inflamed and distended with matter, so that when I saw the child first the breast was enormous, and fluctuated easily. In fact, after the child moved or cried the fluid could be seen to "sog," as it were. I immediately made a radiate incision in the lower quadrant, and evacuated almost three ounces of fœtid pus. The cavity was thoroughly syringed out with boracic lotion, a drainage tube put in, and pressure applied, with the result that it quickly healed up. The other breast became swollen when the child was about fourteen days old, but did not suppurate.

Remarks.—Anyone who has seen cases of infants secreting milk in the breasts will observe as follows: (1) It occurs in both males and females. (2) It generally occurs very soon after birth. (3) The quantity secreted is very small and tends to disappear spontaneously; it never oozes from the nipple, and it takes some amount of squeezing to cause it to exude, but if it is "drawn" more is secreted to take its place (it is this "drawing" which causes the breasts to inflame. There is always a history of interference, squeezing, rubbing, pressing the breast, &c.). (4) It is frequently an unilateral phenomenon. (5) It is more frequently seen in the first-born of families.

That the fluid is always of the same nature I think there is reason to doubt. The specimen which I examined microscopically was a very bad specimen of milk indeed. Of course in the absence of a definite analysis it would be impossible to decide definitely, but the small quantity of fat in the shape of globules was very noticeable, but there is a general glandular activity after birth, and it is hardly to be wondered at if sometimes the delicate and so far untrained nervous mechanism goes slightly astray (it is now an established fact that female infants sometimes, though rarely, menstruate), so that consequently if the mammary gland exudes a secretion it is more than likely it will take the form of the ordinary secretion of that gland.

As to treatment, "Foment and leave alone." Give a gentle purgative and your "Witches Milk" will disappear very quickly.

SOME NOTES UPON THE TUBERCULIN TEST. (a)

By EDWARD O. OTIS, M.D.,
Boston.

So long as the tuberculin test has still many opponents as well as ardent adherents, all added evidence is of value in arriving at a final estimate of its worth in the diagnosis of early or doubtful tuberculosis. I offer my experience all the more readily from the fact that no contribution upon the subject has, to my knowledge, been presented to this Association. The problem to be solved is a twofold one: First, is the test injurious as now used? and, second, is it trustworthy?

Those who have used it and still continue to use it are quite unanimous in answering these questions in the affirmative, and my experience accords therewith.

I cannot help suspecting that those who consider the test dangerous even in the small dose now used may be prejudiced by the unfortunate results which

(a) American Climatological Association, 1899.

occurred in the early history of tuberculin from the enormous doses then used. We all look back upon that epoch with a shudder. To pass it by with a remark "that its value as a test is not great, as reactions are obtained in several other diseases," as Fowler does, it likewise seems to me unfair and misleading. Further evidence, to be sure, is needed to establish its exact position as a diagnostic method, but enough has already been adduced to prove its success in the majority of cases. Its rival is the X-ray, but that requires an expert and an expensive apparatus, which limits its use to the few. Anyone can use the tuberculin test.

In view of the extremely favourable curative outlook the early case of pulmonary tuberculosis offers from the present methods of treatment, the profession has never been so eager to detect the beginning of the disease as at present, and any aid in accomplishing this should be welcome, limited though it may be. We all recognise the fact that auscultation and percussion and the sputum examination fail to do this in some, we know not how many cases. If we delay until tubercle bacilli are detected in the sputum the favourable opportunities of the first stage may have passed, never to return.

Before an absolute diagnosis has been established one is naturally disinclined, and lacks the requisite authority to institute a vigorous plan of treatment. Certainty of facts renders one resolute and swift in action. Here, then, is a test which is so simple that any one can apply it, and yet in the majority of cases settles the whole question of diagnosis definitely and at once. If we shall in the future be able to determine some more exact method of dosage, discovering some constant ratio between the dose and the individual, we may find the test to be true in every case.

In common with others, I have injected cases of proved pulmonary tuberculosis which did not react, at least in the general reaction, and, on the contrary, it has happened to me to obtain a more or less complete general reaction when I could not feel convinced that any tuberculosis existed. It may be that above a certain dose, maximum to the individual in question, what at least simulates a general reaction occurs in a healthy person, a temporary poisoning by the tuberculin and its toxins; further evidence, however, is necessary to decide this question.

My observations extended over 111 cases, originally undertaken in an ambulatory clinic for the purpose of arriving at a conclusion as to the proportion of cervical adenitis that was tuberculous. While making these investigations I embraced the opportunity to test all the cases which for any reason suggested tuberculosis, as well as several cases of syphilis and a variety of other cases. In the total number of fifty-six cases of cervical adenitis taken without selection there were thirty-three reactions, six slight reactions, and two doubtful ones. Throwing out the slight and doubtful ones, we have 58·8 per cent.; including them, 73·2 per cent., or an average of 66 per cent., which would indicate the proportion of cases of cervical adenitis that were tuberculous, so far as an inference can be drawn from fifty-five cases and dependence can be placed upon the tuberculin test; but of course a larger number of cases and other methods of investigation must corroborate or disprove these deductions.

It seems not unlikely, however, that this is not far from the truth, for Volland makes the proportion 68 per cent., and Dr. F. C. Moore, (*a*) out of twenty-eight cases of chronic enlargement of the glands, mostly of the neck, which had to be operated upon for various reasons, found that 73 per cent. were tuberculous. In eight cases of syphilis and one doubtful one there were four reactions. One of these cases was injected for cervical glands, and reacted moderately after five milligrammes and markedly after ten milligrammes. A few days later evidence of secondary syphilis appeared. Another, of chronic enlargement of the metacarpal bones of two fingers of the left hand, which was diagnosed by ons surgeon as syphilis and by others as tuberculosis, reacted after 5 milligrammes, still leaving the diagnosis in doubt. There does not appear to be any doubt, then, that a certain proportion of syphilitic cases will react. This fact, however, would rarely interfere with the test in its more useful application, viz., in suspected early tuberculosis. In seven cases of more or less advanced pulmonary tuberculosis containing tubercle bacilli in the sputum, three gave no general reaction after ten or twelve milligrammes, and one none after five milligrammes. Unfortunately, the local conditions after the test were not noted.

Of course, the only deduction that can be drawn from these few cases is that pulmonary tuberculosis, when more or less advanced, will not always give a general reaction from 5, 10, or 12 milligrammes of tuberculin; it is well to remember, however, the fact to which White calls attention, that the general reaction is slight, and the local reaction marked in advanced cases, while in the early cases, where the test is most useful, the reverse is true. In the other general cases the results corroborated the clinical diagnosis in the majority of instances. Whether any reaction occurred without the existence of tuberculosis one can only conjecture, but it is rather surprising that atrophic rhinitis and pharyngitis sicca should give a reaction without other evidence of tuberculosis. In no case did any serious result follow, although in several the general reaction was severe and accompanied with much temporary depression.

The clinic being an ambulatory one, the subjective evidence of the patient, together with the objective symptoms apparent when he presented himself the next day at the clinic, were mainly relied upon to determine whether or not a general reaction had occurred If from six to twenty-four hours after the injection the patient complaimed of excessive weakness, sensations of heat and cold, nausea, anorexia, pain in the back and limbs, severe headache, sweating, either sleeplessness or somnolence, epitomised by him as feeling "very sick," "awful bad," or "miserable," and he appeared the next day with coated tongue, rather a rapid, weak pulse, and a general appearance of marked depression, a general reaction was considered to have occurred, even though the temperature at that time was not much, if at all, raised. The cases were generally afebrile at the time of the test.

Objection may be urged as to the accuracy of these tests when the patient could not be constantly under observation, as in a hospital ward; but anyone who has listened to the graphic recital of the reaction cycle and witnessed the evidence of weakness and depression exhibited by the patient would, I am sure, be convinced that a general reaction had occurred. Of course, all reactions were not of the same intensity or duration.

Moreover, since making my first set of tests, a year ago, Dr. R. C. Cabot, in the out-patient department of the Massachusetts General Hospital, has followed a similar plan in tuberculin and other injection tests, and has satisfied himself also that accuracy of results can be attained in an ambulatory clinic. As a matter of convenience, I gave the injection in the arm, generally subcutaneously, and the site of injection

(*b*) "Diseases of the Lungs," Fowler and Godlee, 1898, p. 398.

(*a*) *Lancet*, September 17th, 1898, p. 734.

was swollen and painful for a few days. This annoying sequela can generally be avoided by making the injection deep in the muscles. I confined myself to the use of Koch's original tuberculin, previous experience with which had taught me what to expect from certain doses.

The medical man is likely to be misled, I think, if he uses indiscriminately tuberculin of different concentrations, and therefore he can better estimate his results if he has a single preparation of uniform strength. I dilute the Kock tuberculin to a 1 per cent. solution, using either distil'ed water or a normal salt solution. Unless one makes a fresh solution every day or two, the addition of a few drops of carbolic acid is desirable. With a pipette graduated into tenths and hundredths of a c.c. milligrammes can be easily measured.

As to the dose, there is much diversity of opinion. Some assert that they obtain satisfactory results with very small doses, as Grasset, with two to five tenths of a milligramme for an adult, and Gaffie, one-twentieth of a milligramme for infants. The majority, however, use larger doses, from one-half to ten milligrammes, and occasionally twenty. Prof. A. C. Klebs regards twenty milligrammes as the maximum dose which can be injected safely, but he would not begin the test with this dose. It is not unlikely that this difference of opinion regarding the dose is largely due to the difference in the strength of the preparations used. I have never used over twelve milligrammes of Koch's tuberculin, generally from five to ten milligrammes for an adult, and from ½ to three milligrammes for children.

I would summarise my conclusions as follows, subject to modification by further experience:—

1. The tuberculin test indicates early tuberculosis by a general reaction in the majority of cases before it can be deteeted by other methods, the X-ray excepted.
2. The dose to accomplish this is from five to ten milligrammes of Koch's tuberculin.
3. No injurious results occur from the use of tuberculin in these doses
4. Proved tuberculosis in a more or less advanced stage may fail to give a general reaction with doses of ten or twelve milligrammes.
5. Syphilis gives a reaction in an undetermined proportion of cases.
6. A non-tuberculous person may give a general reaction with a dose above the maximum used in the test.
7. The reaction may be delayed from six to twenty-four hours.

And as rules to be observed in making the test:—

1. Always use the same tuberculin and of a standard strength.
2. Use aseptic precautions in giving the injection.
3. Make the injections deeply into the muscles
4. Keep a two, three, or four hourly chart of the temperature if possible, beginning twenty-four hours before the injection.
5. Allow several days to elapse before repeating the test.
6. In early cases depend upon the general reaction; in later cases, if the general reaction is wanting, carefully look for the local.

The Portland Hospital.

THE medical staff of the Portland Hospital left London on the 12th inst *en route* for South Africa. The staff consists of Mr. Anthony Bowlby, of St. Bartholomew's Hospital (senior surgeon), Mr. Cuthbert Wallace and Mr. Ernest Calverley (surgeons), and Dr. Henry Tooth (physician), the latter being assistant physician at St. Bartholomew's Hospital. The departure was witnessed by a large number of personal friends of the doctors.

The Harveian Lectures
ON
THE SURGICAL TREATMENT OF TUBERCULOUS DISEASES.

By W. WATSON CHEYNE, M.B., F.R.C.S., F.R.S.,

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ABSTRACT OF LECTURE I.

TUBERCULOSIS OF LYMPHATIC GLANDS.

IN choosing the treatment of tuberculous diseases as the subject of these lectures, I propose to deal with a group of affections which interest both the surgeon and the physician, and which forms one of the most common of the more serious diseases which come under the notice of the practitioner. As a surgeon, I of course limit myself to those lesions which are accessible to surgery, and as the various surgical tuberculous lesions are too numerous for consideration in the three lectures which are at my disposal, and as I have already fully discussed on several occasions the subject of tuberculous diseases of bones and joints, I propose to confine my attention to tuberculous gland disease, tuberculous peritonitis, and genito-urinary tuberculosis.

Tuberculous disease is, in the first place, a local affection, and it may be local even though it is situated at a considerable distance from the possible point of entrance of the bacilli into the body. From this primary deposit tubercle bacilli may be disseminated; either in large quantities along with cheesy particles giving rise to an acute general tuberculosis, or to acute tuberculosis of an individual organ; or in small numbers which may or may not settle in other parts. These apparently secondary deposits may, however, not arise from the former one, but may be new lesions originating from them in the same way as the original one did. It is also probable that tubercle bacilli may live in the blood for some time, and unless they meet with circumstances under which they can grow may remain quiescent or die out.

TUBERCULOSIS OF THE LYMPHATIC GLANDS.

In all the cases of enlarged glands in the neck it is very common to get a history of an acute inflammatory enlargement of the glands in connection with some acute process at the origin of the lymphatic vessels, such as boils, carious teeth, quinsy, eczema capitis, &c., at the commencement of the trouble, and that as this passed off the glands began to subside, but instead of disappearing as would be the case in a healthy subject, they subsequently enlarged and assumed the characters of tuberculous glands. No doubt it might be that tubercle bacilli entered the glands from the mouth or other source of irritation at the same time as the acute inflammation occurred, and that they afterwards grew and led to the tuberculosis of the glands; but in view of the researches mentioned previously and the remarkable absence of tuberculous sores at the point of entrance, even although wounds or abrasions were present; and in view, further, of the very frequent occurrence of tuberculous glands in different members of the same family, I cannot think that this represents the whole truth. When we remember that in the case of joints and other deep-seated lesions the infection must practically always come from the blood, and that in children the bronchial glands are so frequently tuberculous, I cannot but think that in the case of the cervical glands infection often occurs from the blood also, and, in the absence of a primary tuberculous focus, I am inclined to think that in many cases we have to do with a non-specific inflammation of the glands in the first instance, and a subsequent infection of these inflamed glands with tubercle bacilli from the blood stream.

As regards the clinical characters of tuberculous glands, we find great variations in different cases as regards the number and size of the glands affected, the rapidity in the progress of the disease, and the tendency to softening and abscess formation. From the point of

view of treatment, we may consider the cases under the following five heads:

1. In some cases the glands remain hard and small, not large enough to produce deformity, and with no marked tendency to softening. Here one usually finds a number of glands of varying size, but for the most part small, hard, movable, and without any matting together. Fresh glands tend to become involved, though slowly, and if there is no intercurrent trouble, either local, such as sore throat, &c., or general, such as measles, chicken pox, influenza, &c., they tend to disappear gradually as the patient grows older. Where, however, intercurrent troubles, such as those mentioned, appear, suppuration may occur in one or more glands, or the whole trouble may take on a more acute course.

2. In a second set of cases the glands enlarge steadily, or it may be by fits and starts, attain a large size, and become very numerous, so that by-and-by the whole side of the neck becomes a mass of enlarged glands and great deformity is produced. This condition is usually bilateral, although it may be more marked on one side than the other, and it may go on for a long time without the occurrence of suppuration, the glands also remaining more or less mobile and discrete. The glandular disease tends to spread to the axilla. The patient frequently has a pasty complexion, feels weak, and the general health is not good. On removing these glands one frequently finds that they have been converted into large masses of cheesy material; in other cases, while some show only a few caseous or calcareous nodules, others appear fleshy on section to the naked eye without any sign of degeneration; under the microscope, however, one finds that the latter are infiltrated with tubercles and tuberculous tissue.

3. A third variety is where the glandular trouble is more acute and more likely to end in suppuration. Here, in the first instance, the disease may be apparently limited to a few glands, which, however, enlarge pretty rapidly. Further, periadenitis occurs, the glands tending to become more or less matted together and adherent to the tissues around, while fresh glands enlarge. Where we have this state of matters we find that the glands are breaking down, and suppuration will in all probability occur. If left to itself abscess after abscess may form till numerous ulcers are present, often extending round the neck in the submaxillary regions and downwards along the triangles.

4. We may have to deal with tuberculous glands with unopened abscesses. Suppuration in connection with tuberculous glands may be met with under various conditions. Most commonly the state of affairs is that described in No. 3, but in some cases the disease may be much more limited, and only one gland or one or two small glands may break down. Again, we may divide these cases into those where the abscess is still beneath the deep fascia, and those where it has burst through and formed a subcutaneous swelling, often with thin skin over it. Again, in some cases, the gland may be only partially broken down, and a large quantity of cheesy material and diseased glandular tissue is found at the bottom of the cavity when the abscess is opened. On the other hand, the gland may have completely broken down, and we practically have only a bag of pus. The latter condition is seldom found except where the abscess has gone on increasing underneath the fascia, usually beneath the sterno-mastoid muscle. When the abscess comes quickly through the fascia it generally bursts before the gland has been completely destroyed.

5. Lastly, we have to do with cases where abscesses have burst or been opened and where sinuses remain. In some instances these sinuses may be numerous while in others there may be only one or two. In any case the sinus leads down through a hole in the fascia to the remains of the gland, and generally there is a quantity of cheesy and calcareous material and broken-down gland tissue at the bottom. In addition the skin at the orifice of the sinus becomes the seat of a tuberculous ulcer, so that we may have a large sore in that situation with undermined edges.

In discussing the treatment of tuberculous glands I do not propose to enter into detail on the medicinal treatment, but to indicate the cases which require surgical interference and to describe the nature of such interference. Medically there is very little to be done actively against this disease. The patient should, of course, be placed under the best hygienic conditions—country or seaside air, cod-liver oil, sunshine, and a nourishing diet. Some surgeons place great reliance on arsenic in the treatment of this and other tuberculous diseases. Buchner was one of the first to advocate the use of arsenic in tuberculosis on the supposition that it led to the development of fibrous tissue around the tuberculous lesions, and so encapsuled them or even brought about their disappearance. However that may be increasing doses of arsenic not uncommonly lead to diminution in the glands, and should be tried except in cases where immediate operation is imperative. Where the glands are showing any tendency to enlarge or become matted together, it is well to fix the head, and this can be readily done by means of a back splint, which takes a purchase around the thorax, with wings coming forward at the upper part and grasping opposite sides of the head above the ears—practically the splint introduced a good many years ago by Mr. Treves. Attention should also be paid to all possible sources of irritation; carious teeth should be removed, enlarged or diseased tonsils should be excised, adenoids should be operated on, eczema of the skin should be seen to, &c.

As regards local applications over the glands—such as mercurial or iodide of potassium ointments, iodine, &c.—they are, in my experience, of little use. Indeed, where the gland is large and superficial and on the point of breaking down, the irritation of the skin over it with iodine may actually precipitate the suppuration instead of preventing it. Attempts have also been made—and I have made a good many myself by injecting materials into the substance of the glands—to arrest the disease, the materials employed being arsenic, undiluted carbolic acid, iodoform, &c., but none of these have led to any good result, and I cannot recommend them.

With regard to these expectant methods of treatment, it is of great importance to remember that they must not be carried too far, and it is of especial importance not to send the patient so far away that he cannot be kept under observation. One is very apt to allow the patients to go off to the country for an indefinite time, and then find when they come back that suppuration has taken place, and that operation is imperative; the operation then required will probably be more extensive, certainly it will be more difficult and less certain as regards its results, than if it had been done earlier. Where there is any doubt about the case, and especially where one sees the patient for the first time, it is better to watch the case for a time rather than to send the patient away at once.

The operative procedures adopted in these cases are two-fold, namely, either excision or scraping. If excision is adopted its aim is not only to get rid of the actually enlarged glands, but to remove the disease, if possible, completely, so as to avoid recurrence. To do this it is clear that not only should the large glands be taken away, but also the smaller ones in the vicinity which are likewise infected, and the operation to be effectual must be pretty extensive even in comparatively limited cases. The sort of operation which I recommend and am in the habit of practising will be presently described. Scraping, on the other hand, only affects an individual gland or glands which are breaking down, and leaves any others which may be infected behind. These may subside and not give any more trouble, or, on the other hand, especially in the third form above mentioned, they may rapidly enlarge, and fresh scraping may be necessary. This method has its uses in certain cases, as will be presently pointed out, but must rank second in importance and in choice to complete excision.

As a matter of curiosity I have looked out the last 100 cases of tuberculous glands in the neck on which I have operated, with the view of seeing the sort of treatment adopted and the results. Of these 100 cases 30 had unopened abscesses and 18 had sinuses. In some cases scraping and excision were performed in different situations at the same time. The following are the results:

"In 84 cases excision was employed in the manner to

be presently described. (In 4 of these sinuses in the neighbourhood were scraped). In some both sides were operated either on the same day or after a week's interval; 19 of these had abscesses, and 10 had sinuses.

In 12 of these cases other glands in the neighbourhood subsequently enlarged and required further operation. For example, where the anterior triangle had been cleared out glands subsequently enlarged in the sub-maxillary region or on the other side or in the posterior triangle. In none did recurrence take place in the area operated upon.

"In 20 cases scraping was done either because sinuses were present or because the e was a single large abscess. In 11 of these unopened abscesses were present, and in 8 sinuses. In 9 recurrence took place *in situ* and further operation was necessary."

Let us next consider the treatment to be adopted in each of the five classes of cases above referred to.

1. These cases may well be watched for a time, treated with arsenic, country air, good hygienic conditions and so forth, and unless the disease becomes active, most usually as the result of some intercurrent affection, there is as a rule no need for any surgical interference. There is no marked deformity in these cases; there is not as as a rule much tendency to suppurate, and probably no great danger of dissemination of the disease. As long therefore as the glands remain quiescent these cases may be left alone in so far as active intervention is concerned.

2 The second class of cases, where there is marked enlargement of glands amounting to deformity, and where the glands are numerous and spreading, generally requires operation. A trial of the arsenic treatment may be given, but if it fails operation had better be resorted to. It is not advisable to wait too long in these cases, for the tendency is to progressive infection of the glands, and country air and other expectant means have but little influence on them. As has already been said, in many cases these swellings are simply composed of a mass of caseous material, and while they may not break down the disease has a great tendency to spread down the neck into the thorax and axilla, and to prove a distinct source of danger to the body generally. The only operative procedure possible here is excision; scraping is quite out of the question. The excision, to be of use, must be especially free, and if it is found that any glands beyond the area of operation have escaped they should be subsequently removed.

3. In this group the matting together of the glands as the result of peri-adenitis shows that active inflammatory processes are going on in them; and while they sometimes subside after careful treatment, their progress must be especially closely watched, and, if no improvement follows, operative interference should be carried out before a definite abscess has formed. In these cases some surgeons adopt scraping, others free excision, and I have no hesitation in expressing my very decided preference for the latter course, and that for the following reasons: In the first place, we seldom have only one gland enlarged, while the scraping only affects the individual gland penetrated by the instrument. It is, of course, possible to push the instrument on into other glands, but the result is not very satisfactory, and the smaller glands, which are also infected, are left untouched. Besides, even as regards the glands which are scraped out, it is often difficult, unless they are very much broken down, to clear them out completely, and thus tuberculous material is apt to be left behind, which rapidly grows and infects the wound, and thus recurrence very often takes place. It often happens also that the smaller glands enlarge, and a mass quickly forms as large or larger than the original one, and it is probable that the irritation of the scraping increases the inflammation and leads to this enlargement. Further, in a certain number of cases acute general tuberculosis has followed such scraping.

The results of excision in these cases are, as a rule, highly satisfactory, provided that the operation is so extensive as to include the fat and smaller glands in the neighbourhood, and that none of the operation is done by scraping. Some surgeons when the glands are adherent to the internal jugular vein, as they often are, remove as much as they can with the knife and scrape the part adherent to the vein; but, as I shall state presently, there is no objection to removing the vein along with the adherent gland, no harm whatever resulting from this procedure. I have seldom seen recurrence after these operations, and this is the experience of others, and I have no doubt that in many instances the patients have been saved from a grave risk. It is also very important in all cases to look for and remove a possible primary focus, such as enlarged tonsils, carious teeth, mastoid disease, &c., at the time that excision of the glands is carried out.

4. Suppurating glands. The conditions under which one meets with suppuration in the glands are various, and we may arbitrarily divide them into three groups.

(*a*) The abscess in the gland has burst through the fascia, but only forms a comparatively limited swelling under the skin. In these cases I advocate complete excision of glands, abscess, &c., in the manner to be presently described, an oval piece of skin being taken away over the abscess. In these cases it is usually necessary also to remove the jugular vein. Care should be taken as far as possible to avoid puncturing the abscess, although in many cases, if large, it is very apt to burst, and pus escapes over the wound: even when this takes place it is very remarkable that I have never noticed tuberculous infection of the wound. I have, of course, always washed the pus away immediately, but even doing that, if we judge from the result when a cancerous gland bursts, it is surprising that, in some cases at any rate, the wound does not become tuberculous.

(*b*) The abscess in the gland has burst through the fascia, and formed a large swelling under the skin with marked thinning of the skin over it. Under these circumstances the removal of the whole of the thin skin, which would be necessary in complete excision, would leave a gap which it is difficult to close, and the scar of which would be apt to stretch afterwards; hence, I prefer in these cases to open the abscess in the first instance, and then later on (in three or four weeks), when the skin has recovered and only a sinus is left, to carry out complete excision. In some cases it is well to scrape out the gland and abscess in the first instance instead of merely opening it, and it may be that this will suffice for a cure, but if fresh swelling appears excision should be performed as soon as the skin has recovered.

(*c*) An abscess is present which has not yet burst through the fascia. Here one may in many cases wait and allow the abscess to increase till it is probable that the gland has become completely broken down, and then open and scrape out the abscess, inject iodoform and glycerine, and stitch up the wound again. A very small incision behind the sterno-mastoid frequently suffices in these cases, and the resulting scar is practically invisible. Cases, however, in which this result can be obtained are not very common and sometimes a sinus remains, and if it does will not heal, and if fresh glandular enlargement occurs excision should be performed.

5. Enlarged glands with sinuses. Here also excision is the best treatment, unless the sinuses are so numerous that the operation is not practicable, The operation is no doubt somewhat more difficult, but if it be carried out in the systematic manner to be presently described, I have never failed to complete it. Where the sinuses are too numerous for excision, thorough scraping and the subsequent application of undiluted carbolic acid is the best treatment.

Excision of tuberculous glands is an extremely satisfactory operation if carried out sufficiently widely. If the enlarged glands alone are removed, recurrence is very apt to take place, and this is more likely to happen if suppuration occurs in the wound. Under the latter circumstances the glands which are infected but not excised tend to enlarge and undergo suppuration.

I have already said—and I cannot emphasise the point too strongly—that in operations on tuberculous glands one must not be content with shelling out the infected glands, but must remove the whole of the glandular area, whether the glands are visibly affected or not. To shell out the enlarged glands is only to remove the most affected of the glands, leaving behind numerous others which are also affected but not markedly en-

larged. It does not, of course, necessarily follow that these glands left behind will enlarge; but they are more especially likely to do so if the operation has been an extensive one accompanied by much tearing of the tissues, and therefore with increased lymphatic flow, or accompanied by suppuration or even a less degree of inflammation. Under those circumstances the glands swell up and the tuberculous disease makes progress in them and generally forms fresh masses. And it must be borne in mind that a second operation in the same region is very much more difficult than the first on account of the cicatricial tissue distorting the relations of the parts. Hence, where glands are removed for tuberculous disease, one must map out and remove all the fat-containing small glands in that particular lymphatic area in addition to the enlarged ones.

The situation where one most commonly has to operate on tuberculous glands is in the anterior triangle of the neck, especially towards the upper part, and there one must remove not only the whole of the fat and fascia present in the anterior triangle of the neck, leaving the vessels, nerves, and other structures thoroughly clean, but if one is to avoid recurrence one must also thoroughly clean out all the tissues underneath the sterno-mastoid, so that the muscles on which the sterno-mastoid rests are completely bared. This cleaning-out process must extend backwards into the posterior triangle, and if glands are enlarged there one can very often, by working from the front, clear out even the greater part of the posterior triangle. In any case it is essential in removing glands from the anterior triangle, whether they be tuberculous or whether they be malignant, to remove all the material around the vessels, whether infected or not, and all the fat and glands underneath the sterno-mastoid. Especially with regard to the latter, the removal must extend quite up to the mastoid process, because very often glands enlarge about the region of the transverse process of the atlas, and the material there must also be taken away.

Clinical Records.

WESTMINSTER HOSPITAL.

Cases of Amenorrhœa treated with a New Salt of Manganese.

Under the care of Dr. Murrell.

E. G., æt. 25, a nursemaid, was admitted November 9th, 1899, for anæmia and amenorrhœa. She stated that her illness commenced seven years ago, when she noticed that she was very pale and was losing strength. She improved somewhat when taking iron pills, but has suffered from three or four attacks of anæmia every year since. She was well fed, had plenty of out-door exercise, and was not overworked. For a fortnight before admission she had been much more anæmic than usual, and found it impossible to continue her work. Her menstrual history had been uniformly unsatisfactory, and it was not unusual for her to go from three to five months without seeing anything. There was no leucorrhœa; she was not pregnant, and she was not constipated. Her blood was examined by Dr. Lazarus Barlow, who found that it was of fair colour, but appeared to be thinner than normal. The red corpuscles were 4,520,000 per cmm. and of normal shape and appearance, but pale. The colourless corpuscles were 7,500 per cmm. consisting chiefly of finely granular oxyphile polynuclear cells and lymphocytes. There was, therefore, no oligocythæmia, and the condition was one of uncomplicated oligochromæmia. It was thought that if the patient's menstrual condition could be restored her general health would improve. Good results would in all probability have been obtained from senecio or from binoxide of manganese or permanganate of potassium. It was determined, however, to give the manganese in the form of the new soluble salt, the citrate, a specimen of which had been placed at Dr. Murrell's disposal by Messrs. Burroughs, Wellcome and Co. For the first fortnight no active treatment was resorted to, in order that the possible effect of expectation, rest and change of diet might be eliminated. On November 25th, the patient was ordered five grains of the citrate of manganese three times a day. On December 4th, she commenced menstruating—the first appearance for nine months; the period was very profuse and continued for two days and a half. The patient stated that she felt better and stronger, and a few days later left the hospital

J. T., æt. 19, a nursemaid, was admitted November 7th, also for anæmia and amenorrhœa. Her case was an almost exact counterpart of the previous one. She had been very anæmic for nearly two years, and for eighteen months had been living at home doing nothing. She had never been quite regular, and for seven months the catamenia had been absent. There was a considerable amount of œdema of the lower extremities, but she was not pregnant, and there was no albumin in the urine. There was no leucorrhœa. Red blood corpuscles 3,830,000 per cmm. The colourless blood corpuscles were 3,000 per cmm., chiefly lymphocytes and finely granular oxyphile polynuclear leucocytes. It was a case of oligocythæmia with considerable oligochromæmia. The patient was ordered five grains of dried sulphate of iron in pill three times a day, with a drachm of sulphate of sodium in hot water every morning. This was continued for a fortnight, but although she improved in strength and colour, the menstrual function was not restored. On November 28th, she was ordered five grains of citrate of manganese three times a day, the dose being gradually increased until December 8th, when she was given 15 grains four times a day. On December 13th, she menstruated, the period lasting for two days. Four days later she left the hospital at her own request. Dr. Murrell stated that as far as he was aware these were the first cases of amenorrhœa treated with citrate of manganese. The effect had been prompt, and the soluble citrate seemed to have many advantages over the insoluble binoxide, and the caustic permanganate.

Transactions of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, December 6th, 1899.

The President, Mr. A. G. Miller, in the Chair.

Mr. Wallace showed a woman, æt. 44, six months after pylorectomy for carcinoma of the stomach by Kocher's method. She suffered from severe vomiting for twenty-four hours after the operation, when remembering Kocher's advice, Mr. Wallace caused her to lie on her right side, and the vomiting ceased.

Mr. Stiles showed (1) a child after operation for severe deformity, following burn of the ankle. The foot was much deflected inwards, and in order to rectify this a wedge was cut out of the tibia and fibula. As the skin on the outer aspect of the ankle was redundant a flap was transplanted from it on to the inner side of the foot; (2) a child with extensive ventral hernia following operation for gangrenous appendicitis; (3) an infant aged three months, which was operated on twenty-four hours after the onset of symptoms of intussusception. On opening the abdomen an acutely inflamed appendix was found and removed. There had evidently been a secondary intussusception of the colon, which had become spontaneously reduced. The origin of the appendicitis was not clear, since the child had been exclusively breast-fed. It left the hospital cured on the tenth day. The incision was made in the middle line above the umbilicus; this is always advisable in young children.

Dr. A. A. Scott Skirving showed (1) a patient after removal of a gangrenous appendix, with general peritonitis; and (2) a child after subperiosteal resection of the lower jaw.

Mr. Wallace showed (1) tumour removed in case of pylorectomy; (2) tumour of the pituitary body, which had apparently given rise to no symptoms during life; (3) calcareous nodule from cerebellum; (4) fracture of skull; and (5) calculus in the ureter.

Dr HARVEY LITTLEJOHN showed (1) dermoid cyst of the ovary; (2) a heart which had undergone extensive calcareous degeneration. The patient was a young girl who died very suddenly; no cardiac lesion had been detected during life.

Dr. A. D. WEBSTER showed an apparatus for the application of hot medicated vapours to mucous surfaces. It consisted essentially of an ordinary atomiser whose body was formed of a large test tube. This was fitted with a cork or rubber adapter so that it was suspended in a flask filled with boiling water.

Dr. GULLAND gave a microscopical demonstration of Cohn's method of staining fat in urinary deposits and other fluids. Films were fixed in 10 per cent. formalin, stained for ten minutes in a solution of Soudan III. washed in 70 per cent. alcohol, and mounted in Farrant. Fat is stained a bright orange; the process is simpler and cheaper than staining with osmic acid.

Dr. C. W. MACGILLIVRAY read a paper on

THE RADICAL CURE OF HERNIA, WITH STATISTICS OF SEVEN YEARS' EXPERIENCE IN THE ROYAL INFIRMARY.

In deciding whether to advise a patient to have a radical cure performed we had to consider his age, the presence or absence of organic disease, his social position, and the nature of the hernia. Operations for hernia might be classed as (1) *imperative*, in cases of strangulation, where a radical cure was secondary, and the operation should be as simple as possible. (2) *Necessary*, as where a truss failed to keep up the rupture. (3) *Advisable*, as in the poorer classes, and those engaged in laborious work. Congenital hernias in children of the lower classes also came under this head. (4) In some cases, as where the rupture was a bar to entering the Services, the operation was one of *convenience*. As regards the danger to life, in the first group the mortality depended entirely on the local condition and the general state of the patient. The radical cure might well add to the risk of the operation. In the last three groups the mortality in young and middle-aged people was practically nil; in older persons the danger was often greater. The ultimate result was influenced by the age of the patient, and, speaking generally, the earlier the operation was done, the better was it. So long as the neck of the sac was thoroughly obliterated there was not much to choose between the different operations; personally, he preferred a modification of Bassini's operation for adults; for children the operation should be as simple as possible. Union by first intention was always to be desired; the only two recurrences of which he was aware were in patients in whom the wounds had healed by granulation. It was most important to keep the patient in bed for at least six weeks; a truss should not be worn afterwards, as it was liable to cause pressure atrophy. It was, of course, difficult to speak as to the permanency of the cure, but the two cases just mentioned were the only ones he knew to have recurred out of a series of 91. Among these cases he had only had two deaths - one from chloroform sickness and one from double pneumonia. Statistics of the varieties of hernias, &c., were given.

The paper was discussed by Messrs. Cathcart, Thomson, Cotterill, Stiles, and the President.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

MEETING HELD FRIDAY, NOVEMBER 10TH, 1899.

The President, Mr. R. L. SWAN, in the Chair.

THE PRESIDENT delivered an address on "Venereal Diseases and their Therapeutics."

Mr. GLASGOW PATTESON read a paper on the

TREATMENT OF FRACTURED PATELLA BY AN IMPROVED METHOD.

He recommended the use of a strong silver D-shaped wire, which necessitated only a single drilling of the bone, and was sufficiently strong to allow of very early passive motion of the joint being effected without risk to the injured fragments. This was an important factor in early and complete restoration of the function of the limb.

Mr. HENRY GRAY CROLY was opposed to the risk of opening the knee-joint. He thought ligamentous union just as good. When last in London he had inquired if there had been any deaths from the opening of the joint in fracture of the patella, and found there had been.

Dr. ORMSBY had seen many cases treated by the Dublin method with a short ligamentous band, and frequently, when the patient was afterwards walking about, people could not say which patella was broken. The advantages of bony union did not appear to him so great as those of a short ligamentous band.

Mr. PATTESON, in reply, said he had never seen death follow the modern method of treatment, which, of course, should be used only in suitable cases. By the open method, bony union and absolute mobility are made certain within a short time. He felt more and more convinced that, with proper precautions, the opening of the joint is the best method.

ON URINARY INFILTRATION.

Mr. H. GRAY CROLY read a paper on urinary infiltration, illustrated by a series of cases which came under his care in his hospital and private practice. Mr. Croly exhibited six beautifully coloured drawings taken from the patients by Dr. Paul Carton. Some were made in the theatre before operation, others at a later period during the healing process, and some when the wounds were healed. Mr. Croly made important reference to the surgical anatomy of the region involved in cases of infiltration of urine, including a description of the attachments of Colles' middle femoral fascia. All the cases were very severe. Only one fatal case occurred in Mr Croly's list—in that case the patient delayed in seeking admission to hospital until the local and constitutional symptoms were far advanced. Mr. Croly said he had never seen in any surgical work a drawing of urinary infiltration. The drawings were examined with much interest by the President, Fellows, and Members of the Society, and the communication elicited an interesting discussion. In conclusion, Mr. Croly described gangrenous erysipelas of the scrotum as an affection which might be mistaken for infiltration of urine, and differentiated the cases.

Mr. R. B. M'CAUSLAND asked if Mr. Croly thought incision of the testicle in these cases would be dangerous? He thought it remarkable that so many patients recover from injuries of this kind.

Dr. E. H. BENNETT had seen a case where a man was "butted" in the belly, and injury to the bladder was supposed to have resulted. A catheter was passed, and bloody urine drawn off, but the patient objected to the passing of the instrument, and afterwards passed water for himself. He lived for nearly two months and died, not with urinary symptoms, but of obstruction to the rectum. At the post-mortem urinary extravasation into the pelvis was found, although there were no external phenomena to indicate this.

Mr. DOYLE had seen extravasation of urine in a boy, four years old, who had fallen out of bed, causing injury to the perineum. He had obtained a satisfactory result by the usual incisions. He did not see how a difficulty could arise in the diagnosis.

Dr. KNOTT said a large majority of strictures occur immediately in front of the triangular ligament, and the great trouble in treatment is that injections and instruments are generally stopped here by the ligament.

Mr. CROLY replying to Mr. McCausland, said he did not think incision would be dangerous if it did not go through the tunica albuginea. The diagnosis should present no difficulty, except where infiltration occurs behind the triangular ligament, but he had already mentioned a case of urinary extravasation in which the man's scrotum was tapped with a trocar and cannula. The most deceptive cases are those in which abscess of the perineum exists.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Thursday, December 7th, 1899.

The President, Dr. Burgess, in the Chair.

Dr. Hale showed (1) a case of ulcerative syphilide; (2) a case of eczema of neck, face, arms, trunk, and popliteal spaces due to paraffin.

Dr. George Wilkinson read the notes of a case of "excision of a gangrenous umbilical hernia, with secondary enterorrhaphy." The patient was a stout woman, æt. 49, the subject of umbilical hernia for twenty-six years. When admitted to the Royal Hospital, symptoms of strangulation had been present for about forty hours only. The hernial sac was about 5 inches in diameter. Sac and contents both were gangrenous. The whole was excised. The contents of the sac were 12 inches of transverse colon, and a large mass of omentum. Paul's tubes were fitted to the divided ends of the colon, which were fixed in the wound. Secondary enterorrhaphy was performed six weeks later, by means of Murphy's button. The patient made a good recovery. A jar preparation of the sac and contents were shown.

Mr. Dale James showed the painting of a case of erythema (?) which gained its chief interest from the diversity of opinions as to its origin. The lesions exist on the chest and right arm, the patient being left-handed. Each spot begins as an indefinite rose coloured patch; this increases and developes into a circle the centre clearing up. In the circumference minute vesicles appear and dry up, then exfoliation of the cuticle takes place. The patient is a single lady, æt. 30, is highly neurotic, and has had this trouble for seven years. It is probably factitious, although this is denied; and control experiments have failed to solve the doubt as to its being so.

A case of "necrosis of the lower jaw" was shown, the patient being Mrs. D., æt. 35, who was admitted as an out-patient at the Royal Hospital on November 5th, 1898. She had been suffering from swelling and pain in the lower jaw for the last three months. On examination a swelling was found below the anterior surface of lower jaw. Fomentations were ordered, but as she did not improve she was admitted November 25th. An incision was made, and pus let out. Subsequently the jaw was scraped, and extensive necrosis was found. As the disease had progressed it was thought advisable to attempt removal of lower jaw as far as the angle on each side, as this appeared to be the limit of the disease. A skin incision not being feasible owing to the septic condition of the tissues the symphysis was divided, and an endeavour made to saw through the bone at the angle. This was done, but on seizing one half of the bone with the lion forceps after a little manipulation the entire half came out. The other half was extracted in a similar manner. There was no hæmorrhage and the patient made a good recovery. Owing to the *periosteum* being left behind, a new jaw is being formed, but, of course, without the articulation. The patient can talk well and chew anything.

Dr. Godfray Carter showed a girl, æt. 14, who was totally blind from optic atrophy, and who was suffering from the effects of a cerebral tumour, probably tuberculous in character, and situated in the cerebellum. Mother and sister died of phthisis, but up to three-and-a-half years ago patient had been apparently healthy, though the large size of her head had been commented upon from infancy. Illness set in with severe frontal headache. When this had continued for a week, patient, who was standing at her front door, vomited, and fell down unconscious; there were no convulsions. Consciousness returned in two hours, but she was blind and paralysed in face and all limbs. There was also complete anæsthesia of limbs and left side of face. Sensation returned on second day, but power only after two or three months. Was able to walk in six months. Vertigo was a prominent symptom. No nystagmus. At this time there occurred a second attack, something like the first. Coma lasted one hour, sensation not affected; there was incontinence of urine for three weeks afterwards. She was in bed paralysed as before, this time for six months, and was only able to walk in a year. From that time improvement has been gradual. She is intelligent and active, but in addition to being blind there is paralysis of left sixth and seventh cranial nerves, and the left side of the body is weaker than the right. Knee-jerks are abolished, and her gait is stumbling and uncertain. The head is large, as from hydrocephalus and presents a marked rectangular prominence of occiput. There is also some retraction.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, December 17th, 1899.

Hemiplegia and Hypnotism.

At the Académie des Sciences a member related the case of a woman of 28 of a very nervous temperament, who was seized with a trembling of half of the body and absolute mutism, followed by syncope, after an angry discussion with her husband. When she awakened from her faint the mutism persisted, and the patient presented hemiplegia of the right side. After a few days speech returned, but the paralysis continued more or less. Movement, although limited, was possible in the arm, while the patient complained of numbness and prickling in the leg; the reflexes were intact everywhere except in the sole of her foot. The case was evidently one of hysterical hemiplegia.

The patient was submitted to hypnotism, and the idea was suggested to her that she did not suffer from the sensation of numbness in her limbs, and that she could walk. The woman walked almost immediately and has remained well ever since (two months).

Coxalgia.

M. Schwartz renewed the discussion on the treatment of coxalgia at the Surgical Society. He said that by the conservative treatment many cases of coxalgia were cured, but after a considerable lapse of time. By resection, on the contrary, the cure was rapid, and if the function of the limb was not absolutely perfect, it could be much improved by an appropriate apparatus. As regarded himself, he resected the articulation of the hip for coxalgia ten years ago, and the patient, who was now twenty-five years old, was able to compete in 150 mile match of bicyclists. The shortening of the limb was only a little over an inch.

M. Delorme said that ten years age he practiced resection of the hip for coxalgia complicated with fistula on two patients, and both died; he had since renounced that radical treatment, but from what he had heard from his colleagues he was inclined to return to it.

M. Félizet thought that when the conservative treatment produced good effects that the fistulæ closed and the fever fell, they were all agreed that there was no hurry about the resection. On the other hand, when the pain and the fever persisted, and the tuberculous infection was making progress, the radical operation should be preferred. It was a mistake to consider resection of the hip as a dangerous operation; his statistics of 200 cases were ample proof of the relative facility of the operation and its successful result. As to the defective method of walking witnessed in some cases it could be easily corrected with an apparatus.

Appendicitis and Intestinal Obstruction.

M. Aviragnet related two cases of perforating appendicitis co-existing with obstruction of the intestine.

The first was that of a woman of forty, who entered the hospital with symptoms of intestinal obstruction, probably due to cancer and meteorism, obstinate constipation, fæcal vomiting, &c., were present. At the end of a few days the patient was suddenly seized with violent abdominal pain and succumbed rapidly to collapse. At the autopsy a cancerous tumour was found in the left angle of the colon, and acute peritonitis consecutive to a perforation of the appendix.

The second patient was a woman of forty-nine, who entered the hospital with symptoms like those of subacute appendicitis. Signs of intestinal occlusion rapidly set in necessitating laparotomy. On opening the abdomen acute peritonitis due to perforation of the appendix was remarked. Obstruction of the intestine was also observed, and the distension of the intestine was so great that an artificial anus had to be made in order to close the abdomen. The patient succumbed the same evening.

These two cases proved to the speaker's mind that intestinal obstruction and appendicitis represented frequently cause and effect.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, December 16th 1899.

At a recent meeting of the Society for Innere Medizin Hr. V. Leyden related a case of

ACUTE GONOCOCCUS PERITONITIS

with demonstration of a bacteriological condition of general interest. A woman, æt. 29, had been in the 1st Medical Klinik for 14 days. She was much reduced, suffering from high fever and ascites. The diagnosis was difficult, as there were but few points of indication. Two years ago the patient was pregnant, then jaundice came on, and labour was induced artificially by the medical attendant. Later, swelling of the abdomen came on, the condition varied, sometimes becoming better, sometimes worse, without anything giving an opportunity for a diagnosis; urinary trouble of uncertain character was also complained of. The urine showed no albumen. Puncture of the abdomen was made twice, the liver after removal of the ascites was found to be rather indurated, but not enlarged; no tumour was found in the pelvis. The ascitic fluid which was examined but not very carefully, showed a fluid tolerably rich in cells, but nothing abnormal. The temperature, persistently high, rose to 39·6 degs. C., then there was slight diazoreaction in the urine, nothing in the lungs. Then the fever got much worse, with vomiting, and death took place. The autopsy showed the following: the liver contracted, nodular, cirrhotic, strong interstitial hepatitis, the spleen enlarged. Whether the deceased was a drinker was not ascertained. This condition explained the ascites but not the continuous fever, but the condition of the fluid remaining in the abdomen was surprising. It was markedly purulent, the liver and intestines were thickly coated with fibrin, there was therefore acute peritonitis. The question then arose as to the bacteriological cause for the peritonitis, and the bacterium coli was first thought of. The assistant, Dr. Adam, examined and found cells which he declared to be gonococci. The speaker, and also Dr. Michaelis confirmed this decision. Cultivation on the ascitic soil showed pure cultivation of gonococci and nothing else.

The gonococcus had recently been made responsible for a series of serious affections, whilst formerly its activity had been supposed to be limited to the urinary passages. It had been seen that under certain, but not accurately known, predisposing causes, it could spread itself in the system, and set up serious diseases. Then in 1893 it was found by the speaker as the sole deposit in a case of endocarditis, and this discovery had been later on confirmed. Since then the gonococcus had been diligently searched for; its presence in gonococcal joint inflammation was known. Concerning its presence in acute diffuse peritonitis, there was at present no clearness of view, although gynæcologists had pronounced in its favour. Even in the latest works there was no strict proof that it alone could cause diffuse peritonitis Only Doderlein with two others had found an exudate with gonococci in which the germ was proved to be the cause of the peritonitis; in all these cases, however, proof by culture was wanting. The case before them was the first in which this proof had been produced.

PERITONEAL SEPSIS AND SHOCK.

An address was recently given on this subject before the Gynæcological Section of the Natur foescherversammlung in Munich by Hr. Otto Küstner. According to the speaker, some abdominal cases ended fatally suddenly after operation, in which the symptoms did not correspond to the ordinary ones of peritonitis In extreme cases failure of the heart was the prominent symptom; but he thought that a deleterious action of germs was the most probable cause. Such fatal action of germs under similar conditions had long been known to surgeons, and the speaker thought it probable that germs played the leading part in these unfortunate cases also. As the action of the poison was shown more markedly in its effect on the heart, it was at first sight probable that patients with weak and degenerated hearts, such as were found in myomatous cases, would be especially endangered. Naturally a seriously degenerated heart would fail more quickly under the influence of a serious abdominal operation, narcosis and loss of blood. This ought to be or must be called shock. It was certainly very rare in rapidly and skilfully performed operations, and also certainly degenerated hearts bore narcosis and loss of blood badly. On the other hand, the soundest and most powerful hearts succumbed to the action of poisons such as could be observed in sepsis following abdominal operations.

Further, the observation of the writer showed that the time limits necessary for a fatal termination were very limited. Sometimes the bacterial growths scarcely extended beyond the field of infection. He chose the expression "peritoneal sepsis" rather than that of "septic peritonitis." As in the present case the inflammatory process really stood in the background. If it were wished to characterise the condition more sharply, it might be called "acute peritoneal septic intoxication," as not the infection but the toxicity was the marked feature. He considers the hands of the operator or of his assistant, or some object coming into contact with the wound during the operation to be the cause of the infection, and counsels greater care in sterilisation of every object that will be brought into contact with the wound, and limiting as much as possible all contact with it. He also believes that when the virulence of the

microbes and their numbers are moderate the Mikulicz tampon will be a protection. But if the virulence is great and the numbers are also great it will be of but little service.

At the Medical Society, November 20th, Hr. Virchow showed preparations of

Osteomalacia

from a woman, æt. 34, who had been treated unsuccessfully by removal of both ovaries. The woman was very fat, and at last she died. The uterus was very hypertrophic, the collum long and firm. Mucous membrane of the interior of the uterus much reddened, just as if a result of recent irritation The pelvis was deformed, the ilium bent outwards; the thorax showed fractures of the ribs on both sides (some of the fractures appeared to have been caused by transport of the body), many bones were completely dissolved, so that nothing remained of their substance, and red marrow was present throughout their whole extent. In the last century these sanguinolent masses would have been put down to scurvy. The other changes were similar to those which, in recent times had been observed in pernicous anæmia. The calvaria had the appearance, and on tapping gave out the sound, of papier maché.

Austria.

[from our own correspondent.]

Vienna, December 16th, 1899.

Scarlatinal Œsophagitis.

At the Medical Club Knöpfelmacher showed a few preparations taken from cases of œsophagitis caused by the scarlatinal virus. He first referred to Eiselsberg's reported cases of œsophageal stenosis where no direct cause could be discovered from the history in the shape of escharotics, irritants, &c., although there was suspicion of the diphtheritic virus in one case. Knöpfelmacher's two cases of œsophagitis ended fatally The macroscopic specimens when hardened did not show the necrosis so well as under the microscope. This was coagulated in the thickened mucous membrane and was well brought out by Weigert's colouring, as well as the streptococci and other bacilli; none of Löffler's diphtheria bacilli were to be found. Angina necrotica is a typical complication of scarlatina, although it may also be met with as a prodromal condition of the disease. It is also present histologically in some forms of diphtheria, but in this disease as a fibrinous deposit on the mucous membrane with a similar necrotic effect. In the mixed state where diphtheria and scarlet fever are combined Löffler's bacilli will be found, although often overlooked in the search.

Infantile Paralysis through Difficult Parturition.

Steiner showed an infant, eight weeks old, with paralysis in the right arm which appeared after it was born. The labour had been difficult with breech presentation and manual relief. Closer examination revealed paralysis of the right deltoid and biceps, as well as supinato longus and brachialis internus in a lesser degree, and it may be rep esented as a type of Erb's paralysis. Atrophy of the paralysed muscles was also present, with reduced faradic and galvanic stimuli, while degenerative reaction and disturbance of the sensibility observed. The sterno-cleido mastoideus is hard and ropy to the touch.

These cases are shrouded in considerable doubt as to whether the paralysis has an intra-uterine origin from cerebral causes, such as porencephalia, atrophy of the posterior cortex, cerebral degeneration, or hæmorrhage, or whether they have been solely produced in the act of parturition. In the latter case it may also be of a cerebral nature caused by injury to the head of the child, or it may be peripheral by injury to some local centre which comes under the category of Erb's paralysis affecting a muscular group supplied by the plexus brachialis where the lesion is located to the fifth and sixth cervical nerves. Budinger has remarked that great elevation and posterior pressure of the affected arm may thus act on Erb's point between the clavicle and first ribs. He admitted that the pressure applied in this position may have been the probable cause in the case exhibited, and may thus be explained by Erb's paralysis with Büdinger's assistance, which he presumes may be induced by the presence of a hæmatoma produced by tearing the muscular structure of the sterno-cleido mastoideus which would thus complete the compression on Erb's point.

In the discussion that followed Neurath described a case of his own where the paralysis was of a paraplegic character. The child when born was in a semi-asphyxiated condition, but after a little perseverance was reanimated.

Attention was soon directed to the peripheral paralysis, which was at first viewed with considerable scepticism. What the real cause could be, till occasion arose in a similar case from a post-mortem examination, when hæmorrhage was discovered in the lumbar region of the cord.

Rosenberg was of opinion that pressure by some morbid deposit was the probable cause of the paralysis, and according to his own experience the prognosis was of rather a hopeless character, as atrophy and subluxation soon appeared.

He proposed early operation in such cases to remove all morbid deposit and prevent further deformity in the muscles or joints.

The Operating Theatres.

FRENCH HOSPITAL AND DISPENSARY.

Abdominal Hysterectomy.—Mr. R. O'Callaghan operated on a woman, æt. 50, who had been suffering for some years from an uterine fibroid which, during the last year had been increasing and was weakening her entire system by profuse loss of blood. When admitted her enfeebled condition was such as to necessitate postponement of operative interference for some weeks, but it was undoubtedly a case in which operation was the only hope of saving and prolonging life. After the patient had been anæsthetised an incision about 6 ins. long was made from the umbilicus to just above the pubes, and the tumour easily turned out. The difficulty that was at once apparent was that the bladder presented high up on the tumour necessitating considerable care in stripping it off the uterus. The broad ligaments were tied on each side and divided. An assistant placed his forefinger on the os uteri through the vagina (which had been previously washed out thoroughly with 1 in 1,000 biniodide of mercury), thus giving a guide to the posterior fornix; this was cut

down upon and the uterine arteries tied on both sides, and thus the whole tumour was removed practically without any loss of blood. Dry sponging having been applied to the cavity of the peritoneum the existing gap between the broad ligaments in the serous membrane was brought together by continuous catgut suture, thus shutting off the peritoneal cavity, the abdominal incision was closed in two layers, one with continuous catgut for the peritoneum and the other with silkworm gut, which took up the layers of the parietes and the skin. Mr. O'Callaghan remarked that this was one of the typical cases of fibroid uterus (œdematous myoma) that justified an operation, which at all times he considered to be most serious, not only on account of the mutilation to the woman but because of the mortality of the operation itself, this being in very skilled hands at least 5 per cent. (that is, he said, taking those cases only in which operation was really justifiable, and not those in which nothing is met with beyond a small fibroid or subinvolution of the womb, designated by some as fibroid thickening). With regard to the difficulty with the bladder during the operation, he pointed out that owing to the care which was necessary to strip off the viscus from the uterus the operation was prolonged more than he had expected, although it only lasted an hour. The Trendelenberg position, he said, was not employed during the operation, but the bowels were easily kept out of the operative area by means of thin flat sponges, this he considers sufficient in ordinary cases of abdominal hysterectomy. He thought that in a thin walled abdomen, such as in this patient, two layers of suturing was quite sufficient, while in a fat patient it was always wise to use three layers.

It is satisfactory to state that three weeks after the operation the patient was convalescent, and that she left the hospital at the end of the fourth week.

CANCER HOSPITAL.

Trans-Sacral Excision of the Rectum.—Kraske's Operation.—Mr. Charles Ryall operated on a man, æt. about 50, who was admitted to the hospital suffering from constant passage of blood, and mucus, morning diarrhœa and pain. These symptoms had been present for six months. There was, too, marked emaciation. On examination just within the anus and affecting the posterior wall of the rectum a cancerous growth could be felt extending upwards for a few inches. There was no evidence of secondary deposit elsewhere. The patient was anæsthetised, placed on the left side in a semi-prone position with the thighs well flexed on the abdomen. A median incision was made from the middle of the sacrum to the margin of the anus, the coccyx and the lower two pieces of the sacrum were removed, and the rectum separated from the surrounding soft structures. The peritoneum of Douglas's pouch was then incised, and by ligaturing and severing the meso-rectum, the bowel was brought down so that a healthy portion could be fixed to the upper angle of the wound; the peritoneum was then closed by suturing it to the anterior surface of the upper rectum, and the bowel was divided well above the disease, and all the lower portion, including the anus, removed; the wound was closed partly by buried and partly by superficial sutures. A dressing was applied, and the patient removed to bed. Mr. Ryall remarked that in this case it was impossible to save the anus owing to the proximity of the growth, and therefore he considered it advisable to give the man a sacral anus, as this was in a better position for the application of a plug. He drew attention to the early opening of the peritoneum during the operation, which facilitates the separation of the bowel above and need not increase the risks if due precaution is taken to prevent infection, this last being best avoided, he said, by not severing the bowel until the peritoneal wound has been closed. The complete closure of the wound is, he thought, of the greatest importance in shortening convalescence. It is necessary to ensure apposition of the deeper as well as of the superficial portions so as to prevent accumulation of any exudation, and this is accomplished by using buried sutures for the deeper part of the wound.

It is satisfactory to state that a fortnight later the patient was up and about, and by means of a sacral plug he was able to have complete command over his motions.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 20, 1899.

VACCINATION IN EXCELSIS.

We doubt not that the anti-vaccinationist party are always on the look out for well authenticated cases of small-pox epidemics, for the propagation of their teaching almost depends upon these. Without such records it would be impossible for the party in question to exercise their ingenuity in order to show that the outbreak and continuance of the epidemics were entirely independent of vaccination. An epidemic of small-pox no sooner occurs in a town, compelling vaccination and re-vaccination to be resorted to wholesale among the inhabitants, than the anti-party immediately proceed to argue against the facts, and endeavour to prove that small-pox has broken out as the result of insanitation. For a time some of those who listen to their unphilosophi-

cal deductions are impressed, but the progress of the epidemic upsets all calculations, with the result that the unvaccinated community—or those who are left of it—quickly display an eagerness to take shelter under the safe protection of vaccination. In this connection, however, we are glad to draw the attention of the anti-vaccinationist party to the facts in connection with the outbreak of small-pox at Puerto Rico when that island was occupied last year by the American troops. In January, 1899, the American authorities found that in two months no fewer than 3,000 cases of the disease had occurred, and an order was therefore issued by the Governor-General that every resident who had not had the disease was to be vaccinated, and that for the future every infant was required to be vaccinated before reaching the age of six months. An interesting detail in regard to this order was the provision made by the American Government for the supply of the necessary vaccine. It was found that vaccine forwarded from the United States lost its virulence on reaching the island, and this necessitated the establishment of a vaccine farm. The farm was conducted upon a most systematic plan The men engaged in the work were divided into three gangs, each in charge of an acting assistant-surgeon of the army. First, those testing the cattle for tuberculosis; second the vaccinating squad; third, those collecting the virus. By this means, according to Dr. George G. Groff, who contributes a paper on the subject to the New York *Medical News*, no trouble was experienced in producing about 15,000 points each day. Each animal furnished on the average 500 points, the maximum being 3,700. The result of this special effort was that in a few months, that is to say, between the end of January and the end of June, no fewer than 790,000 persons were vaccinated; the authorities consequently have now reason to believe that Puerto Rico is protected against small-pox so far as successful vaccination can effect that object. It is interesting to learn that the populace generally accorded a welcome to the vaccinators, and that no disturbance of the peace occurred as a result of the vaccination order. Moreover, it is highly important to note that not a single death ensued which could be strictly attributed to the vaccination. Lastly, at the middle of October following the vaccination campaign, the disease was held to have been stamped out of Puerto Rico, inasmuch as not a single case of the disease, at that date, was known either to the military or the civil authorities. These facts, to which attention is here drawn, probably establish a record in the history of vaccination, and they form a striking proof of the value of the civilising influence brought to bear upon this hitherto Spanish settlement by the Government of America. The whole cost of the vaccination campaign amounted to about £6,400, an outlay which, as Dr. Groff says, cannot be regarded as extravagant in view of the fact that the island has been freed from a loathsome and very fatal disease.

LEAD POISONING IN THE POTTERIES.

An important step has been taken by the Home Office with regard to lead poisoning among workers in pottery manufacture. The magnitude of the evil was established by Government inquiries, especially by those embodied in the Report of Dr. Thorpe and Dr. Oliver. Even now that steps have been taken to stay the mischief the proportion of sufferers from plumbism among the female workers still approaches 50 per cent. There is little need, however, at this stage of matters, to insist upon the disastrous prevalence of industrial lead poisoning which has always been most conspicuous in the districts where the manufacture of china and earthenware is a staple industry. The widespread nature of the danger and its absolutely preventibility have been urged in the columns of The Medical Press and Circular for many years past, and it is therefore with peculiar pleasure that we hail the approach, if not the perfect fruition, of a logical preventive policy by the Home Office, with whom rests the ultimate responsibility in such matters. Among the inquiries conducted by that department was a series addressed to the manufacturers themselves, with results that are most hopeful for the future, if we may judge from the tenour of the circular note officially sent to employers. The Home Secretary has announced his conviction that leadless glaze can be substituted in many branches without detriment to the finished products. That conclusion was arrived at in many unofficial circles long ago, and its practical outcome, namely, the prohibition of the use of lead in glazes, has been warmly advocated from time to time in our own columns. The Secretary of State appears not to have had the courage of his convictions so far as to add prohibition to his Special Rules issued last year. It is proposed to extend the system of medical inspection to the whole of the workers in lead processes, the advisability of which advance is abundantly proved by the actual decrease of cases that has followed partial measures extended over the extremely short period of, roughly speaking, some eighteen months. A proposal of the manufacturers is that where the use of lead is permitted it should be only in a "fritted" form, that is to say, fused into a kind of glass, which is applied either as a dry powder or a paste. The point of this recommendation is that cases of poisoning are either extremely rare or altogether absent from the use of a properly fritted glaze. In applying this principle it is necessary to insist upon a certain standard composition, as otherwise safety is not attained. In order to allow manufacturers to acquire the necessary experience it is proposed to allow a period of two years to elapse before any standard is officially imposed. All these propositions are encouraging to those who are interested in the important social question of the prevention of industrial or trade diseases. They show that the earnest attention of the Legislature is being given to the subject, and that there is every prospect of effectual prevention being carried out within a not distant future.

Above all, they serve as a model of official tact in the way in which the views of workers, of scientific men and of employers have been collated and diplomatically consolidated. If a criticism might be allowed it would be to the effect that the total prohibition of the use of lead in pottery would have gone to the root of the evil. So far as we have been enabled to investigate the matter we can find no valid reason to the contrary. Glazes just as effective, as lasting, and as cheap can be made without as with lead. It is apparently to provide for the possibility of there being some process invented in which lead may be indispensable that the departmental policy has been provided with a loophole, the exact size of which time alone will suffice to determine. Meanwhile, we hail with hearty approval the action of the Home Office in dealing with a serious industrial danger, not only on the score of humanity, but also more generally as indicating a desire to grapple with many problems of a similar nature that urgently call for the light of fuller knowledge in order to guide the iron grip of logical prevention.

THE GENERAL MEDICAL COUNCIL AND THE APOTHECARIES HALL, IRELAND.

NOTWITHSTANDING that the report of the examiners, inspectors, and visitors appointed by the General Medical Council to supervise the examinations conducted by the Irish "Hall" were effusively eulogistic, the Institution has not "escaped whipping." The inspector states that the "final examination will bear comparison as a test of fitness with any of the ordinary pass examinations within the United Kingdom, and the surgical examiners" (appointed by the Council itself) say that "they were satisfied with the method by which the examination was conducted, and with the standard of knowledge required." There is more in the same strain, yet the observations of the Examination Committee of the Council which presents the report are devoted to picking holes in the examinations and giving expression to that manifest partisanship which has prevented its previous utterances from being accepted with the respect and confidence with which they ought to be regarded. The statements made by the Committee have been shown to be, some of them inaccurate, and others biassed and unjust, and, therefore, they go for nothing, but a further opportunity was afforded to Sir Dyce Duckworth, who plays the rôle of the wolf to the Hall's lamb, to attack it when the proposal was made that the Apothecaries' Halls of both London and Dublin should be extinguished by taking them into the examinational conjunctions of England and Ireland. This proposition was made for Ireland in 1886 and was energetically supported by the Medical Council even to the extent that the then President, Sir Henry Acland, went to Dublin, to persuade, if possible, the Irish College of Physicians to accede to it. It was also supported by the Irish College of Surgeons, which was willing to have been party to the proposed triune conjunction, and which, when the Irish Physicians refused to listen to reason, entered into a conjunction with the Hall, which the physicians in vain sought to prevent by a suit in Chancery. In the recent debate the representative of the Irish College of Physicians raised, for the first time, certain technical objections to such a conjunction. 1. That the Irish Hall is under the supervision of the College of Physicians with respect to the inspection of Apothecaries' shops, and the right of appeal of candidates rejected by the Hall. 2. That the College would object to the increment of the fee of its Licentiates, which would necessarily accrue from the addition of a third body to the conjunction. 3. That, to act with strict legality, the Hall could not charge more than 10s. for its licence, and could not dispense with apprenticeship of its candidates as it now does, and that the College of Physicians could not co-operate in any scheme of examination which would not be strictly legal. While we do not dispute the validity of these difficulties, we know that they have little to do with the real block maintained against an Irish tripartite conjunction, for they would all be got rid of with certainty in a few months by a short Medical Acts Amendment Bill, such as has been passed *nem. dis.* for other bodies, if such Bill were endorsed by the Medical Council, the Irish licensing bodies, and the Privy Council and the Irish College of Physicians. The actual and insuperable obstruction to such a reasonable and business-like settlement of a dispute which has occupied the Medical Council for more than forty years is the morbid respectability of the College of Physicians. Following the example of a more ancient but scarcely more dignified body which has its centre of administration at Rome, it has, since medico-educational reform began in 1858, opposed all advancement with the epigrammatic phrase, *non possumus*. Ireland, in the race for medico-educational progress, has had to pull up in face of this obstruction, and, until some means are adopted to bring this College to an appreciation of the fact that the profession cannot afford to stand still to please it, we do not see what can be done to open the *impasse* which it creates and maintains.

Notes on Current Topics.

The Ready Method in Prescribing.

IT is not surprising that the dispensing general practitioner and the chemist have become excessively uneasy at the growth of the "tablet" system of medication, to which a correspondent calls doleful attention, but the observer of the progress of events for the past few years must have seen very clearly that the days of universal prescription writing, and the profits arising therefrom, are numbered. The infinite variety of coated pills and compressed medicines which are now at the disposal of the public and the practitioner, the excellence of their therapeutic combinations and, speaking generally, their trustworthiness cannot be questioned; and, moreover, these preparations afford facilities for the administration

in minute doses of the very active alkaloids which the practitioner prudently hesitates to order in a prescription. We recognise, of course, that special cases require special combinations of drugs which the skilled physician can prescribe, and the skilled pharmacist compound, and for such cases, prescribing must always be preserved, but the occasions for such methods are now somewhat exceptional. The dispensing practitioner and the chemist must see that it has become necessary and will be increasingly more so, to accommodate their practice to the new system, and no longer place their sole dependence on the one-and-sixpenny mixture or the shilling box of pills. We can see, of course, how disadvantageous it must be, to make every patient his own prescriber and dispenser, but to a great extent this has been already done, and it will be quite futile to raise a trade cry against it.

The Thermometry of Phthisical Patients.

One of the peculiarities of the sanatorium method of dealing with phthisical patients is the practice of taking the temperature in the rectum rather than in the mouth. This is strongly objected to by some, who regard it as a needless indignity inflicted on the patient by a fastidious superintendent. It must be premised that there is no sort of relationship between the rectal temperature and that taken in the usual way, at any rate in disease. The former may be two or three degrees above the latter, or it may be the same, or lower. If that be the case —and the comparative charts show it to be so— we must either have both or, if only one, the rectal temperature. It is amusing to hear it described as an indignity. Nothing is an indignity if it be for the benefit of the patient. Do we hesitate to feed a young lady suffering from gastric ulcer by nutrient enemeta under pretext that it might offend her modesty? We trow not, and the physician has to consult, not abstract æsthetic ideas of what is becoming and what is not, but what is to afford him the most trustworthy indications of the condition, for the time being, of his patient.

The Influence of Age on the Incidence of Tuberculosis.

It is a matter of everyday experience that the incidence of tuberculosis in regard to form and course varies according to the age of the subject. Looking at the question from one point of view we see that while, in the vast majority of cases of tuberculosis occurring in very young children, the alimentary tract is the seat of the mischief, the tendency of the disease to attack the lungs increases year by year as age advances. This peculiarity is easily, and probably correctly, explained by the relative liability to infection, which, in infants, is assumed to be greater in respect of their special food, while in adults and older children the air is supposed to be the principal vehicle of infection. If this liability in respect of infants is conceded, it constitutes a crushing indictment of milk as a food, for it is to this source that the prevalence of intestinal tuberculosis in young infants is attributed. But there is another point of view, for we find that most cases of what is commonly described as surgical tuberculosis, that is to say, tuberculosis of bones and joints, occurs in adolescents, though, to a less extent, it is met with later on in life. Why adolescents should be more prone to this particular form of the disease is a problem which has not yet been solved. Bone and joint tuberculosis is decidedly rare during middle life, but it undergoes a slight recrudescence as age advances. It has been remarked that phthisical patients rarely develop tuberculous disease of the joints and bones and, conversely, persons afflicted with the latter manifestations of the disease are not often phthisical, though they may become so as the result of a generalised infection having for its starting point the disturbed local lesion. There is much in this distribution of special forms of the disease at particular periods of life that calls for further careful observation, though the general principles of treatment are not greatly modified thereby.

Craniectomy for Microcephalus.

The surgical enthusiasm with which the suggestion was received some years ago of treating microcephalic idiots by means of craniectomy gradually subsided, when subseqnent experience of the operation proved that the results were unsatisfactory. Consequently it is now only upon rare occasions that any case of the kind is recorded. The mortality of the procedure has been estimated by Keen at from 15 to 20 per cent., but, despite this fact it cannot be regarded as unjustifiable to operate when the case selected for it appears to be one in which good might result. Authorities are generally agreed that the congenital cases are unsuitable for operation, while in the late and acquired forms of microcephalic idiocy the prospect of achieving some good is more favourable. It is, nevertheless, beyond dispute that very manifest improvement has been obtained in some cases, and in a case recorded by Wilson, of Toronto, in the current number of the *Canadian Journal of Medicine and Surgery*, it would appear that improvement has followed the operation. The child was five years old, and at the time of his admission into the hospital he could only say one word—"mama,"—and this he indiscriminately applied to every person. Moreover, he could not play with his toys, was very restless, and rubbed his head a great deal. His body also was much bent when he walked. The operation was divided into four stages, with intervals of two or three weeks between each, and in the end about four inches of bone in length, by two inches in breadth, were removed from either side of the sagittal suture. The result was that from the first the child became easier to manage; he began to play with his toys, and to learn a great many words and short sentences. It was also noticed that his disposition became milder, and that his restlessness at nights ceased. Furthermore, it

became possible for him to stand erect, and the improvement in his gait was most marked. Upon the whole, then, this case must be classed among the successes, proving that under favourable conditions the operation is both justifiable and expedient.

A Distinction or a Difference?

WHEN an officer dies on the battlefield having been killed by the enemy, officially his death is described as "killed in action." This latter phrase is one with which every one is familiar, and its expressiveness conveys a great deal of meaning. But those who for any reason were called upon to peruse the *Gazette* of December 5th could scarcely fail to have felt surprised at the announcement relating to the late Major Gray, R.A.M.C. The public a short time ago were informed by despatches from headquarters in South Africa that this officer was killed while attending the wounded in the battle at Farquhar's Farm. Despite this fact, however, in the *Gazette* above referred to, while all the other officers mentioned are described as "killed in action," the late Major Gray is announced as "deceased." What does this mean? Are we to understand that the War Office have determined that a medical officer cannot be "killed in action," or that if while attempting to save the lives of wounded soldiers he be killed by an enemy's bullet, officially he is simply an officer who has "deceased?" The distinction may, perhaps, be a small one, but not so small as the little-mindedness which has probably prompted it. There have been occasions on which medical officers have had to fight for the protection of the wounded under their care; but here again, we suppose, had any of the officers been killed, the War Office would have returned them merely as "deceased." What is quite evident is that the bad *régime* introduced and fostered by the Duke of Cambridge, while occupying the post of Commander-in-Chief, of persistently snubbing the Officers of the Medical Department of the Army, still obtains at the War Office, and presumably things will thus remain until the present Commander-in-Chief makes way for someone else. Meanwhile the public wonder why the Army Medical Service is so unpopular with the profession.

Noise and Fresh Air.

A FACETIOUS observer, commenting on the prominence which has been given to fresh air as a prophylactic against many of the diseases to which human beings are liable, recently called attention to the spectacle of the hermetically closed windows along Harley Street in the early morning as evidence of the fact that medical men, even consultants, do not always practise what they preach. Though at first sight the closed windows might be taken to evince a distaste for fresh air during the hours allotted to repose, the truth is that what the sleepers dread is not fresh air but noise. The average citizen, whose nervous organisation has been rendered irritable by life at high pressure, requires quiet if he is to have his allowance of sleep, and this is precisely what cannot be obtained in towns. If we cannot have fresh air without noise we prefer to shut out both and risk the consequences. Now that an abundance of fresh air has been laid down as the indispensable condition of a healthy existence it may be that the authorities will become more sensitive in regard to avoidable noises. There is ample evidence of the fact that this generation is less disposed to be tolerant in this respect than were their ancesters. Noiseless pavements have taken the place of the roaring granite blocks of former years, and each year adds to the remedies provided by law for dealing with unnecessary noises. Certain it is that no serious progress will be made with the fresh air propaganda until steps have been taken to disassociate it from its concomitant disturbing influence.

The Bankruptcy of the Irish Branch Medical Council.

THE affairs of the branch Council in Ireland have come to such a pass that the aid of the General Medical Council has been invoked. The Irish Council commenced in the year 1899 with a balance against it in the bank of £154—it had to sell £150 worth of stock in the course of the year, and ended with £124 against it. The total expense for fees to the seven members who constituted the Council during the year was £14 14s., and the total number of meetings held was four which leaves £2 2s. for the year's work for each member. It certainly cannot be said that the Branch Council has "wasted the substance" (of the General Council) "in riotous living." So far has the impecuniosity of the Branch Council gone, that one member told the General Council that it was useless to remit any subject to it because it could not meet for want of funds. The cause of this condition of affairs is not far to seek, for it was, in fact, pointed out years ago by Dr. MacNamara, and the result anticipated by him. The fact is that the Irish Branch suffers from two exhausting depletions which no department could survive. First, a large proportion of the Irish students do not qualify in Ireland but, coming as they do from the Queen's Colleges in Belfast, Cork, and Galway which have no sympathy with the Irish licencing bodies, go straight to Glasgow or Edinburgh, where their passing is gazetted, and their registration money absorbed. Secondly, those who do pass in Dublin are frequently the sons of people whose financial possibilities are well-nigh exhausted when the final examination comes, and the evil day of the official registration (which costs £5) comes. Then the new-fledged practitioner has to wait, and generally fixes his hopes upon an assistancy or some other official employment outside Ireland, and he postpones the payment of his registration fee until he is in a condition to settle down in such avocation. When he does register, his £5 is swept into the treasury, not of the Irish Council, but into that of England. The first of these deplatory influences cannot be counteracted by the General Council because it is the reasonable outcome of the excessive cost of the Irish curriculum aud examinations which the local teachers alone can remedy. The

second influence it can neutralise. It only needs, if there be legal power to do it, to order that a practitioner qualifying in Ireland shall register in Ireland. The English and Scotch Councils are now "gathering where they did not straw," and it is but just that they should take their hands out of the Irish pocket.

The Medical Aspects of Christmas Fare.

Christmastide, with its host of traditional joys, has for years untold been the signal of a vast food orgie throughout the length and breadth of the United Kingdom. The shops make a brave show of eatables and every household, however humble, lays in its store of things seasonable for the feast. At such a time it may seem perhaps a little unkind to hint that a skeleton hovers near the banqueting table, but a little further inquiry will show that the kindly hand of medical science may bring a certain amount of protective comfort along with that warning. Does over-eating do any great amount of harm at Christmastide? To a great extent that depends upon the eater. That a certain number of gouty and dyspeptic persons may add to their troubles thereby cannot be doubted. Further that delicate and unhealthy children may injure themselves seriously by an excess of rich and rare food stuffs no one can seriously dispute. Fortunately, however, these weaker vessels constitute a small proportion only of the population, and the residue may pretty safely be permitted, if not actively counselled, to "eat, drink, and be merry." It is not the occasional indulgence in excess of food or alcohol that sets up serious mischief in the individual, the damage follows habitual or frequent abuse. If the fashion of Christmas fare were extended so as to cover a couple of months instead of as many days it is certain that the Registrar-General would forthwith be called upon to record a great increase in the mortality of the United Kingdom. Nor does the occasional indulgence in an excess of food injure children so much as might be expected. The real injury is done at an earlier age by feeding babies with patent foods and stuffs other than milk. After the first two years of infancy the healthy child becomes curiously tolerant of changes in amount and nature of food. At the same time the visit of the family physician may be here and there required to set right some trifling ailment due to our national observance of a great feast day.

The Fighting Qualities of Jam.

The humble "pot of jam" as a feature of campaigns has sprung into remarkable prominence within recent times, and immense consignments of jam, we understand, have been forwarded to the Cape for consumption by the troops. Jam may be described as a humble luxury, nevertheless it is one which is held in high esteem. Even the schoolboy in mid-term who receives a consignment of jam from home has reason to feel its influence from the number of friendships that he forms as long as the stock holds out. Again, jam has certainly a moral influence which it imparts. For example, by adding variety to a meal, which from the monotony of the food provided might be dulness itself, it infuses cheerfulness and, no doubt, more or less contentment, among those who partake of it. Not much, perhaps, on the other hand, can be said of its nutritive qualities. As a nutrient, *per se*, the value of jam cannot be much. In all probability, the sugar which it contains proves to be its most serviceable constituent in this regard. Indirectly, however, the desire for eating larger quantities of bread which the liberal use of jam creates makes up for any deficiencies in nourishment which it may happen to possess.

Cork County Council and Lunatic Accommodation.

We have, on more than one occasion, referred to the very crowded state of the Cork District Asylum, and the necessity which existed for further accommodation. The Asylum Board has been active for some months in the matter, and has almost come to a point of decision where the defects should be made up. Their idea is to have two Auxiliary Second Class Institutions for Imbeciles at separate and distant locations in the county, so as to meet the convenience of districts. Unfortunately, this decision will not be arrived at without some little local recrimination, and a deputation waited on the County Council a few days ago to urge the particular claims of the Schull Workhouse as an auxiliary lunatic asylum for imbeciles. From the newspaper reports it does not appear clear that any special advantage can accrue from agreeing to the prayer of the petitioners, one of whom gave as his argument that as £20,000 to £30,000 were to be expended, he saw no reason why his division of the county should not get a portion of it. With all respect to the reverend gentleman's view, actuated no doubt by motives of local interest, which, in their way, are very commendable, we fail to see how they can have much sway in view of the crucial question, what is best for the efficiency and economy of the whole asylum administration of the county, and what is best in the interest of the lunatics themselves?

Popular Errors Regarding Insanity.

The course of Armistead Lectures which are in course of delivery at Dundee will conclude with a lecture on "Popular Errors Regarding Insanity," by Sir John Batty Tuke. The Dundee *Advertiser* gives an interesting review of the lecturer's professional biography, and suggests two important doubts to be solved, with the hope that Sir John will attempt to solve them in the final lecture referred to. The first is: Can he give a definition of sane and insane? The second: Can he throw light on the question of responsibility of insanity from alcoholic excess? These are two very interesting questions, and our contemporary has given Sir John a rather hard nut to crack. It may not be his purpose to touch on these subjects, but they are matters of great interest, and the latter especially is one of practical import-

ance, the solution of which we are still far from having reached.

The Loss of Some Portion of the Intestine and its Influence upon Health.

NATURE has provided man with about twenty-five feet of intestines, from which one may assume that for her requirements this is the least amount which she could do with. Since, however, surgeons have invaded the abdomen and performed a complexity of operations from time to time, upon the organs contained therein, Nature has taught us a good many things. Formerly it was believed that the sacrifice of a few inches only of the intestinal tract was likely to be harmful to the processes of nutrition. But the result of operations upon a large scale in this regard have undeniably proved the the contrary. In the *Montreal Medical Journal* for the current month, Shepherd publishes a table of twelve cases showing the recoveries which have taken place in patients who have lost portions of the intestine varying from 10 ft. to 30 ins. The maximum instance was that of a boy, a patient of Ruggi, in which the intestine was removed for multiple strictures, and his health was stated to be fair at the end of two years. Nearly 8 ft. of intestine (92 ins.), again, were removed by Shepherd in the course of an operation for tumour of the mesentery, and the patient was still in good health at the end of seven months. Also in a case of Kocher's nearly 7 ft. (82 ins.) were removed in consequence of a railway injury, and the patient was still in fair health at the end of six months. It is interesting, however, to note that in this latter case a marked tendency to diarrhœa supervened after the operation, and in other instances this condition has been noticed. Thus some amount of careful dieting has been found necessary under the circumstances in question. The whole subject is one of considerable interest, especially when taken in conjunction with the recorded cases of excision of the whole stomach, in which life has been preserved.

Leicester Guardians.

THE Leicester Board of Gurdians have at last come within the strong grasp of the law, and they will pass the festive Christmastide beneath the chilling shadow of a writ of attachment from the Court of the Queen's Bench. Whether the law will allow these rebellious subjects to retain their personal liberty during the next few weeks remains to be seen, but they have long since forfeited any right to expect further leniency from the long-suffering hand of the law. The writ of mandamus from the Queen's Bench calling upon them to carry out the Vaccination Act was evaded by the shallow artifice of appointing as Vaccination Officer a man of notoriously anti-vaccinationist views. Out of nineteen candidates for the post the Guardians chose an ex-journalist who had refused to have one of his own children vaccinated, and who could not by any reasonable probability be expected to administer the Act efficiently. Before the Queen's Bench affidavits were produced from nineteen of the Guardians apologising for their conduct and saying that although they may have acted mistakenly they acted in accordance with their views of public duty in fulfilment of pledges given at the time of their election. It may be remarked that if they give illegal pledges to their constituents they can hardly be called upon to fulfil them, besides, resignation is open to them. The judge said the object of the Court was not to send the Leicester Guardians to prison, but to make them feel that the law was too strong for them, and that they must obey the orders of the Court. The present position is that the Guardians have to apply within the next five sittings of the Court for the discharge of the writ by showing that they have appointed a proper vaccination officer or else they will go to prison,

The New Vaccination Law and its Cost.

THE St Pancras Board of Guardians have been discussing the cost of the new Vaccination Act and comparing the outlay with that of the Act which it succeeded. In the first place they have found that the sum of £420 more was spent upon vaccination during the twelve months ending September last than was the case in the previous year. On the other hand all that there was to set against this increase was a saving of £82 in rent of vaccination stations and other expenses incidental to the old system. It was pointed out that the official who reaped the most advantage was the public vaccinator, for while his share of the work had only increased by five cases, his emoluments were £320 more in comparison with the previous record. This increase was partly due to the higher fee paid for vaccination in consideration of the domiciliary visit; and partly to the new regulation under which the public vaccinator receives a shilling for every child not vaccinated before the end of the fourth month after birth. It is evident that the ratepayers throughout the country will have some grounds of complaint upon this score. But they have to thank the anti-vaccinationist party for the increased expenditure of public money in this regard. The Legislature passed the Act of last year merely in response to the agitation of the busybodies, both within Parliament and outside of it, and the result is that while medical men are profiting by an increase in their fees, the ratepayers have to find the money.

The University of Birmingham and the General Medical Council.

A POINT of considerable importance to the profession is raised in a correspondence recently published in the *Birmingham Daily Post* in respect of the representation of the future University of Birmingham on the General Medical Council. Dr. Kirby, addressing himself to the Council of Mason College, calls attention to the anomaly of the representative of a corporative body being elected by such a restricted body instead of by the general body of graduates, and he ventures to suggest that the selection should be made by the latter, and that the draft Bill should be modified accordingly. The reply of the Council partakes too much of the *non possumus* character to be satisfac-

tory, though one paragraph holds out the olive branch in that it states that as the Bill cannot be proceeded with until after the sealing of the charter, it cannot well come on before Easter, so that "there is plenty of time further to consider the question." We trust the members of the Birmingham and District General Medical Practitioners' Union will take advantage of the opportunity to bring influence to bear on those who are responsible for the draft Bill, and, failing success in their efforts, we may look to the other medical organisations to insure that this point is duly brought forward when the Bill comes up for discussion in Parliament. We do not despair of the reform of existing licensing bodies in respect of their representation on the General Medical Council, but it is essential, as far as possible, to prevent any exaggeration of the anomaly by an addition to the number of corporate representatives on the Council elected on the "pocket borough" principle. The matter is one which interests not only the medical inhabitants of Birmingham, because the principle involved affects the profession as a whole.

A Conflict of Medical Evidence.

It is a well-recognised maxim that medical experts should take every possible precaution to fall into line in respect of the *facts* of the case which they have been called upon to examine, though, of course, a difference of opinion as to the inferences to be drawn from the appearances is perfectly admissible. Any conflict of evidence on material points infallibly tends to bring medical evidence into discredit, the more so as it is difficult to conceive of any material divergence of views on points of actual observation. One expert may, it is true, observe details which another has overlooked, but this does not involve any contradiction of terms. At the trial of a person for murder at Birmingham last week, a deplorable conflict of medical evidence elicited animadversions on the part of the judge, and led to the acquittal of the accused. Dr. Parry, on the one hand, stated that a certain punctured wound of the lobe of the left ear had penetrated to a depth of three-eighths of an inch, giving rise to cerebral hæmorrhage sufficient to cause death. Dr. Holdsworthy, the police surgeon, on the other hand, stated that the punctured wound only extended to the skin behind the ear, and had not penetrated the skull. Now the point at issue is one which ought not to admit of any difference of opinion. It is difficult to conceive of such a divergence except as the result of separate examination, but we have no means of knowing whether the examination was made separately or conjointly. The perforation may well have been overlooked by one witness, but a positive statement by the other carries with it greater weight. A few moments' previous conversation between the medical witnesses would probably have sufficed to dissipate the obscurity, or, still better, an examination in common. The proper course, if circumstances had allowed of it, would have been to refer the question to an ind pendent expert, who could not have failed to establish the actual condition of things.

The Army Medical Department.

Lieutenant-Colonel W. Johnston has been appointed to be Assistant Director of the Army Medical Department. The selection invites the attention of the profession chiefly because he succeeds Lieutenant-Colonel Gubbins, who has been drafted off to South Africa, and because he is a retired officer who has been employed in recruiting. The lamentably derelict state of the Army Medical Service may be judged from the fact that not a man can be found in England fit to fill this important position without going to the reserve for him. How extreme must be the pressure to provide for the exigencies of the Service may be judged from the fact that an official who is busy in performing engrossing functions in the Irish Civil Services has been requisitioned to join because he happens to be a militia reservist, and that a civil practitioner has been appointed to the charge of troops who is engaged in "covering" the unqualified assistants in a shop in Dublin.

A Gold Disease.

An American medical journal mentions that two medical men in Johannesburg have discovered a new disease to which they have given the name "Rhinitis specifica acuta." It is said to be caused by a diplococcus identical with the pneumococcus, but much more virulent. In thirty-six fatal cases much pus was found in the sinuses of the brain, and pneumonia was a frequent complication. The workers in the gold mines are the chief sufferers.

Tuberculosis and Dairies.

An important step has been taken by the London County Council with regard to the elimination of tuberculous milk from the area within their jurisdiction. It is to be hoped that this departure marks the beginning of a state of things that will one day cut off one of the great sources of a pestilential disease among the inhabitants of the United Kingdom. The Council have decided to submit a hundred samples of milk taken at random to an eminent bacteriologist for examination for the specific bacillus. By a recent order of the Local Government Board, 1899, the Council have the right to examine cows, byres, and milk, and to prevent the sale of tuberculous milk. The Council, however, once more realised the imperfect nature of the existing legislation upon the subject. This recognition was embodied in the adoption of an amendment which sanctioned the sending of a circular communication to districts supplying London with milk asking what they were prepared to do by way of co-operation. Some of the statistics of the cows in London are interesting and suggestive. Of the total number of 5,144, the udders of 4,464 were found free from disease or abnormality; 7 had tuberculous disease of the udder, and 5 were suspected of the same; 82 had acute mastitis; 165 chronic induration, and 214 atrophy of the gland. Without powers of compulsory slaughter, and without a sound and loyal co-operation between town and country, it will be impossible to carry out any really effectual

scheme of prevention in our large towns. There can be no reasonable doubt that tuberculous milk is largely concerned in the causation of infantile tuberculosis.

Latest Arrangements for the International Medical Congress, Paris, 1900.

DR. CHAUFFARD, the secretary-general of the Congress, has issued a notice saying that the Paris Executive has been considering the important question of housing foreign members who attend the Congress. It has been arranged that the Rector of the Academy of Paris will place at the disposal of the General Committee 800 beds in the various Lycées at Paris during the Congress week, and it is hoped that an additional 200 may be obtained, making a total of one thousand The price of each bed is fixed at five francs fifty centimes a day, to comprise bed, attendance, and the eight o'clock "petit déjeûner." The beds, of course, are in dormitories, and not in separate rooms, but the Committee think they may be of service to those who come as bachelors and with only scantily lined purses. Nothing is yet decided about the distribution of these beds, nor is the Committee prepared to receive the names of those who wish to take advantage of them, but due notice will doubtless be given. The chief Parisian excursion agents are now ready to receive applications for rooms from intending visitors who do not patronise Messrs. Cook and Son, the agents recommended by the English Committee. The names of the French agencies are (1) "Voyages Duchemin," 20, Rue de Grammont, Paris; (2) "Voyages Modernes," Rue de l'Echelle, No. 1, Paris; (3) "Voyages Pratiques," 9. Rue de Rome, Paris; (4) "Agence Desroches" 21, Rue de Faubourg Montmartre, Paris; (5) "Agence Lubin," 36, Boulevard Haussmann, Paris.

To See Ourselves as Others See Us.

WE cull from the *Evening News* the following bit of wisdom from the judicial Bench:—

In the Bow County Court a domestic servant claimed £50 damages from the Great Eastern Railway for injuries sustained by being knocked down at one of their stations. The doctor's bill came to £3 13s. 6d, the visits being charged at 2s. each. Judge French: Preposterous. A shilling a visit is quite enough for attending a servant girl. I shall only allow a guinea for the doctor's bill, and ten guineas damages for the plaintiff. Counsel for defendant company: We offered £20, but they would not accept it. Judge French: A very generous offer indeed.

We should understand the learned (?) judge's views better if he would tell us whether he recollects having ever given legal advice to a servant girl or anyone else for one shilling or ten times that sum, or whether he thinks of making a scale for the retailing of such very uncalled-for advice from the Bench graduated according to the social position of the client? It is one of the advantages or disadvantages of our system that a County Court Judge, like a curate in the pulpit, may say anything he pleases without being challenged by anyone. Such functionaries are liable to let their tongues run when they think there is no reporter listening.

MR. TIMOTHY HOLMES, M.A.Cantab, F.R.C.S., has been elected to an Honorary Fellowship in his old college, Pembroke, Cambridge.

The *Times* states that Sir William MacCormac and Mr. Treves, whose assistance was invited by the War department, have gone up to Frere near Colenso, with an ambulance party.

PROFESSOR OGSTON, of Aberdeen, who makes it clear that he has *not* been invited, has intimated his intention of going out at his own expense, to see the medical service of the war and to be of assistance if asked.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

SANATORIA FOR CONSUMPTIVES IN SCOTLAND.

SOME months ago we pointed out the antagonistic positions taken up by supporters of different sanatorial systems of combating tuberculous diseases, especially those of the lungs. *Apropos* of this article, we were the recipients of several protesting letters and communications, all of which came from adherents of one of the parties, all maintaining with no little heat that their opinions on the subject were most catholic, although ending in dogmatic assertions that the only system of the slightest value was that to which, individually, the writers had pinned their narrow faith. Of course, to vary the methods observed at any one sanatorium further than those necessitated by intercurrent conditions occurring in the patients, would present many difficulties in management, where the number treated was large, and the staff small. But an ideal sanatorium would be one in which the number of patients was not excessive, or if great, not beyond the powers of the acting staff to supervise intimately; in which all the patients were not submitted to one single routine system, but treated according to idiosyncrasy, result, and habits.

It is distressing to meet with such strongly rooted ideas as to the absolute possession of curative powers by one single method of treatment in highly educated physicians, so close to the dawn of the twentieth century. They descend to the level of the herbalist or homœpathist who believes that one certain drug in one certain dose is the only infallible remedy for one special symptom, because of some fancied parallelism, or from some fortuitous series of successes following its practical employment. The *Glasgow Medical Journal* lately contained a note about an old medical club at a meeting of which the principles of the fresh air treatment of phthisis were adumbrated years ago to meet only with derision. Dr. Caton's book upon the Grecian temples of Aesculapius shows that their priests acquired very probably much of their success in the treatment of disease (ascribing it, of course, to the action of their deity) from the use of fresh air as the chief factor. The modern method is but a resurrection, nor does it become any of the present plagiarists of ancient unappreciated prophets to dogmatically state that their pet scheme alone is the proper method at a time when the different systems are but in the infantile stage, although savouring of re-incarnation.

Connected with this subject hangs the question of the possible and probable advantage to be gained from the establishment of rural sanatoria in our own country. Several such institutions have already been started. The Victoria Hospital for Consumption in Edinburgh being, we believe the pioneer; Nordrach-Mendip in Somersetshire, on the plateau which reaches back towards the

east from the summit of the Mendip Hills' western escarpment; the Bournemouth sanatorium, the recent small establishment opened to the south of Edinburgh, and many others, testify to the zeal with which this method of treatment is being taken up by the profession and the public. Personally, we have often cast a longing eye on the high bracing, dustless moors which surround Braemar and the higher reaches of the Dee, as theoretically perfect positions for sanatorial treatment, even though the winters there are cold, and the region remote. But the public is not yet educated up to the idea that cold at a bracing altitude at home (whatever its effect at Davos), is less harmful than lesser degrees of cold in more relaxing surroundings, or that cold *per se* is inimical and not favourable to the tubercle bacillus, so long as the actual or possible victim to the bacillus avoids a life spent indoors with a minimum of fresh air and a maximum of artificial heat, with infrequent excursions into the outside cold and seldom respired pure air; followed shortly by return to and existence in an enervating, de-oxygenated, stagnant atmosphere, peopled if in contact with a case of phthisis, with numerous germs of infection, and suited precisely to encourage the growth of the bacilli which have already found a corporeal breeding place. But it will probably be long before a sanatorium rises amid the solitary, but as yet untainted, high grounds of Caledonia.

Although many references have from time to time appeared in connection with the erroneous ideas held in the South as to the winter climate of many parts of Scotland, few appreciate the fact that over a wide extent of the Northern Kingdom the climatic conditions in winter are, as a rule, less rigorous than those in all but the furthest south west corner of England. Nor is the reason of this far to seek, for Scotland is a narrow strip of land between the Atlantic and the North Sea; narrower considerably than England, hence is blessed with a less continental and a more equable climate. That of course applies to the areas of land in both countries of corresponding elevation.

Misty, wet, and stormy it may be, but the mist and rain generally come from the warm west, directly from above the warm Gulf Stream. For instance, the mean temperature of Leith in January for forty years, from 1856 to 1895, comes out nearly a degree above that for Greenwich, and the same as that of Lowestoft for the same month. In December Leith also boasts a higher mean temperature than Greenwich. As far north as Aberdeen the means for these two months equal or exceed those of many observed over the midland and south-eastern counties of England. Similarly the entire eastern districts of Scotland are by no means so wet as the usual conception of the country as a whole would indicate. The figures given by the Royal Meteorological Society for the east of Scotland include Braemar, a station 1,114 ft. above sea level, but even with those from this elevated station yield only two inches of rain per annum in excess of the fall in England, south.

Dr. Buchan, in the *Journal* of the Scottish Meteorological Society for 1898, discussing the meteorological conditions of the British Islands says as follows: –"The rainfall of those upland districts of the east of Scotland is also comparatively small. The admirably bracing and hygienic qualities of those regions which have relatively dry climates, and are 700 ft. and upwards above the sea, are everywhere recognised, and it is these qualities which give the upper districts of Deeside, Donside, and Speyside the finest summer climates anywhere to be found in the British Islands."

The papers also by Dr. Buchan in same journal for 1892, discussing the temperatute of London for 130 years (1763-1892), and of the north-east of Scotland for 129 years (1764-1892), show that the coldest December and January recorded for the north-east of Scotland, were not so cold as the lowest mean temperatures for these months observed in London during that period.

Again, the Gulf Stream more closely affects Scotland than it does the western shores of England. One winter, seven or eight years ago the Thames was frozen over, while in Scotland summer clothes scarcely required a winter addition.

These facts and many more like them can be adduced in support of the benefits which may accrue from sanatorial methods introduced in the midst of the absolutely undefiled breezes coming from off the Scottish mountains and moors. And such should be to the advantage of the new Nordrach-on-Dee, a sanatorium designed to carry out as fully as possible the systems which have met with such success in Germany, named with a paucity of invention, but as an indication of the method to be pursued.

A site has been obtained near Banchory, 18½ miles from Aberdeen, a district richly wooded with pines, on which a sanatorium for from thirty to forty patients is in course of erection, and which, it is hoped, will be ready for opening by May, 1900. Some there are who assert that situation has little or no influence upon the course of the fresh-air treatment of tubercle; but, other things being equal, it is surely but rational to suppose that the purer, more bracing, and drier the air, and the more attractive the surroundings, the greater the chance of benefit, the more rapid the recovery. The venture will be watched with great interest, the result of "guid, shairp, Scotch air" on the vitality of the tubercle bacillus can hardly fail to prove as satisfactory, as it seems to be, upon the character of the Scottish nation as a whole.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

A SAD AND URGENT CASE.

To the Editor of The Medical Press and Circular.

Sir,– I beg to acknowledge receipt of the following contributions in answer to my appeal, with many thanks:—

	£	s.	d.
H. S. (London)	2	0	0
Jas. Hamilton, M.D. (Chelsea)	1	0	0
R.A.C.	1	1	0
A. A. T. (London) ...	1	1	0
L.R.C.P.I.(Birmingham)	0	5	0
Dr. Herbert Pulling ...	1	1	0
"Wellwisher"	2	0	0
Mrs. Swanson	1	0	0
Inspec-Gen. Stanistreet	1	1	0
Prof. Clifford Allbutt ...	1	1	0
Dr. Henry Lupton ...	1	1	0
Dr Charles Coates ...	5	5	0
Sir Francis Cruise (Dublin)	1	1	0
Dr. J. Cooper Stawell ...	2	2	0
Dr. O. A. Wickham ...	1	1	0
Dr. John W. Martin ...	1	1	0
Dr Arnold Ingle... ...	2	2	0
Dr. Charles Terry ...	2	2	0
Dr. Henry Hallgood ...	0	10	6
Dr. J. J. Byrnes	0	10	6
By a Lady	8	15	0
Total	37	1	0

I am Sir, Yours truly,

Macnaughton Jones.

131, Harley Street, London.
December 18th, 1899.

THE APOTHECARIES' HALL OF DUBLIN.

To the Editor of The Medical Press and Circular.

Sir,—In the last issue of your journal there appears a paragraph from which I learn that the directors of the Apothecaries' Hall of Dublin have passed a resolution pronouncing my conduct at the recent meeting of the General Medical Council to be "most unprofessional, totally uncalled for, and highly discreditable." It seems to me that these gentlemen are quite ignorant of the true state of the case, and I am sure that with your usual fairness you will give me space to state the facts.

I desire, in the first instance, to point out what has been my conduct with reference to the Apothecaries' Hall in the past. Thus, when I was elected a fellow of the College in 1860, if a member of the Apothecaries' Hall of either London or Dublin desired to obtain the licence of the College of Physicians, he had to resign that of the Apothecaries' Hall, and bind him-

self not to engage in the sale of drugs. This I looked on as unfair to certain county practioners, and, mainly as a result of my action, these rules were repealed, and now a member of the Hall can obtain the licence of the College, and compound medicines if he wishes to do so, the restriction not to do so being confined to "members" and "Fellows" only.

Again, in 1889, when examiners in surgery were given to the Hall, I moved in the College of Physicians that the Apothecaries be permitted to conduct part of the examination about to be carried on by the College in conjunction with the College of Surgeons. These acts of mine show I was not hostile to the Apothecaries' Hall, nor was my opinion as to the advisability of the latter course changed till after the revelations made in the General Medical Council in 1894-5, which ended in the examinations conducted by the Hall in conjunction with College of Surgeons being reported to the Privy Council.

At the recent meeting of the General Medical Council, Mr. Brown brought forward a resolution to the effect that it was desirable that the Apothecaries' Hall of Dublin should be joined with the two Royal Colleges in conducting a qualifying examination, and he called on me to give reasons for the College refusing to do so, and I felt bound to comply.

A point having been made that the Council had pronounced in favour of a similar conjunction with respect to the Apothecaries' Hall of London and the London Colleges of Physicians and of Surgeons, I said that the College of Physicians of Ireland objected to a similar one: 1st, on the ground of the relative positions of the two bodies; that there was no analogy between the Apothecaries' Hall of London and that of Dublin, as was very commonly supposed:—(*a*) the former by their Act (George III. cap. CXCIV.) were empowered to appoint examiners to examine and "ascertain the skill and abilities of such persons in *the science and practice of medicine and*" their fitness "to act as an apothecary." The only powers granted to the Dublin Hall are contained in the following George III. cap. XXXV.):—

"No person shall open shop or act in the Art and Mystery of an Apothecary until he shall have been examined as to his qualifications and knowledge of the *business*" by "the Governor, Deputy Governor, and Directors of the Apothecaries' Hall in Dublin." You will observe the London Hall can appoint examiners in medicine not being members of their body. The Dublin Hall cannot legally do so Moreover, the Dublin Hall was expressly established only for the purpose of having "medicines of the purest quality prepared under the inspection of persons skilled in the Art and Mystery of an Apothecary."

(*b*) The master and wardens of the London Hall were empowered to inspect apothecaries' shops, while with respect to the Dublin Apothecaries the College of Physicians of Ireland were empowered to do so, and till the establishment of the Pharmaceutical Society of Ireland regularly did so.

(*c*) There is a right of appeal by candidates rejected by the Dublin Hall to the College of Physicians; a right which has been repeatedly acted on, while no such rights or powers were conferred on the London College of Physicians.

The Apothecaries' Hall of Dublin, is therefore subordinated to the College of Physcians in Ireland in these and other matters, and College deemed that under these circumstances it could not agree to the conjunction.

(2). The College also objected to the increased expense which candidates would be compelled to pay for a Licence very few would desire to hold, and many objected to. There was also with respect to this a legal difficulty. The Apothecaries' Hall charge a fee, I think, of £10, while by their Act they are only permitted to charge a "sum of 10s. and no more"; that sum would not pay the expense of the examination, and if the College consented to a larger sum being charged they would be a party to an illegal act.

3. A further legal question had to be considered by the College, the Apothecaries' Act 40, Geo. III., already referred to, by which alone the Hall is constituted, the governor and directors are strictly enjoined to require every candidate for their licence to undergo an apprenticeship for the period of seven years. The directors have ceased to require this, and the College of Physicians feel that a serious responsibility would rest on them were they to ignore this evasion of the statute.

These were the reasons put forward when the subject was discussed some ten years ago, and all still hold good. But there are other matters of more recent occurrence which weigh greatly with me. The Apothecaries' Hall of Dublin owes its being, as is stated in the preamble of their Act, to "the existence of frauds and abuses practised (on the public) by the ignorance and unskilfulness of persons pretending to the art of an apothecary to the injury of the fair trader, and the hazard of life," and to the Apothecaries' Company was entrusted the duty of seeing that pure drugs only were sold in Ireland. For many years it discharged its functions efficiently, but it aspired to become a licensing body similar in position to the London one, though it had no right under their Act to such, and from that time not alone have the important functions for which it was established been allowed to sink into abeyance, but it has connived by participating in itself in a scramble for drug contracts in Ireland, which is pronounced by THE MEDICAL PRESS AND CIRCULAR "to be in about as corrupt a state as possible," and to which it adds, "We are obliged to conclude that the Hall has entered the lists, as one of the ruck of drug traders who deal with Boards of Guardians and are willing to adopt their methods. We do not know that we could say worse" (*vide* Supplement THE MEDICAL PRESS AND CIRCULAR, September 23rd, 1896, p. 21). I read an extract from this article to the Council, and it was this which was in my mind when I said in my place in the General Medical Council that the Hall was not a body with which any of the Medical Corporations having due self-respect ought to combine.

I am, Sir, yours truly,

LOMBE ATTHILL, M.D.

December 16th, 1899.

PRESCRIBING BY THE READY METHOD.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I would like to draw attention to the injury done to the public and to the profession generally by the growing practice of prescribing tablet preparations and proprietary drugs.

We have by our weakmindedness introduced in our midst a very dangerous element, and it is about time we woke up to this important fact. We have been cleverly hoodwinked by tablet makers and patent medicine manufacturers, flattered by their apparent generosity in keeping us supplied with free samples, diaries, pictures &c., have allowed ourselves to drift from prescribing the well tried drugs of the B P., only to find ourselves the allies of scientific chemists and experimenters. The practitioner of to-day (who does not dispense his own physic) thinks he is showing a great amount of medical knowledge by writing on his prescription Liq. So. X.Y.Z., or tablets do. (A.B.C.) but does he stop to think that by so doing he injures the patient, the chemist, and also himself.

Wherever the fashionable physician goes he finds tablets containing antipyrin, caffeine, sulphonal, thyroid, &c., &c., taken by patients with as little hesitation as they take their meals.

We have a committee who draw up a Pharmacopœia for our benefit, we study materia medica and pharmacy; we expect our chemists to study the mixing and compounding of drugs with a skill acquired after years of practice, and yet we deliberately insult them by writing prescriptions containing made up mixtures and pocket bottles of tablets, which might be dispensed, if I may use the term, by a grocer, with equal safety; thus we rob the chemist of his profit and livelihood, making the foreigner rich at the expense of our own kith and kin.

Week after week we read of people overdosing themselves with cocaine, sulphonal, &c.; doubtless in all these

cases they have to thank their medical advisers for introducing into their lives a new vice quite as dangerous as alcoholism or the opium habit.

It is time we became alive to these dangers by a closer study of the B. P. We ought to find everything that is needed for our daily practice without having recourse to the tablet system of medication. Every post crowds our consulting room tables with circulars puffing up new remedies. If there be any merit in them, why does it not originate from the proper quarter, the B. P. Committee, or some of our learned Societies?

I have made it my business to discuss this method of modern prescribing with several pharmaceutical chemists, and the general verdict is that the system is ruinous to the interests of the doctor, chemist, or patient, and shows an utter neglect or ignorance of the medical man of his clinical teaching.

On this subject there is food for reflection, and I trust something will be done to prevent the sale of dangerous drugs, which may be picked off the counters of the Stores without even the authority of a medical prescription.

I am Sir, yours truly,

H. A. D.

Obituary.

SIR RICHARD THORNE THORNE.

But a few days since Sir Richard Thorne Thorne occupied his accustomed seat as a Crown member of the General Medical Council, and took part, with his usual zest, in the debates Nothing in his appearance or attitude suggested that he was otherwise than in the best health, yet it is now our sad duty to record his death, after an illness of very brief duration, on Monday last, at the early age of 57.

Thus comes to an end an exceptionally brilliant and successful career. Originally a "Bart's" man. Sir Richard early turned his attention to hygiene and State medicine, and his life has been one long series of valuable services rendered to the State and to science, culminating in his appointment to the post of principal Medical Officer to the Local Government Board, a post which he still occupied at the time of his death, and which he filled with credit to himself and to his department.

There is hardly a point in preventive medicine which at one time or another Sir Richard has not dealt with, and his assiduity was not less remarkable than his singular lucidity and breadth of view. He is especially well known in connection with his work on the use and influence of hospitals for infectious disease, which paved the way to the system now generally adopted throughout the country, but he was also the author of epoch-marking contributions to the study of the prevention of diphtheria, and later of consumption. Innumerable reports from his pen, relating to public health, have appeared in various official compilations, all characterised by the thoroughness and grasp which rendered all his contributions to science at once interesting and instructive.

Sir Richard Thorne was a man of singularly unpretentious and prepossessing manners, and a favourite with all who were privileged to meet him, either in his public or private capacity. He only received his knighthood in 1897, and the news of his death will come as a shock to all who take an interest in sanitary work.

DR. JOHN FREDERICK HODGES.

The death is announced at a ripe old age of Dr. John Frederick Hodges, Professor of Agriculture and Lecturer on Medical Jurisprudence in Queen's College, Belfast. Educated at Trinity College and the Royal College of Surgeons of Dublin, he became, in 1837, a licentiate of the Faculty of Physicians and Surgeons of Glasgow, and afterwards studied in Germany, where in 1843 he graduated doctor of medicine in the University of Giessen. He then applied himself to the study of analytical and agricultural chemistry; and subsequently filled the offices of chemist to the Chemico-Agricultural Society of Ulster; analyst to the City of Belfast and to the counties of Antrim, Tyrone, and Donegal; Professor of Chemistry, Royal Belfast College; Examiner, Queen's University, Ireland; and president of the Natural History and Philosophical Society and of the Royal Academy Institute, Belfast. He was the author of a number of works bearing on chemistry, especially in its agricultural bearings, and was for some time the editor of the journal of Chemico-Agricultural Society of Ulster.

DR. ANDREW SPEARING, OF RIVERSIDE.

The death of Dr. Spearing took place last week at his residence, Riverside, Antrim, at the age of 74 He became a licentiate of the Apothecaries' Hall, Dublin, in 1850; M.D. University of Glasgow, 1851; and a member of the Royal College of Surgeons, England, 1851 In the early days of his professional career he settled down in Antrim, where his practice gradually became extensive, and his relations with all grades and sections of the community were of the most cordial kind. He also held the medical appointments to the Dispensary district and to the Workhouse dispensary at Antrim, and on the death of the late John Taggart, M.D., succeeded him as medical officer to the workhouse.

Literature.

MADDOX ON THE OCULAR MUSCLES. (a)

No one has done so much to advance our knowledge in this country of the subject of the working and the defects of the ocular muscles than has Dr. Maddox, and for this reason a welcome may be extended to the present volume, not only for the excellent manner in which the author has placed his knowledge before us, but also for the amount of special information which it contains. "The subject," says the author in his preface, is "not without its interest to physicians and neurologists, even when treated from an ophthalmic surgeon's point of view," and there is no doubt that this is correct; "muscle problems" as the author describes them, are now becoming much more frequent in the practice of general physicians than was the case a few years ago, for the simple reason that they are coming to be more generally recognised. Not by any means the least interesting part of the volume before us is the description, occupying several chapters, of the physiology of the ocular motions. This in itself shows the painstaking study which the author has expended upon his subject. Probably, however the chief attraction of the work will prove to be the observations upon heterophoria. These will well repay perusal, giving as they do an excellent *resumé* of the subject. In short, we think that Dr. Maddox's book is one which ophthalmic surgeons cannot well afford to be without; there is no doubt that it is a valuable addition to ophthalmological literature.

MUIR AND RITCHIE'S BACTERIOLOGY. (b)

The second edition of this excellent manual will be welcomed by those who are interested in the science of bacteriology. The rapid growth of the subject and the complicated processes needed in its prosecution have carried applied bacteriology more and more to the domain of the expert. At the same time it is necessary for every medical man, whatever his particular bent, to have a general knowledge of the principles, methods and results of the science. The busy practitioner, whether engaged in general or special practice, is every day more and more driven to entrust complicated clinical investigations to laboratory specialists. In

(a) "Tests and Studies of the Ocular Muscles." By Ernest E. Maddox, M.D., F.R.C.S.Ed., Ophthalmic Surgeon to the Royal Victoria Hospital, Bournemouth. Bristol: John Wright and Co.

(b) "Manual of Bacteriology." By R. Muir, M.D., and J. Ritchie, M.D.Ed. Edinburgh and London: Young J. Pentland, 1899.

a case of suspected enteric fever he knows that agglutination of typhoid bacilli in culture is caused by serum from a typhoid patient. The actual test he leaves to the bacteriologist, and all he wants is a telegram announcing the result. All who wish to read a systematic account of bacteriology in its present stage will find what they want in the admirable volume written by Drs. Muir and Ritchie. Clearness is an unfailing characteristic of their pages, and in dealing with specific organisms they have in each case commenced with a concise historical summary. The first part of the book contains an account of practical methods, and a full bibliography is appended. There are 120 illustrations, many of them of great beauty and delicacy.

TRAITE DE MEDECINE ET DE THERAPEUTIQUE. (a)

WITHOUT undue delay, considering the scale of the undertaking, we are now in possession of vol. vi. of this majestic compilation. The thousand pages or so which go to make up this portly volume are devoted to diseases of the heart and circulatory system, of the lymphatic system and of the blood, a scope which affords ample material for the writers to whom these sections have been assigned.

The section on the heart and its diseases is from the pen of Dr. Pierre Merklen, and extends to close upon 500 pages, yet an attentive perusal leaves the conviction that the author has not introduced a superfluous paragraph It is a masterly monograph which exhausts the subject without dragging in unnecessary details. The text is elucidated by a number of carefully selected diagrams illustrating the seat and extent of the auscultato y phenomena to which allusion is made. We are introduced to a new term in connection with the physical examination of the heart, viz.. phonendoscopy, by which is to be understood the delimitation of the outlines of organs by combined anscultation and percussion, a method of physical investigation to which attention has been called in this country by Dr. Maguire. In spite of the fact that by its aid the practised observer can easily map out the limits of organs so enlarged or to be in juxtaposition and can even define the position of the cardiac septum. the method, we are told, is not likely to come into general use, on the one hand because it requires considerable and assiduous practice, and on the other because the information to be obtained by simple percussion amply suffices for ordinary clinical purposes. Skiagraphy of the heart is discussed with the remark that it is more interesting than useful, though it may assist us in detecting physiological and pathological variations in the size of that organ in confirming the diagnosis in obscure cases of aneurysm, and possibly in the early recognition of the lesions of arterio-sclerosis.

The chapter on diseases of the arterial system has been contributed by Drs. Roger and Gouget, whose special aptitudes in regard to the subject are fully recognised by those who are *au courant* with the progress of medical science in France. There is not much that is new to be said on this subject,but unless by the designation *arterite noueuse* attention is directed to a rare form of acute arteritis characterised, post-mortem, by the presence of nodular, fusiform thickenings, of a greyish white or yellow colour, varying in size from a pin's head to a millet seed, or, in some instances, by small aneurysmal dilatations which may attain the size of a filbert The treatment of these various conditions does not offer much scope to the therapeutist, but the pathological importance and prognostic value of the lesions confer a special interest on their recognition.

The chapter on disease of the aorta in particular, is written by Dr. Boinet, and that on disease of the veins by Drs. Widal and Bezançon. Dr. Bezançon is also responsible for the chapter on diseases of the lymphatic system. The last named subject is one that is assuming a greater importance than authors in the past have appreciated, and the *role* of the lymphatic system in the generalisation of infective diseases is a point to which Dr. Bezançon has devoted special attention.

The remaining chapter on diseases of the blood, written by Dr. Parmentier, is specially worthy of note. During the last few years a vast amount of information has been gleaned concerning the chemical, physical, and bactericidal properties of serums, and the introduction of the serum test has opened up a fresh *vista* in the recognition of disease. Widal's reaction in typhoid fever is declared to have met with universal acceptance, and we are given the history of the discovery from Pfeiffer's early observations on the action of the comma bacillus under the influence of the serum of an immunised animal, and the discovery now associated with the name of Widal. It is interesting to note, on the one hand, that the characteristic agglutination is also met with in cholera, plague, pneumonia, and tuberculosis, and, on the other, that certain chemical substances are also capable of determining a reaction, similar to, if not identical to, that produced by serum Under the head of "blood diseases" we get chlorosis and the various forms of anæmia, as well as lymphadæmia and leukæmia, though in all probability the disorganisation of the blood, in the last-named, is rather a symptom of the disease than the disease itself.

We can speak with special commendation of the directions for treatment under the various heads. The remarks are concise but they cover the entire field, and confer a special value on the work as a whole.

FERNIE ON ANIMAL SIMPLES. (a)

THIS is a companion volume to the author's well-known "Herbal Simples," and the least that can be said of it is that it is a most entertaining compilation. Appropriately enough Dr. Fernie introduces his subject by quoting "The Witches" from "Macbeth." This forms the text of his discourse, and very faithfully and fully does he work it out. Those to whom the subject of folklore forms an agreeable pastime will find in Dr. Fernie's pages a wealth of material to their liking. Indeed, almost upon every page one comes across some curious and interesting fact concerning some old-time remedy Of course, we know nowadays that most of the messes and concoctions which did duty for therapeutic agents in olden times acted more through the mind than through the body. Who for example, would in the present day expect to derive any benefit from taking six dried grasshoppers for an attack of cold, or to have deafness cured by dried finely powdered earwigs mixed with hart's urine, or "difficult breathing," as Pliny says, relieved by an oily decoction of cockroach. But these are only some of the samples of mediæval therapeutics to which Dr. Fernie directs our attention. On the whole the volume is a fascinating one to peruse, and is at the same time a valuable contribution to the literature of the subject.

NEW BOOKS AND NEW EDITIONS.

The following have been received for Review since the publication of our last monthly list:—

BAILLIERE, TINDALL AND COX (London.

Heart Diseasse, with special reference to Prognosis and Treatment. By Sir William Broadbent, Bart., M.D., F.R.C.P.Lond. and John Broadbent, M.A., M.D.Oxon., M.R.C.P.Lond. Third Edition, pp. 420, with coloured and plain illustrations, price 12s. 6d. net.

Rhinoplastic operations, with description of recent improvements in the Indian Method. By D. F. Keegan, M.D., F.R.C.S. Pp. 72, with twenty-one photo-type illustrations, price 5s.

A Synopsis of the British Pharmacopœia, 1898. By H. Wippell Gadd, M.P.S., with Analytical Notes and Standards, by C. G. Moor, M.A.Cantab., F.I.C Fourth edition, pp. 224, price 1s net

Formulaire des Medicaments Nouveaux pour 1900. Par H. Bocquillton-Limousin et Henri Huchard. Price 2s 6d. net.

Dictionnaire des Termes de Medicine. Par H. de Meric, M.R.C.S. Eng. Vol. II, Francais-Anglais, p p. 244. Double column, price 4s.

J. AND A. CHURCHILL (London).

The Pathologists' Note-book, for the Post-mortem Room. By T.

(a) Traité de Médecine et de Thérapeutique. Par MM. Brouardel et A. Gilbert. Tome VI. Paris: J. B. Bailliere et Fils 1899.

(a) "Animal Simples Approved for Modern Uses of Cure." By W. T. Fernie, M.D. Bristol: John Wright and Co. 1899.

N. Kelynack, M.D., M.R.C.P. With 126 Illustrations. Pp. 186. Price 4s. 6d.

The Year-Book of Pharmacy, July 1, 1898 to June 30, 1899. With the Transactions of the Conference. Pp. 548.

William F. Clay (Edinburgh).

Clinical Studies in Vice and in Insanity. By George E. Wilson, M.D. Pp. 234. Price 7s. 6 . net.

Practical Text-book of Midwifery. By Robt. Jardine, M.D.Ed. Pp. 245. Price 6s.

Lectures on Hæmorrhage and Eclampsia. By Robt. Jardine, M.D.Ed. Pp. 76. Price 1s. 6d.

Henry Kimpton (London.)

The Health Resorts of Europe. By Thos. Linn, M.D.

Ledger Smith and Co. (London)

The Medical Digest. Third Edition. By Richard Neale, M.D. Lond. With appendix to March, 1899.

J. B. Lippincott Company (London and Philadelphia).

System of Diseases of the Eye. By various Authors. Edited by Wm. F. Norris, A.M., M.D., and Chas. A. Oliver, A.M., M.D Vol. IV. Pp. 942. Price 21s. net.

Longmans, Green, and Co. (London).

The Diseases of Children, Medical and Surgical. By Hy. Ashby, M.D.Lond., F.R.C.P., and G. A. Wright, M.B.Oxon., F.R.C.S. Eng. Fourth edition Pp. 872. Price 25s.

Transactions of the Clinical Society of London. Vol. XXXII. Pp. 296. Price 16s.

Medicine, Old and New. An Introductory address. By W. Howship Dickinson, M.D., F.R.C.P. Pp. 46. Price 2s. 6d.

James Maclehose and sons (Glasgow).

Renal Cases; a Series of Selected Reports and Surgical Studies. By David Newman, M.D., pp. 151.

Macmillan and Co., Limited (London).

A System of Medicine by many Writers. Edited by Thos. Clifford Allbutt, M.D., F.R.C.P., F.R.S. Vol. VIII. Pp. 998. Price 25s. net.

Mental Affections, an Introduction to the Study of Insanity. By John MacPherson, M.D., F.R.C.P.Ed.. Pp. 388. Price 12s.. net.

A Manual of Surgery in three vols. By Charles Stonham, F.R.C.S.Eng. Vol. I. and II. Price 7s. 6d. each, net.

E. Merck (Darmstadt, Germany).

Merck's Manual of Materica Medica. (Free to medical men on application to E. Merck, 16, Jewry Street, London).

Young J. Pentland (Edinburgh and London).

The Principles of Treatment and their Applications in Practical Medicine. By J. Mitchell Bruce, M.D., F.R.C.P. Pp. 614.

Sampson Low, Marston, and Co. (London).

Twentieth Century Practice, an International Encyclopædia of Modern Medical Science. Edited by Thos. L. Stedman, M.D. New York. Vol. XVIII. Syphilis and Leprosy. Pp. 703.

Sherratt and Hughes (Manchester)

Syphilitic Diseases of the Spinal Cord. By T. Williamson, M.D Lond., M.R.C.P.. Pp. 127.

Smith, Elder, and Co. (London)

Health Abroad, a Medical Handbook of Travel. By various authors. Edited by Ed. Hobhouse, M.D. Pp. 372. Price 6s.

Ward, Lock and Co., Limited (London).

Illustrated Official Guide to Llandrindod Wells. With medical notes, &c. Pp. 100, price 1s.

King's College Tutorial Classes.

The success which has attended the special class for intending candidates for the Primary F.R.C.S. has led the staff to organise a class on similar lines for the final examination for the Fellowship as well as for university degrees in surgery. The names of the teachers, Mr. M Watson Cheyne, A. Carless, G. L. Cheatle, and A. W. Cadman, constitute a sufficient guarantee of the excellence of the course, of which advantage is sure to be taken by those who appreciate the immense advantages which these classes offer to intending candidates.

Isolation Hospital for Dublin.

The Dublin Corporation has rejected a proposal from the Public Health Committee that temporary arrangements would be made with Cork Street Fever Hospital for receiving infective cases, and it has ordered a further discussion of the matter as soon as a complete return of the hospital accommodation can be prepared. The Boards of Guardians do not seem disposed to co-operate, though they cannot refuse to receive pauper patients, and it is certain that the hospitals which have attached fever wings will throw every difficulty in the way of the establishment of additional isolation hospitals.

Smallpox at Lincoln.

Two cases of small pox have occurred at Lincoln, both being traceable to Hull. Active measures have been taken to prevent any spread of the disease in its new quarters.

A Timely Correction.

Dr. Charles Goring, surgeon in charge of troops on board s.s. *Sumatra*, writes to the *Times* contradicting the silly rumours to which the press have given currency concerning the pitiable plight of the sick and wounded recently repatriated in this vessel. He points out that most of the invalids were suffering from chronic diseases not entailing bodily discomfort, and, save some half-dozen who were landed in cots direct to the ambulance, they had nearly all recovered, and were all greatly improved by the beneficial effect of the voyage. We are pleased to assist in destroying a mischievous legend which, if left uncontradicted, might have produced a very unfavourable impression on the public at large.

Mysterious Death of a Medical Man.

An inquest was held last week on the body of Thomas Edward Hughes, æt. 32, of Wandsworth, who died suddenly on the 4th inst. under somewhat remarkable circumstances. The deceased was stated to be in the habit of taking chloral and digitalis, the former in 40-grain doses, but the gentlemen who made the post-mortem examination came to the conclusion that death was due to commencing softening of the brain, with severe apoplexy associated with heart and kidney disease. A verdict was returned in accordance with the medical evidence.

Assistant Surgeons for the Army.

According to the *Times*, the Secretary of State has had under consideration a despatch from the Government of India dealing with proposals for the creation of Army assistant surgeons, the necessity for whom has been brought prominently to notice during recent campaigns on the frontier of India. The inception of the scheme, drawn up by the military authorities at Simla, has met with Lord George Hamilton's approval, subject to certain minor amendments which will in no way affect the general principles.

University of London.

At the examination held during the present month, the following candidates passed in the Honours division:—

M.B. Examination: for Honours- Medicine.

FIRST CLASS.

Howard, Russell John (Gold Medal), London Hospital.

SECOND CLASS.

Beatty, James, Trinity College, Dublin.
Hilton, Caleb Thomas, Guy's Hospital.
Pugh, Charles Grant, B.Sc., Middlesex Hospital.
Scott, Sydney Richard, St Bartholomew's Hospital.
Thomson, Frederick G., Univ. Cambridge and Middlesex Hosp.
Van Praagh, Harold John, St. Mary's Hospital.

THIRD CLASS.

Hirst, Walter Clapham, St. Bartholomew's Hospital.
Stevenson, Mabel Geraldine, R. Free Hosp. & Lond. Sch. of Med

OBSTETRIC MEDICINE.

FIRST CLASS.

Billington, William (Gold Medal), Mason C. and Queen's Hospital, Birmingham.
Iles, Mary Muriel Griffin, Royal Free Hospital.
Thomson, Frederick George, Univ. Camb. and Middlesex Hosp.
Unwin, W. Howard (Scholarship and Gold Medal), Charing Cross Hospital.

SECOND CLASS.

Barnes, Arthur Stanley, B.Sc., Mason C and Queen's and Gen. Hosp. Birm.
O'Dowd, John Austin, Birmingham Medical School.
Scott, Sydney Richard, St. Bartholomew's Hospital.
Stevenson, Mabel Geraldine, R. Free Hosp. and London School of Medicine.

FORSENIC MEDICINE.

FIRST CLASS.

Howard, Russell John (Gold Medal), London Hospital.

SECOND CLASS.

Barnes, Arthur Stanley, Mason College and Queen's and Genera Hospitals, Birmingham.
Hartley, Harold, Owens College and Manchester Royal Infirmary
Scott, Robert Gordon, St. Bartholomew's Hospital
Strange, Robert Gordon, St. Thomas's Hospital.

THIRD CLASS.

Hilton, Caleb Thomas, Guy's Hospital.
Meachen, George Norman, Guy's Hospital.
Stevenson, Mabel Geraldine, Royal Free Hospital and London School of Medicine.
Turner, Philip, B.Sc., Guy's Hospital.
Vernon, Ethel Miller, London School of Medicine and Royal Free Hospital.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

SURGEON-MAJOR R.—The matter is hardly ripe for discussion at present, there is so much to be said on both sides that we prefer to await an official pronouncement before criticising existing arrangements. The matter will not be lost sight of.

X RAY.—A personal interview with the Medical Officer of Health would probably assist in removing this particular cause of friction. In matters such as these, the writing of letters often tends to envenom controversies, whereas mutual explanations usually have for effect to place matters on a sound basis. If one would only eliminate the personal element, the administrative element would but seldom give rise to conflict of opinion.

DR. RYAN.—You certainly ought to have notified the case, erysipelas being a notifiable disease, but it remains with you to avert any trouble on this head by abandoning what, in the light of your remarks, certainly appears to be a contestable diagnosis.

AN OPENING!

WE cull the following advertisement from the *Times* of the 11th inst.

"COULD any LADY OR GENTLEMAN tell a great sufferer from RHEUMATOID ARTHRITIS of any reliable RELIEF. No quacks. Baths, drugs, and doctors have failed. Address Grateful, A. 9, The Times Office, London, E.C."

Any lady or gentleman who knows of a cure for rheumatoid arthritis should come forward, for a fortune awaits the happy possessor of the secret.

MR. J. STRATTON (Wokingham). The correspondence is now closed, we cannot reopen the subject.

DR. CARTHEW DAVEY (Liverpool).—We hope to have space for your instructive case of Gastric Ulcer, Perforation and Ulcerative Endocarditis in our next.

DR. KESTEVEN.—From what you say the growth in the intestine is probably benign; 80 per cent. of such growths spring from the rectum, and they are for the most part polypoid in form. Occasionally these tumours, even when of large size, if situated higher up in the gut, give rise to no symptoms during life. The commonest signs and symptoms of polypi are tenesmus, hæmorrhage, difficult defæcation, sensory discomfort, and prolapsus ani. In all cases it is necessary to exclude the possibility of malignant disease.

Meetings of the Societies and Lectures.

WEDNESDAY, DECEMBER 20TH.

ROYAL MICROSCOPICAL SOCIETY (20, Hanover Square, W.)—8 p.m. Paper: Mr E. J. Spitta: A Review of Photomicrography and its Different Methods (illustrated by numerous lantern slides).

ROYAL METEOROLOGICAL SOCIETY (Institute of Civil Engineers, Great George Street, Westminster, S.W.).—7.30 p.m. Ordinary Meeting. Papers: Mr. B Latham: The Climatic Conditions necessary for the Propagation and Spread of Plague.—Mr. R. Scott: Note on a Remarkable Dust Haze Experienced at Teneriffe, Canary Islands, February, 1898.

THURSDAY, DECEMBER 21ST.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Dr. Watson Cheyne: Genito-urinary Tuberculosis.

Appointments.

CRAIK, WM., M.B., C.M.Glasg., Medical Officer for the Bolton and Thurnscoe Sanitary District of the Doncaster Union.

DENNING, J. V. C., L.K.Q.C.P., L.R.C.S., Medical Officer for the Christchurch Workhouse of the St. Saviour's Union.

EDEN, THOMAS WATTS, M.D.Edin., M.R.C.P.,Lond., Physician to Out-patients, Queen Charlotte's Hospital, London.

GOW, WM. J., M.R.C.P., M.R.C.S., M.D.Lond., Physician to In-patients, Queen Charlotte's Hospital, London.

GRIGG, WM. CHAPMAN, M.D.Edin., M.R.C.P.Lond., M.R.C.S., Consulting Physician to Queen Charlotte's Hospital, London.

HALL, B., M.D.Lond., M.R.C.S., Medical Officer for the Third Sanitary District of the Lexden and Winstree Union.

HALL, H. S., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Workhouse of the Leigh Union.

HANSON, R. J. E., M.B., C.M.Camb., Assistant Medical Officer for the Infirmary and Workhouse of the Parish of Paddington.

HARPER, JOHN MAURICE, M.R.C.S., Surgeon to the Bath Police Force.

HERRINGHAM, W. P., M.D.Oxon., F.R.C.P.Lond., M.R.C.S., Physician to Queen Charlotte's Hospital, London.

HIRST, G. S. S., M.B., C.M.Edin., Medical Officer for the Withern Sanitary District of the Louth Union.

JAFFREY, FRANCIS, F.R.C.S.Eng., Lecturer on Anatomy at St. George's Hospital, London.

NEWBERRY, W. J., M.R.C.S., Medical Officer for the Overton Sanitary District of the Whitechurch Union (Hants).

O'FARRELL, H., L.R.C.P., L.R.C.S.Ire., Medical Officer by the Guardians of the Portumna Union.

POLLOCK, WM. RIVERS, M.B.Camb., M.R.C.P.Lond., M.R.C.S., Physician to In-patients, Queen Charlotte's Hospital, London.

POMFRET, HENRY WATTES, M.D Viet., F.R.C.S., Pathologist and Assistant Surgeon to the Ancoats Hospital, Manchester.

ROBERTS, CHAS. HUBERT, M.D., M.R.C.P.Lond., F.R.C.S., Physician to Out-patients, Queen Charlotte's Hospital, London.

STABB, ARTHUR FRANCIS, M.B., B.C.Camb., M.R.C.P.Lond., M.R.C.S., Physician to Out-patients, Queen Charlotte's Hospital, London.

STEPHENSON, SYDNEY, M.B., C.M., F.R.C.S.Edin., Ophthalmic Surgeon to Queen Charlotte's Hospital, London.

TAYLOR, SEYMOUR, M.D.Aberd., M.R.C.P., Physician to the West London Hospital, Hammersmith.

WHEELER, W. A., M.D., B.S.Irel., Medical Officer for the Milton Abbot Sanitary District of the Tavistock Union.

Vacancies.

Belmullet Union.—Medical Officer, £180 per annum as Dispensary Medical Officer, and £10 a year as Medical Officer of Health, together with Vaccination and Registration Fees. Applications to E. F. Flynn, Clerk of Union. (See advt.)

City of York.—Medical Officer of Health. Salary £400 per annum. Apply to the Town Clerk, Guildhall, York.

Dorset County Hospital Dorchester.—House Surgeon, to reside and board in the hospital. Salary £100.

Kent and Canterbury Hospital, Canterbury.—House Surgeon and an Assistant House Surgeon. Salary House Surgeon commencing at £90 with board, &c. Salary Assistant House Surgeon £50, with board.

Parish of Gairloch, Ross-shire.—Salary from the Parish Council £200 per annum, besides private practice. To reside at Poolewe. Applications to Mr. Macintosh, Inspector of Poor, Poolewe.

Queen's County Infirmary.—Medical Officer. Salary £182 6s. 2d. per annum. Applications to Geo. Dimond, secretary. (See advt.)

Seamen's Hospital Society, "Dreadnought," Greenwich.—Senior House Surgeon for the Branch Hospital, Royal Victoria and Albert Docks, E. Salary £75 per annum, with board and residence, and an additional £25 per annum conditionally.

Wexford Union. Medical Officer. Salary £100 per annum, and £15 as Medical Officer of Health, with the usual vaccination and registration fees. Applications to Nicholas Kehoe, Clerk of Union. (See advt.)

Births.

BAKER.—On December 12th, at 5, Gledhow Gardens, London, the wife of C. Ernest Baker, M.B.Cantab., F.R.C.S., of a daughter.

DRAKE.—On December 11th, at Lewisham High Road, New Cross, the wife of A. Thomson Drake, M.B., of a daughter.

Marriages.

FOY—MONTGOMERY.—On December 14th, at St. Martin's Church, Trafalgar Square, London. George Foy, Dublin, M.D., F.R.C.S., F.R.A.M., to Mary, daughter of the late Edward Henry Hellaby, of Rotheby, Leicestershire.

MARTIN—DICKSON.—On December 14th, at Ormond Quay Presbyterian Church, Dublin, by the Rev. Alex. Hall, M.A., Drogheda, Robert M. Martin of 5, Ulster Terrace, Stillorgan Park, Co. Dublin, son of J. B. Martin, J.P., Hellensburgh, Scotland, to E. Winifred Dickson, M.D., F.R.C.S.I., second daughter of the Right Hon. Thomas A. Dickson, Drogheda.

ROWAN—HIME.—On December 7th, at the Church of St. Mary Magdalen, Bradford, Major Henry Davis Rowan, Royal Army Medical Corps, son of the late Lieut.-Col Rowan, 54th Regiment, to Rosamund Hime, daughter of Dr. Thos. Whiteside Hime of Bradford.

RICHARDSON—BOWRING.—On December 12th, at Emmanuel Church, Clifton, Charles Boards Richardson, M.D., of Hove, Sussex, to Elizabeth, daughter of the late Benjamin Bowring, of Flash House, Mark Somerset.

SAWERS—BAILEY. On December 12th, at St Peter's Church, Stoke-on-Trent, John Lorimer Sawers, M.D., third son of the late Robert Orr Sawers, of Blackheath, to Charlotte, eldest daughter of Arthur Bailey, of Stoke-on-Trent.

VERNON—EWART.—On December 12th, at All Saints' Church, Margaret Street, W., Horace Middleton Vernon, M.A.Oxon., M.D., to Katharine Dorothea, elder daughter of the late Rev. Wm. Ewart, Vicar of Bishop's Cannings, Wilts.

Deaths.

FLETCHER.—December 14th, at Ballinasloe, Mary Lynch Blosse, the beloved wife of N. V. Fletcher, F.R.C.S.I., and youngest daughter of the late Very Reverend the Honourable Robert Plunket, Dean of Tuam.

FROST.—On December 13th, at 30, Ladbroke Grove, London W., Charles Maynard Frost, F.R.C.S., aged 85.

RENTON.—On December 11th, at Shotley Bridge, Co. Durham, Geo. Renton, M.D.Edin., aged 56.

JAMESON. On December 14th at St. Catherine's, Blackheath, Geo. Wm. Jameson, Surgeon-Colonel Indian Medical Service.

THORNE.—On December 17th, at his residence Inverness Terrace, Hyde Park, London, Sir Richard Thorne, K.C.B., F.R.C.P. Lond. and Irel., F.R.S., Medical Officer to the Local Government Board. Aged 57.

The Medical Press and Circular.

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The Harveian Lectures
ON
THE SURGICAL TREATMENT OF TUBERCULOUS DISEASES.

By W. WATSON CHEYNE, M.B., F.R.C.S., F.R.S.,

Professor of Surgery in King's College, &c.

ABSTRACT OF LECTURE II.

TUBERCULOUS PERITONITIS.—VARIETIES.

1. The peritoneum may be studded with tubercles of varying size, some small, greyish and transparent (the ordinary miliary tubercles), others larger and tending to become cheesy. These tubercles are scattered over both the visceral and parietal peritoneum, and there are frequently patches of fibrinous exudation over them which readily peels off, and in the early stage there is not necessarily any matting together of the intestines or shrinking or adhesions of the omentum or mesentery. The peritoneum is usually markedly hyperæmic. In these cases there is almost always more or less fluid present in the abdominal cavity, usually of a lightish straw colour, but in more acute cases somewhat opalescent or stained with blood. The sensation of putting one's finger into such an abdomen is the same as if it were passed into a bag of sago.

The tubercles are not usually distributed over the whole cavity, but are most numerous in patches, and this is more especially the case where the origin of the tuberculous peritonitis is some tuberculous lesion inside the abdominal cavity. For example in peritonitis originating from the tubes, the tubercles are most numerous in the pelvis, and become less numerous as one passes from it; or, again, in tuberculous peritonitis originating in connection with tuberculous ulcer of the intestines, the tubercles are in the first instance most numerous over the intestines in the neighbourhood and less numerous elsewhere.

Although, as has been said, in these cases the intestines are not usually matted together, still in some instances the fibrinous exudation produces sufficient adhesion to prevent the free spread of the fluid over the whole abdominal cavity, and thus we may have one or more collections of fluid simulating cystic tumours.

2. In a second set of cases the formation of adhesions and fibroid induration of the omentum and mesentery are the marked features. The intestines become bound together in masses by new fibrous tissue in which miliary tubercles may be present. These adhesions are often very firm, and may in parts constrict the intestines, or in other parts, from their shrinking, lead to kinking of the intestine, and in both ways they may cause partial or even complete obstruction. Further, the intestines are not only adherent to one another, but they are also very apt to contract adhesions to the abdominal wall, and this forms a great difficulty in performing laparotomy in these cases, and it is also the great objection to aspirating the abdomen where fluid is present. Where the whole abdomen is involved, these adhesions are especially marked between the liver and diaphragm. The omentum is also early involved in these fibroid changes, the two layers of the omentum become matted together, and the whole structure becomes much thickened and shrunken, and in an advanced stage forms a thick rolled-up mass like a sausage lying about or above the level of the umbilicus, and usually running more or less transversely across the abdominal cavity; it is generally adherent to the abdominal wall at this part. This thickened omentum contains numerous tubercles in its substance and scattered over its surface. The mesentery is also markedly affected with similar changes, and becomes thickened and shrunken and drags the small intestine up towards its root, and thus it comes about that when fluid is present it is most apt to collect towards the left side and lower part of the abdomen. The mesenteric glands are also enlarged, but not as a rule cheesy.

In these cases a certain amount of cirrhosis of the liver may even be met with, or there may even be tubercles in the substance of the liver. The spleen also is not uncommonly enlarged, either as the result of passive congestion or hyperplasia, or in some cases from the presence of tubercles. This adhesive form of tuberculous peritonitis may or may not be accompanied by the presence of fluid, and where fluid is present it is most often encapsuled, and there may be more than one collection.

3. A third condition which may be present, and one which is extremely grave, is that the tubercles run together and form large masses which undergo caseation; the mesenteric glands are enlarged and caseous; the omentum is often converted into a caseous mass, and caseating masses form in the adhesions which bind the intestines together. The contractions and distortions of the intestine and the shrinking of the mesentery and the other changes mentioned under the second form are usually much exaggerated. This condition is especially associated with intestinal ulceration, and the intestine is usually thinned, and may even be perforated. Collections of fluid are frequently present, most usually encapsuled and multiple, and not uncommonly purulent. The pus may present all the characters of ordinary tuberculous pus, but in other cases it may be foul smelling, either as the result of infection through the intestinal walls, or as the result of actual perforation of the intestine. In this form, in infants especially, the condition may be most marked in the neighbourhood of the umbilicus, and the pus may make its way through the abdominal wall at this point. Where this occurs we find a sinus passing into the abdomen, and not uncommonly a fæcal fistula is present as well. As this fæcal fistula is usually in the small intestine, and often pretty high up, the child rapidly emaciates and goes down hill.

In both the second and the third forms the upper part of the abdominal cavity may be healthy, the disease being shut off above by the adhesion of the omentum to the abdominal wall at the level of the umbilicus. In other cases it may be still more circumscribed, and form a limited patch with fluid in the interior, this condition being most commonly met with in the form of an irregular fluctuating swelling in the left iliac fossa. Another local form is where it is limited to the pelvic region, which occurs especially in connection with infection from the Fallopian tubes; or, again, we may meet with a tuberculous perityphlitis forming a mass in the right iliac fossa, which has been mistaken for a malignant tumour. These masses are usually secondary to tubercle of the appendix or cæcum.

There are many intermediate forms and varieties of these pathological changes which it is impossible to enumerate here, but these are the three chief types, and they are of especial importance from the point of view of treatment.

Symptoms.

The commencement of the disease is usually insidious and slow, although in some cases it may be rapid, and may then be mistaken for typhoid fever, tuberculous peritonitis, etc. In most cases the early symptoms are quite indefinite. The patient has a feeling of malaise and weakness, he is subject to headache, may suffer from thirst, does not sleep well, and frequently has night sweats. He soon begins to lose his appetite, feels out of sorts, and not uncommonly has occasional vomiting. The bowels are irregular, he frequently suffers from obstinate constipation or from diarhœa, or again from alternate constipation and diarrhœa. Bye-and-bye he begins to have occasional abdominal pain, especially of a shooting character, or, it may be, only a feeling of weight or pressure. In other cases there is no pain at all; indeed, it is very seldom that pain is severe at the commencement of the trouble. The pain if present is increased by exertion. The temperature is very variable; there is generally an evening rise, but it may not be marked; in a good many cases there is no rise at all, the temperature being normal, while in others again, after it has been normal for some time, it may suddenly commence to rise in the evening and assume a marked hectic type. In the early stage, except in the acute cases, the patients are able to go about, or even follow their employments, but from time to time they may have to lie up on account of feeling out of sorts, or of general weakness, or of increasing pain, and then, after a few days' rest, they are able to go about again. After some weeks or months, however, the patient has to give up work either on account of increasing weakness, or more commonly on account of gradual swelling of the abdomen, a feeling of weight, or more rarely severe pain, shortness of breath, &c. As the disease goes on the general symptoms increase, there is a rapid advance in the malnutrition and emaciation, the skin becomes pale and sallow and dry, the cheeks sink in, and the patient acquires the suffering aspect of those with abdominal trouble. In others, again, the symptoms are much more acute, and in a considerable number of cases they have been mistaken for those of typhoid fever.

On examining the abdomen the condition of matters present depends on the pathological changes already described, and to a great extent also on whether there is or is not fluid, and on whether the fluid is free or in loculi. Where there is much free fluid present the abdomen is distended, somewhat flattened at the sides, and the ribs everted. The abdominal wall is stretched and shining, with big veins running over it, and it is usually so tense that nothing can be felt through it. The pain is no generally marked in these cases. Where the fluid is less the thickened omentum is readily felt in the form of a tumour-like mass of a sausage shape generally running more or less transversely across the abdomen about or just above the level of the umbilicus. the omentum being thickened and rolled up by the fluid and the distended intestines, and pressed against and becoming adherent to the abdonimal wall. The percussion note is uncertain and atypical, fluctuation is not distinct, and the fluid as a rule only changes its position slowly, owing to having to make its way among the adherent intestines. Under other circumstances, again, the fluid may be more or less completely encapsuled and form definite fluctuating tumours, which may be mistaken for ovarian or other cysts. On the other hand, there may be little or no fluid present; the coils of intestine become adherent, the mesentery contracts, the omentum is thickened and shrunken, and hard bands and thickenings are found in the abdomen. Thus one may not only feel the thickened omentum, but also definite patches of hardness elsewhere, due to these bands and thickened adhesions, or one may find more definite hard tumours which are generally composed of masses of glands or of thickened adhesions studded with tubercles, or of small collections of encapsuled fluid. The abdomen is uneven, owing to irregular distension of the intestinal coils with gas. There may be marked meteorismus, and, when the intestine is kinked or in any other way obstructed, the coils of contracted intestine may be seen through the abdominal wall. In the latter case, of course there would probably be other signs of obstruction. The splenic dulness, if it can be made out, may be increased. The liver dulness is not commonly diminished, but, on the other hand, the liver may be enlarged as the result of early cirrhosis or fatty infiltration. There is often decrease in the quantity of the urine, and not infrequently albuminuria. The stools are frequently light in colour, due to imperfect digestion of the fat.

It is not uncommon for the disease to be associated with various complications, more especially with intestinal obstruction due to kinking, bands, or narrowing of the lumen in connection with ulceration; or, on the other hand, perforation may occur, either through the ulcer or above an obstruction; or, again, we may have inflammation and thickening around the umbilicus, especially in children, which has been already referred to, and which is pathognomonic of tuberculous peritonitis. In bad cases belonging to Type III., where suppuration is present and emaciation usually rapid, there is generally considerable fever, and the patient quickly goes down hill. It is not uncommon for the disease to be combined with phthisis, or with pleurisy. Schreiber gives 26 cases, of which 12 had already tuberculous pleurisy; and Heintze in 25 cases had 20 with pleurisy. Although not as a rule so frequently present, pleurisy is nevertheless not at all an uncommon accompaniment; it may precede the peritonitis, or the two may begin simultaneously, or more commonly the pleurisy comes on after it. It often sets in insidiously, and in any case it is grave and increases the dyspnœa.

Surgical Treatment.

The value of surgical measures was found out quite accidentally. In 1862 the late Sir Spencer Wells, in operating on what he supposed to be an ovarian cyst, found on opening the abdomen that he had before him a case of tuberculous peritonitis. He therefore at once closed the wound again, but to his surprise the patient soon began to improve, and ultimately got well, and was alive and well twenty-five years later. As abdominal surgery became more and more developed similar mistakes were frequently made, and further, as exploratory operations were

introduced, tuberculous peritonitis was not uncommonly di covered. It was found that in a considerable number of cases after such mistakes or explorations the patients rapidly got well, and bye-and-bye it became clear that this could not be regarded as a mere coincidence but that laparotomy had a distinctly beneficial effect in a considerable proportion of cases of tuberculous peritonitis. Hence surgeons began to perform laparatomy as a curative measure in cases which were diagnosed as tuberculous peritonitis, with results which have established it as a highly successful means of treatment.

Prognosis of Laparotomy.

The prognosis of laparotomy naturally varies in different cases. The most favourable are certainly those belonging to the first group, with localised ascites, and the next most favourable are those where the fluid is diffused over the abdomen. I must confess that I have been surprised at the recovery in some of these cases. On opening the abdomen one finds tubercl·s everywhere, the intestines protrude from the wound and are seen to be red, inflamed, and covered with tubercles, some of them sometimes of considerable size, the abdominal cavity feels like a bag of rice, and yet in these cases recovery may follow. In two instances in which I gave a very bad prognosis after the operation, on account of the size and number of the tubercles scattered all over the intestine and abdominal cavity, recovery took place rapidly and apparently completely. The next most favourable cases are those where there is no ascites and where we have the fibro-adhesive form to a moderate extent as described under heading No. II. Indeed favourable results have been obtained in this form even where the adhesions were so great that the operator never penetrated into the abdominal cavity. By some this fibro-adhesive form is looked on as a healing process, and it is held that the operation proba bly merely gives it a fillip in a good many cases. Where the abdomen contains large caseating masses the prognosis is much more grave, and as is evident from the results mentioned above the successes are not nearly so great. At the same time they do occur, and I myself had a successful result even when there were large masses of caseating material. In this group however it is rather the case of giving the patient a chance than of any great probabilily of curing him. It must also be borne in mind that it is in these cases more especially that harm may be done by the operation, for unless great care be taken the intestine may be readily torn and a fæcal fistula be established. Indeed in some instances, even when there is no apparent injury to the intestines, a fæcal fistula may result after the operation. In these cases it is not uncommon to find that the scar breaks down subsequently, having become infected with tubercle, but even in spite of this healing may ultimately occur in time where a fæcal fistula has also formed, provided always that it is not large nor situated high up in the small intestine.

Cases with slight phthisis also frequently improve both locally and also as regards the lung after operation, but where the phthisis is extensive the result is not good. Opinions differ as regards the effect of pleuritic effusion on the results of operation, but as a whole it is not looked on as a contra-indiction. Cases with intestinal ulceration are particularly unfavourable, and it is a question there whether laparotomy does any good. Spaeth also asserts that cases secondary to tubal disease are not benefited by laparotomy, even although the tubes are removed, but this is contrary to the experience of Aldibert and of a number of other observers who have obtained good results even where the tubes were not touched. The great risk of tuberculous peritonitis in these cases of tuberculous salpingitis, however, makes it essential that where a diagnosis of tuberculous salpingitis is made the tubes should be removed at once.

Time for Operation.

From the evidence, I should say that in practically all cases where improvement does not follow under medicinal treatment after a reasonable time, say in from four to six weeks in acute cases, to four to six months in chronic cases, the abdomen should be opened whether there be ascitic fluid or not. The operation may do good in cases where it is least expected to do so, and it is but seldom that it does any harm. Do not in any case allow the patient to go down hill too much, otherwise one cannot expect good results to follow, and it is fair neither to the patient nor to the surgeon. It seems to me a very questionable thing whether it is good for the patient that the ascitic fluid should be absorbed seeing that it contains toxins and bacilli, and therefore, as I have said, where improvement does not follow soon I believe that early laparotomy is best, and the medical treatment can follow the operation just as well, or better, than if it precede it.

On the other hand, it apparently does not do to operate too soon. Where one operates quite in the early stage, recurrence curiously enough is very apt to take place, and the explanation of this I believe to be that which I shall give presently in connection with the modus operandi of the operation. However it may be explained, it certainly is the fact that most of the cases where repeated operations for recurrence have taken place have been those in which the first operation was performed quite at the commencement of the disease. On the other hand, it is most important not to wait till the patient has gone too far downhill. If the patient suffers pain from bands, or from kinking of the intestine, or from obstruction, operation is necessary, even although much good may not result.

The Operation.

In operating, as has been before stated, it is well not to attempt to carry the procedure to the extent of attempting to remove any of the diseased tissues, such as excision of an ulcer of the intestine, the removal of tubes, etc.: unless, indeed, one finds only quite a commencing peritonitis at that part. The removal of the tubes, for example, in cases of advanced peritonitis would mean a prolonged and very difficult operation, owing to the adhesions, in a peritoneal cavity already very much inflamed, and one which would almost certainly precipitate the patient's death from shock. On the other hand, if on opening the abdomen one finds only slight commencing peritonitis around the tubes, then I believe they ought to be removed so as to prevent further infection. Similarly, in the case of the appendix or cæcum, while a few cases have improved as the result simply of opening the abdomen, the best results have been obtained in cases where the disease has been localised to that region, and where the appendix or the cæcum itself has been resected. On the other hand, in cases with intestinal fistula, operation is out of the question. The patient cannot stand a proper operation for resection of the fistulous portion, and the intestine in the neighbourhood of the fistula is usually so thinned and diseased that any attempt to stitch up the whole without resection practically always fails, and such attempts leave matters worse than they were before. Lastly, it may be said that if one is in doubt it is better to operate than to leave things alone.

Some, thinking that the beneficial effects of laparotomy were simply due to the evacuation of the fluid, have concluded that the same result could be obtained by aspirating the abdomen. This, however, does not seem to be the case; good results have cer-

tainly in a few cases followed puncture with evacuation of the fluid and injection of air, but simply tapping the abdomen seems to be quite inefficacious. Further, puncture of the abdomen is a procedure by no means free from danger in these cases. It is not at all uncommon for the intestine to become adherent to the abdomen in the middle line, and cases have occurred where it has been punctured by the trocar, and the death of the patient has resulted. Hence, partly on account of its inefficiency and partly on account of its danger, puncturing the abdomen should be given up as a means of treatment.

The operative procedure is very simple in most cases. Where effusion is present without adhesions it simply consists in opening the abdomen in the middle line, below the umbilicus, allowing the fluid to run out, aided by turning the patient on his side and perhaps removing some of it by means of sponges, and then stitching up the wound again. In former days the abdomen was washed out with various antiseptic solutions, such as carbolic acid, sublimate, etc., some leaving the solution in, other flushing out the abdomen afterwards with salt solution. Others again very carefully dried the cavity as far as possible with sponges and so forth. All this seems, however, to be unnecessary, and in reality inadvisable, for as good results are obtained by simple laparotomy without the introduction of any chemical substance at all, or even without flushing out the abdomen or complete removal of the fluid, as where these measures are adopted.

Where adhesions are present, care must be taken in opening the abdomen not to injure the intestine, and if the adhesions are firm it is better to leave them alone and close the wound than to try to force one's way in, unless fluid be present.

In the dry fibrous form, unless the intestine is becoming kinked or bound down by adhesions, it is seldom advisable to try to separate the coils on account of the risk of weakening the wall of the bowel, and consequently leading to a fæcal fistula. If, however, obstruction is present it must be relieved or an anastomosis must be made between the coils above and below. Should a rent occur in the peritoneal coat in the course of such an operation it should be very carefully stitched up.

When pus is found it should be washed out by salt solution, and it is then well to introduce a little iodoform and glycerine emulsion into the cavity before closing it.

The question of drainage has been raised in these cases, but there does not appear to be any advantage in drainage where the fluid is serous, and there is the disadvantage that in some cases it has happened that a tuberculous sinus has been left at the seat of the drainage tube. Even where pus is present, unless it be foul-smelling, it seems best to treat it like a chronic abscess elsewhere by washing it out thoroughly, injecting a little iodoform and glycerine, and closing the wound again.

An important point arises—namely, whether a primary focus such as a tube or appendix, etc., if found, should be removed. This, as I have already said, depends very much on the extent of the disease. If the whole peritoneum is infected, then no attempt should be made to remove the primary focus, such attempts having generally ended disastrously. On the other hand, if the tuberculous peritonitis be limited to the immediate vicinity of the tube or appendix and cæcum, the removal of the primary source is very important, and much better results are obtained by so doing than by simple laparotomy.

As regards the course followed after laparotomy, in some cases immediate improvement begins, while in others ten days or longer may elapse before any noticeable effect is produced. In any case medicinal measures should be superadded to the surgical as soon as possible. In some cases the fluid reaccumulates, and there is then no objection to a subsequent laparotomy; indeed, as has been already said, there are some instances where several laparatomies were performed and where cure was ultimately obtained.

GASTRIC ULCER: PERFORATION—RECOVERY; ULCERATIVE ENDOCARDITIS—DEATH.

By W. H. CARTHEW DAVEY, F.R.C.S.E.,
Hon. Surgeon, Boys' Orphan Asylum, Liverpool.

MRS. A., æt. 22, married, two children, the youngest child born October 2nd, 1898, the confinement passed off satisfactorily, and the recovery quite uneventful, the patient then left home for some time, and I did not see her again till April, when I was shocked at her appearance. From being a strong, robust, healthy woman she was thin and wasted, and complained of weakness and general debility, with dyspeptic symptoms, flatulence, pain after food, &c. (there was no vomiting). The case appeared to be one of flatulent dyspepsia brought on by nursing and worry and anxiety about the baby. The child was accordingly weaned, and the dyspeptic symptoms treated with soda and bismuth internally, and a restricted milk diet. Matters improved very considerably under this treatment until the evening of May 22nd, when the patient had eaten somewhat heartily of supper. No discomfort was felt at the time. She retired to bed at the usual time feeling quite comfortable. At about 2 a.m the patient was seized with violent abdominal pain and vomiting. The husband, thinking it was an ordinary bilious attack, did not send for me at the time, but gave some brandy. This was promptly ejected. The patient being no better I was telephoned for between 5 and 6 a.m., and on arrival found the patient in a state of collapse and pain. (The vomited matter had unfortunately been thrown away, but it was described to me as quite black in colour.) On examining the abdomen there was an area of tenderness and dulness in the left hypochondriac region, no general abdominal distension. I concluded we had most likely a case of perforating gastric ulcer to deal with. Now, how were we to deal with the case. Operate at once, or opium and starvation. I chose the latter treatment because I believed that the extravasation, if any had occurred, had become localised owing to old adhesions. I, therefore, injected morphia hypodermically, and commenced rectal feeding, nothing allowed by the mouth. This treatment was continued for ten days, the temperature during this period remaining between 100 and 102 degs., until the eleventh day it reached the normal point. A little peptonised milk was now given, but we had a recurrence of pain and rise of temperature. It was quite evident we must again go back to starvation, and this was accordingly done for another ten days, the patient bearing her deprivation of food most kindly and with great fortitude. We had now reached three weeks from the primary attack, and felt justified in again attempting nourishment by the mouth, peptonised milk was again given, and no trouble arose from the venture: the quantity was gradually increased, and at the end of another week we were able to give a little fish and chicken, and matters appeared to be shaping most favourably (the dulness still remained in the left hypochondriac region), the patient was able to sit up and was hoping to get out in a few days, when the temperature again began to rise, and parotitis of the left gland came on. This was followed by the right gland becoming inflamed; this gradually subsided, but left facial paralysis remained. Another difficulty

had been overcome, when all our hopes were shattered by left hemiplegia presenting itself. It was now pretty evident that we had a case of septic poisoning to deal with. It was most disappointing, one trouble after another. Temperature during this period oscillating between 99 and 103 degs. The hemiplegia gradually improved, and the case looked more hopeful, when we had another hemiplegic attack, and about this time a very faint murmur was heard over the aortic region of the heart, and what we feared had occurred, the valves of the heart had become involved in the general septic poisoning, and the case was now hopeless, the patient gradually got weaker, the wasting continued, and in spite of all treatment, she died in the middle of September after four months' illness borne with great patience and fortitude.

ON THE EXAMINATION OF SICK CHILDREN. (a)

By LANGFORD SYMES, F.R.C.P.I., Etc.,

Physician to the Orthopædic Hospital in Ireland; Physician to the Convalescent Home, Stillorgan; Physician to the Homes for Destitute Children, &c., &c.

(ABSTRACT).

The clinical examination of sick children differs in some respects from that of adults, and as their diseases, symptoms, and treatment are in many ways diverse, it occurs to me that it might be useful for us to consider to what special points in their case particular attention should be directed—what peculiarities strike the physician in his visits to the children's ward.

Young children never know the seat, nature, or cause of disease. Their friends often mislead one, being themselves in ignorance, and so its discovery is entirely dependent on the physician's powers of physical examination. Hence it necessarily follows that every organ should be examined.

The method or routine which I have been led to adopt, and find useful, has this advantage at least, that once the physician's hands are laid upon the child the whole examination can be gone through without their ever being lifted off. In this procedure the child, if in bed, must be stripped quite naked and rolled in a blanket; and if in the out-patient department, for the first visit, should be undressed by a nurse in the ante-room, and sent in to the physician clothed only in a long flannel dressing-gown. Before proceeding to examine any child it is of great importance to know the history. The following history is a rough sample of what should be obtained from the mother or person in charge, for the patient is quite unable to assist one. It differs in many respects from that obtained from adult patients:—

History.—What the child has been brought for? How long ailing? When last quite well? Beginning, cause, or progress of illness? If born properly or prematurely? Particulars of labour and condition after birth? (by this inquiry premature birth, hæmatoma, visceral, or mucous hæmorrhages, asphyxia, obstetric paralyses, umbilical conditions, septic infections, icterus, nostop, neonatorum, tetanus neonatorum, or mastitis will be fully revealed). How long fed at the breast, and when first given artificial food? How much? How often? How mixed? When weaned? (by these questions we can often discover the causes of some of the most fatal diseases of children — marasmus and atrophy, rickets, scurvy, diarrhœa and dysentery, flatulent colic, and dilatation of the colon). Commencement and progress of dentition? What previous diseases, and when (especially we should inquire for thrush, rashes, snuffles, diarrhœa, fits or convulsions, whooping-cough, mumps, diphtheria or croup, rheumatism or growing pains, and infectious diseases). How many other children living? Their health? Children lost (causes)? Miscarriages (for syphilis)? Mother's health and history (especially for rheumatism, syphilis or tubercle)? Father's health and history (rheumatism, syphilis, tubercle), and, lastly, the hygiene or sewerage of the house?

All these particulars throw a vast amount of light upon the case, and should be in writing on the note-sheets at the head of each child's bed, and obtained by the clinical clerk on its admission from the mother or friend before they are allowed to leave the hospital.

Examination.—The following order is recommended:—

I. "*Facies.*"—The general appearance of the child is to be first noted—pale and anæmic, florid, sallow or jaundiced in complexion; fat and well-nourished, or pinched and wasted; well developed or dwarfed; joy or sorrow; pain or ease. The attitude, if at ease, distorted, choreic, paralytic, or anywise crippled. The gestures; how it receives objects, &c. Its sanity and intelligence, and state of cerebration (idiocy, cretinism, moral insanity, or mania will be evident). Conscious or comatose (drowsiness and stupor in children may result from uræmia, epileptiform convulsions, organic cerebral disease—such as hæmorrhage, effusion, abscess, or tumour; hydrocephaloid condition in summer diarrhœa, ptomain or food poisoning, formerly called gastric attacks, and sometimes from pneumonia, drugs, or alcohol). If it cry or cough the voice will reveal its pulmonary and laryngeal condition (for instance, it may tell us of whooping-cough, diphtheria, laryngitis, laryngismus, or pneumonia). Again, œdema, cyanosis, skin affections, or eruptions are at once obvious; also the rashes of purpura, chicken-pox or infectious fevers. Respiration is visible. The physiognomy alone often reveals disease (e.g., chorea, pleuro-pneumonia, meningitis, "hippocratic facies" of impending death, adenoids, Bright's disease; wasting of diarrhœa, atrophy, or marasmus, with Jadelot's lines on the face; inherited syphilis, with its rash, snuffles, fissures, or "Hutchinson's teeth," &c.). The state of the ocular muscles and pupils are usually easily observed, and may reveal paralysis from cerebral abscess, cerebral tumour, thrombosis of sinuses, tuberculous meningitis, or diphtheritic paralysis.

II. The child being now stripped next pass both hands carefully over the head. Observe if sweating exists (as in rickets). Note its size and shape—whether microcephalic, hydrocephalic, rickety, or "natiform," with "bosses" or osteophytic nodes on the surface of the bones. The sutures may be prematurely closed (microcephalus), unduly patent (hydrocephalus, rickets), or grooved. The anterior fontanelle, usually closing about the eighteenth month, may be obliterated too early (microcephalus); widely open, with resilient attenuated edges (hydrocephalus, rickets, cretinism, achondroplasia, formerly called fœtal cretinism, and in some dwarfs); tense and prominently bulging (meningeal effusion, hydrocephalus, cerebral tumour, whooping-cough, posterior basal meningitis, bronchitis): flat or deeply sunken and depressed (collapse, diarrhœa, cholera infantum, "hydrocephaloid" condition, wasting diseases, malnutrition), "Craniotabes" may be felt—*i.e.*, thinning of the occipital bones so as to yield under the pressure of the finger (indicating syphilis, rickets, chronic hydrocephalus). Measurements of the head are also necessary in some of its diameters in correctly estimating mental capacity.

III. The hands now pass down from the head and examine the entire frame, bones, and joints. The shoulders, arms, hands, fingers, chest, ribs, hips, legs, and feet. (Rickets, scurvy rickets, rheumatism with its subcutaneous nodules, torticollis, clubbed fingers, deformities, joint affections and bone diseases, sarcoma, erythema nodosum, œdema, chilblains, and pseudo-hypertrophic paralysis are thus at once observed).

IV. The reflexes are easily commenced next, as the the hands are now touching the feet. Plantar, "ankle clonus," knee-jerks, cremasteric, abdominal, epigastric, facial irritability (for tetany), and ocular reflexes. The reflexes are a most valuable index to the state of the nervous system in infants, and neuritis, chorea, diphtheritic paralysis, infantile paralysis, Friedreich's disease, meningitis in its many forms, spastic paraplegia (cerebral paralysis), birth palsies and hemiplegia can frequently be differentiated thereby.

(a) Read before the Royal Academy of Medicine of Ireland.

V. The eyes should now be scrutinised—pupils, ocular paralyses, vision, photophobia, nystagmus, &c., The ears for otorrhœa, &c., and the nose for snuffles (a common sign of syphilis), ichorous discharges, depressions, adenoids, &c.

VI. The glands are now commenced:—Parotid, cervical and submaxillary, thymus and thyroid, supraclavicular, axillary and inguinal; showing perhaps mumps, Hodgkin's disease, tubercle, sarcoma or new growth, syphilis, glandular fever, or with an atrophied thyroid myxœdema or cretinism.

The hands will now lie upon

VII. The abdomen; the gentlest palpation possible will alone reveal its true condition. First observing the intestines we look especially for abdominal tubercle, tuberculous peritonitis with bands of lymph, tuberculous ulceration of the bowels, enlarged mesenteric glands or tabes mesenterica, ascites, tumours, intussusception, constipation or dilatation of colon. Next we measure the liver by finger-breadths below the costal arch and feel its edge. It is relatively larger in infants than in adults, while its diseases are not so common. Then the spleen may often be felt and measured. Enlarged spleen in infants is common in splenic anæmia (*a*), rickets, tuberculosis, and perhaps syphilis. The kidneys should also be sought for, and if felt some morbid condition has either enlarged or displaced them, as they should not be felt in health, sarcoma, new growth, or cystic disease here occur to the mind.

In connection with special abdominal diseases the rectum must be examined, but as a routine practice it is not, perhaps, required.

VIII. The heart is now quite close; see its apex beat; feel its impulse or thrill; map out its area of dulness. Enlarged area of cardiac dulness in children occurs in chorea, pericarditis, diphtheritic paralysis, rheumatism, some cases of congenital heart disease, and whooping-cough. In an epidemic of whooping-cough last spring I found a remarkable increase in the cardiac dulness. Appreciate its sounds, and detect its murmurs—functional, organic, or congenital. Congenital heart disease consists of patent ductus arteriosus; patent foramen ovale, or, most commonly, a deficiency of the ventricular septum. It will be known by cyanosis and clubbing of the fingers; loud, musical systolic murmur; feeble apex beat, usually absence of thrill; and its occurring in a child under three years old.

What is termed Eustace Smith's sign may sometimes be heard at this juncture—*i.e.*, a murmur over the manubrium on bending back the head, usually indicating enlarged bronchial glands.

IX. The lungs are now beneath the hands—anterior, superior, sides, posterior. Especially look for atalectasis or collapse, broncho-pneumonia, with its miniature patches of dulness so difficult of detection, and empyema. Tuberculous lobular pneumonia is also a very violent disease in children. Of all lung diseases, however, one of the most peculiar is that known as "Apex Pneumonia," very masked, resembling enteric fever, with delirium, convulsions, and very little to show, it is liable to be passed over. It was called from its delirium "cerebral pneumonia," but as shown by Dr. Sturges it is only because the other signs are less that the delirium is more striking. The child will now for the first time be sitting up, and when the posterior portions of the lungs have been examined, glance next at

X. The spine. Test its curves, prominences, depressions, suppleness, or rigidity. Especially we must beware of rickety curvature of the spine distinguished from Potts' disease—by forming a wide curve, disappearing on lifting the child, and by being unaccompanied by pain or much stiffness. Also we must recollect paralysis of the muscles of the back from diphtheritic paralysis, tumour of the cord, or anterior poliomyelitis.

XI. The neck is an important part of the spine. It reveals wasting in a child at once. Also rigidity of the neck in children is a very striking symptom. It may occur in tuberculous meningitis, purulent meningitis, posteuor basal meningitis, cerebellar tumour, enteric fever, diphtheria, apex pneumonia, wasting with dyspepsia, tetany, retro-pharyngeal abscess, cervical caries, rheumatism, &c. When severe it produces retraction of the head and "cervical opisthotonos."

XII. The mouth is now finally inspected. See the lips, gums, teeth, tongue, cavity of the mouth, palate, tonsils, and throat, and, if suspected, examine for adenoids. A host of diseases previously unthought of may be revealed in a child's mouth—thrush, scurvy, stomatitis, and cancrum oris; delayed or irregular dentition from cretinism, rickets, syphilis, or retro-pharyngeal abscess; also follicular tonsillitis and diphtheria, laryngitis and laryngismus may have to be differentiated.

This usually finishes the routine examination in ordinary cases, and is generally sufficient to establish a correct diagnosis, or at least, reduce the difficulty to one of two alternatives. Thus in the passage of the hands from the head twice down and up the body, the fullest information can be quickly gathered from examination of the various organs *en route*, while the hands are never taken off the child.

XIII. Special investigation of the nervous system must, however, be afterwards conducted if any suspicion remains, or if the foregoing examination reveal any nervous troubles.

The following are the chief points, being the same for both adults and children:—

1. Motor phenomena—*e.g.*, spasm, paresis, paralysis, tremor—power of shutting eyes, whistling, laughing, grinning or frowning; power of co-ordination, threading needles, passing needle through a hole in paper, touching the nose, standing with eyes shut, etc.
2. Reflex phenomena, especially seeking for diphtheritic paralysis, infantile paralysis or neuritis.
3. Sensory phenomena—*e.g.*, touch, pain, heat, cold.
4. Trophic phenomena, particularly regarding pseudo-hypertrophic paralysis, juvenile muscular atrophy, birth palsies, infantile hemiplegia, or spastic paraplegia.
5. Electrical phenomena.
6. Bladder phenomena; control of sphincter. Incontinence of urine is often caused by stone, phymosis, uric acid, worms, or organic nervous disease.
7. Rectum phenomena, control of sphincter.
8. Mental capacity for feeblemindedness, idiocy or imbecility, cretinism, moral insanity, mania, and even general paralysis of the insane (of seventy-two cases collected under twenty years by M. Thiry, twenty-nine were under fourteen years of age).
9. Speech, for backwardness, aphasia, nasal speech, stammering, idioglossia, or even dumbness.
10. Power of sitting, standing, walking, reading, writing, or singing. It is remarkable that in some cases of cerebellar tumour in children they can sing very well.

Some other points in clearing up the clinical puzzles of children's diseases can be subsequently tested—*e.g.*, the urine, the rectum and anus, and alvine discharges (for worms, diarrhœa, dysentery, prolapse or syphilis). Blood estimation, the ophthalmoscope, vision, and colour-blindness, the weight to show nutrition, the height for stunted growth, measurements of the head, further investigation of the mental capacity, special electrical reactions, and the use of the dynamometer, æsthesiometer, or other of the numerous psycho-physical instruments.

Every physician must choose his own method of examination; but the advantage of the above plan is, that the hands, once placed upon the child, need never be removed until the entire investigation is complete.

The recollection of these points as we enter the children's ward will materially assist us in our research. It is, doubtless, frequently true in the practice of medicine that we make mistakes, not because we do not know, but because we do not examine, and in the diseases of children this is eminently the case.

The medical examination of a sick child requires con-

(*a*) I would here remind you that splenic anæmia was first depicted by an Irish observer, Dr. Francis Battersby, Surgeon to the Institution for Diseases of Children in Pitt Street, Dublin, who published his careful observations in the "Dublin Quarterly Journal" of May, 1849, as "Tumefaction of the Spleen in Children." Continental and English observers have since confirmed many of his results. It occurs among the wealthy classes just as in poor children.

siderable dexterity. I do not wish to convey the idea that the examination of an adult is an easy matter. Far from it. But what I do wish to say is, that however difficult the examination of an adult may be, that of an infant is more so. Nay, more; I might say without fear of contradiction, that there is no branch of the practice of medicine in which clinical examination must be brought to such a pitch of refinement as in the diseases of children.

It forms, in my opinion, the very best, although severest, school for the clinical investigation of disease, and as a training ground for senior students it cannot be surpassed—a study as instructive in education as it is interesting in research, and useful in practice.

Clinical Records.

CASE OF CÆSAREAN SECTION.

By Dr. G. Cole Baker,
of Dublin.

I am enabled to bring before you a successful case of Cæsarean section in which I performed this operation successfully, in August last, on a woman parturient for the eleventh time. I believe that in this fact my case is unique, though Murdoch Cameron (Glasgow) has performed it on a nine-para, whose eight previous pregnancies had been terminated by craniotomy.

The history of the ten previous labours is somewhat remarkable. The 1st, 4th, and 5th were terminated by forceps. Result to the child:—1st stillborn, 5th died in four hours, 4th alive, and now eleven years old. At the 2nd and 10th labours, forceps having failed, version was performed, but in both cases the after-coming head was only extracted by perforation and craniotomy. The 3rd, 6th, 7th, 8th, and 9th labours terminated naturally, resulting as follows:—In the 3rd and 8th the children were alive, and are still living; the 6th was stillborn, while the 7th and 9th both died a few minutes after birth. Aware that the woman had had living children, I allowed the patient to remain in labour for forty hours before I interfered, in the hope that the head might mould and the child be extracted. At the end of this time, however, as the mother's pulse and temperature were rising, the lower uterine segment thinning out, and the contraction ring becoming marked, the fœtal heart sounds increasing in frequency, with a "caput" commencing to form without any symptoms of moulding, I asked Dr. W. J. Smyly (ex-Master of the Rotunda Lying-in Hospital) to see the case with me, and we mutually agreed that the choice lay between Cæsarean section and craniotomy. I chose the former. I incised the uterus (longitudinally, and commencing as near the fundus as possible) while still in the abdominal cavity, and extracted the child by the feet. The incision was through the placental site, and hæmorrhage very free for a few seconds, but was completely controlled by Dr. Smyly, who slipped both his hands down on to the cervix the moment the emptying of the uterus permitted of its being lifted out through the abdominal incision. The uterine wound, which was 6 ins. long, was begun with a scalpel and completed with scissors, and from the time of its commencement till the child was extracted was not more than 90 seconds. The wound in the uterus was closed with interrupted silkworm gut sutures passed down to but not including the decidua. The patient made a good recovery, was up on the twenty-eighth day after the operation, having nursed her infant from the second day after her delivery. Later I measured the patient's true conjugate with Skutsch's pelvimeter, and found it to be 6 centimetres only. It is difficult to understand how a woman with such a limited conjugate can have brought forth living children *per vias naturales*, except on the assumption that she did not go to "term" on these occasions and that the children were small. The child I extracted was a female weighing 9 lbs. I do not approve of craniotomy if the child be ascertained to be alive, and I believe it to be no whit less dangerous for the mother than Cæsarean section in either immediate or ultimate consequences, while the child is sacrificed. Jardine (Glasgow) agrees with me on this point. I do not think the child could have been delivered alive in this case by the performance of symphysiotomy, and, even so, I prefer Cæsarean section to that operation. In favour of this opinion I may quote Charles Washburn (Boston), and Everke (*Wien Med. Woch.*, No. 51, 1898). Charles (in L'Obstetrique) says:—"Symphysiotomy is *not* less dangerous, as is commonly supposed, than Cæsarean section." Everke calls the suture of the uterine wound the "essential" feature of the operation. I agree with him, and advocate three sets of sutures—fine silk (interrupted) for the decidua and submucosa taken together, strong silk (interrupted) for the muscular coat taken alone, and a continuous fine cat-gut suture for the peritoneum, inserted so as to cover in completely all the silk sutures in the muscular coat. This is practically the method of Lebedeff and J. Veit, and, in my opinion, minimises friction due to respiration between anterior uterine and parietal or visceral peritoneum, thereby lessening possibilities of adhesion. I also advocate Marcey's manœuvre of drawing down the omentum over the incision as a good one—for adhesion of the uterus to the omentum would not be so undesirable, in the light of a subsequent pregnancy, as one of the uterus either to the abdominal wall or to intestine. I think Schultze's method of artificial respiration the best for new born infants, and I have never had any bad results, even after employing the method for upwards of two hours.

CASES OF WHITE SWELLING OF THE KNEE. (*a*)

By A. B. Judson, M.D.

Dr. A. B. Judson, in introducing these cases remarked that with the scientific progress of the day great changes were taking place in our knowledge of disease. Although pathology took the precedence in medical studies she was a fickle divinity. We learned, but with the prospect of having to unlearn, and the all-wise, unwise public sensed this, and, when in dire straits, went doubtfully away, "trembling, hoping, lingering, flying,' to fanes where the divinities were not only fickle, but meretricious. In white swelling of the knee, however, it was sufficiently established the use of the inflamed joint aggravated and prolonged the disease. Arrest of motion and cessation of weight-bearing necessarily followed as a part of rational treatment. He described apparatus, and presented the following patients.

Case I.—Seen in September, 1898. A girl, æt. 6½. Early diagnosis. No pain. Slight muscular atrophy and swelling of the knee. Flexion 20 degs. to 170 degs. An asymmetrical gait had been noticed for about five weeks. When told that a child was threatened with Pott's disease Dr. Taylor said: "The house is on fire or it is'nt on fire." In the present case the occurrence of signs which, though slight, were well defined, established the diagnosis of osteitis. An ischiatic crutch for the protection of the limb from the weight of the body was applied. If resolution did not follow in a few weeks a fixative brace would be added.

Case II.—November, 1897. Boy, æt. 4. Duration of disease one year. Flexion 20 degs. to 125 degs. Ischiatic crutch was applied, and three months' later a fixative brace. Pott's disease appeared in the lumbar region and a spinal brace was applied in December, 1898. Knee at 2 degs. or practically straight. Prognosis favourable. Apparatus worn with ease and convenience.

Case III.—January, 1897. Girl, æt. 5. Duration, three years. Subluxation was present. Severe pain; flexion 55 degs. to 125 degs. Apparatus applied, March, 1898. Abscess appeared, but had been absorbed. Subluxation persists, but the femur is super-imposed so far over the tibia, that the stability of the limb would not be impaired. Knee is at 6 degs. Prognosis good.

Case IV.—August, 1895. Boy, one year, nine months. Duration, a few weeks. Knee at 90 degs. Swelling and severe pain. A year later destruction of the bone was

(*a*) Section on Orthopædic Surgery, New York Academy of Medicine, October 20th, 1899.

far advanced with sinuses on all sides of the knee. Subluxation. The fixative brace was applied, with relief of pain, and six months later the addition of the ischiatic crutch restored the child to activity. Prognosis good. Sinuses closing. Knee at 10 degs.

Dr. W. R. Townsend said that thorough surgery would do a good deal for the patient. The knee was septic, and although children tolerated pus better than adults, some day a general sepsis would appear and the child would lose its life.

Dr. Judson said that long and frequent absences from the dispensary had marked the history and had delayed recovery. It was probable that other advice had been freely sought. If the general condition was good at the time it might have been said either that mechanical treatment should proceed or that an operation would be well borne and would hasten recovery. If the condition had been bad, as it was at times in the extreme, an operation might have been urged to save life or postponed on the ground that the chance of recovery was too small. The patient had escaped the loss of bone by operation and the result would be recovery with greater straightness, length, and stability of limb than could be hoped for after an operation.

Case V.—January, 1889. Girl, æt. 3 years 7 months. Duration six months. Marked flexion. Fixative brace and ischiatic crutch applied. Flexion entirely reduced. Three abscesses appeared and in due time the resulting sinuses cicatrised. In October, 1894, motion was between hyperextension, 5 deg., and flexion, 30 degs., and treatment was suspended. Four years later flexion was found to have returned with motion 28 degs. to 48 degs. No symptoms. Fixative brace re-applied with reduction to 10 degs., with prospect of complete reduction. When the bones were mature their particular surfaces would have adapted themselves to each other so that the femur would rest securely on the tibia in the straight position.

Case VI.—Feb. 1896. Girl, æt. 10. Duration, three years. Knee fixed at 35 degs. after excision. Fixative brace applied. Flexion had been reduced to 20 degs., but had relapsed to 30 degs. from a failure to inspire the patient and her friends with enough confidence in the usefulness of mechanical means to lead to the necessary attention to the details of treatment.

Case VII.—Aug. 1895. Girl, æt. 3. Flexion at 22 degs. after operation on the bone. Fixative brace applied. Flexion entirely reduced. Prognosis good.

Case VIII.—January, 1893. Boy, æt. 7 years 6 months. Duration 18 months. Previous treatment by a splint protecting the limb from the weight of the body and a plaster of Paris dressing. Fixative brace and ischiatic crutch applied. Patient was presented to the Orthopædic Section, April 20th, 1894. Crutch removed September, 1896, and brace January, 1897. Flexion 8 degs. to 75 degs., with no defect in his ordinary gait.

Dr. Townsend said that synovitis was present with effusion, and that he would continue to give support as absorption, which was desirable, would be doubtful if the boy was permitted to run about.

Dr. G. R. Elliott said that this case of chronic hydrops presented quite as high a degree of atrophy as those in which the bone was unquestionably involved.

Dr. Judson said that the presence of synovitic effusion had been early recognised, but had not reversed the diagnosis of osteitis.

Dr. Elliott said that the other patients also presented a high degree of atrophy above and below the joint. The merest tyro was familiar with the sudden atrophy of developing tuberculous joint disease, the cause of which was still far from being demonstrated. How could we differentiate atrophy due to disease from that due to bone disease? Atrophy in the great number of doubtful cases commended itself to us as a puzzling sign, whose many expressions could not as yet be interpreted.

Case IX.—March, 1891. Boy, æt. 14. Duration since infancy. Swelling and limitation of motion. Flexion 25 degs. to 55 degs. Two years after application of the fixative brace the knee was straight, and 18 months later hyperextended 10 degs. Treatment was suspended January, 1896. Almost perfect ability in walking. Flexion 0 degs. to 20 degs.

Case X.—February, 1885. Boy, æt. 8. Duration four years. Marked subluxation. Flexion 30 degs. to 80 degs. Sinuses. Thomas's splint for protection, and a fixative brace, March, 1885. Presented to the Section, March 19th, 1886. An ischiatic crutch in place of Thomas's splint, January, 1887. Hyperextended 2 degs. Sinuses closed. Ischiatic crutch removed March, 1890, and fixative brace was occasionally worn until January, 1895. On presentation flexion was 25 degs., a result due in large measure to failure to secure due attention to treatment at home.

Dr. Townsend said that although there was considerable deformity there was a useful limb. The absence of motion was an advantage as, with motion, he would not walk so well.

Dr. Judson said that gradual, painless, and complete reduction of flexion should have been well within the power of a simple lever such as the fixative brace, and the ability of the limb to uphold the body would have been thereby increased. He did not object to the presence of motion if the knee were capable of full extension. In the absence of motion, ability to walk well after recovery would be increased by raising the shoe of the unaffected side by adding to its sole and reducing the thickness of the sole on the affected side.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

MEETING HELD FRIDAY, NOVEMBER 24TH, 1899.

The President, Dr. A. V. MACAN in the Chair.

DR. PUREFOY exhibited five myomatous uteri removed by abdominal section recently in the Rotunda Hospital.

Dr. KIDD exhibited a myomatous uterus removed by abdominal section.

Dr. ALFRED SMITH exhibited seven fibro-myomatous uteri removed by retro-peritoneal hysterectomy. In one double salpingo-oophorectomy had been performed previously in the hope that the hæmorrhage would be arrested. The operation was attended with more than ordinary difficulty owing to the fact that bad adhesions had formed. The tumour, though small, had caused great loss of blood, and complete ablation of the ovaries had failed to arrest hæmorrhage.

DR. GLENN'S SPECIMEN—EXCISION OF COCCYX FOR DISLOCATION CAUSING SEVERE COCCYGODYPIA OF MANY YEARS' STANDING.

Dr. KIDD related three such cases. In one of his cases union was so complete that the cicatrix could not be seen. In two of the cases the pain was completely relieved.

Dr. GLENN, in reply, said he now thought the crepitus was a true crepitus, due to the rubbing together of the ends of the bone. It was only three weeks since the operation, and the pain had diminished, but had not completely disappeared.

A CASE OF CÆSAREAN SECTION.

Dr. G. COLE-BAKER read a paper on a case of Cæsarean section, which will be found under "Clinical Records."

Dr. KIDD said the case he had reported differed in many respects from Dr. Cole-Baker's. His own operation was performed in a condition where labour was obstructed by a tumour which filled the lower part of the pelvis, while Dr. Baker had operated for deformity of the conjugate diameter. It was a common misfortune to come down on the placenta, and, of course, if the operator, in his hurry to gain entrance, incised the placenta, it added to the danger of losing the mother and child. The question of putting ligatures through the mucous membrane of the uterus was important. Where a local discharge, which had become septic, afterwards occurred, he thought the passage of these sutures

into the cavity of the uterus would be an indirect means to allow this discharge to get between the walls.

The President said that where there had been a long labour the danger of Cæsarean section was very great—in fact, the operation was at times almost contra-indicated. Symphysiotomy was still permissible long after the period for Cæsarean section had gone by. Dr. Baker was to be congratulated on having such a successful result after a twenty-four hours' labour. He looked on the elastic ligature as the great cause of asphyxia. With regard to suturing the uterus, he would use ordinary boiled silk, and rather than lose two seconds over the operation, would include the mucous membrane.

Dr. Baker, in reply, said he failed to see that the suture tracts passing through the decidua could in any way conduce more to absorption from the uterus than in the case of any other mucous membrane. The asphyxia of the child was not due to pressure, as none was applied, either with the elastic ligature or by the assistant, until the child had been removed.

The President then read his address on "The Significance of Pain in Gynæcology."

The Section then adjourned.

Section of Pathology.

Meeting held Friday, December 1st, 1899.

The President, Professor A. C. O'Sullivan, M.D., in the Chair.

Exhibits.

Suicidal wound of throat which severed the right common carotid artery and pneumogastric nerve, causing immediate death.

Mr. Henry Gray Croly furnished the following notes on above case:—J. H., æt. 34, was admitted into the City of Dublin Hospital on September 1st, 1899, suffering from a hard fungating growth projecting through the orifice of the prepuce. The patient evidently had a natural phymosis. The glands in the groin were much enlarged. No direct history of syphilis could be obtained. The patient was sent to me as a probable case of epithelioma. The prepuce was slit and the foreskin removed, and the growth shaved off the glans penis. Mercury, with iodide of potassium, was administered. The glands in the groin got much smaller, and were subsequently excised. The patient, though dissatisfied at the slowness of his case, never showed any suicidal symptoms. On November 4th, the man asked permission to go into the lavatory, and objected to the bed-pan. He went to the bathroom after his dinner, locked and bolted the door, and was found lying dead, with a razor in his right hand. The floor was covered with arterial blood. On examination the right carotid was found divided, and its ends retracted about 1½ ins. The right pneumogastric nerve was also severed, and the cartilages of the larynx severed in more than one place. The penis was removed post-mortem, and on section was found to be normal.

Dr. R. Charles B. Maunsell showed a varicose aneurysm which he had excised from the right forearm of a man, æt. 42, who had received a punctured wound, from a broken bottle, over the line of the radial artery about 2 ins. above the wrist-joint. Pulsation and a sharp thrill and buzzing sound were well marked before removal. The aneurysm had grown to the size of a walnut in a fortnight.

Mr. M'Ardle demonstrated the case of a boy with a peculiar form of ectopia vesicæ (artificial marsupialisation); also the bones of forearm from a case of compound fracture, and a collection of vesical calculi.

The President (Professor A. C. O'Sullivan) gave an address on the mode of action and production of Antitoxin.

Malformation of kidney.

Dr. Earl demonstrated this specimen, observing that the right kidney and both suprarenal capsules were normal as to position and vascular supply. The left kidney lay on the brim of the pelvis; it was tightly held down by the peritoneum, and partly covered by the sigmoid flexure of the colon. It was somewhat smaller than the right, convex on its anterior surface, slightly concave on its posterior surface. The inner margin was more curved than the outer. The left ureter was 5½ ins. long, that on the right side being 10½ ins. The hilum was on the anterior surface. It consisted of a deep depression near the lower end of the kidney, which was continued upwards into two shallow depressions about ½ in. apart, lying parallel to each other and to the long axis of the organ. Each of these was about 2 ins. long. The ureter divided near the kidney into two branches, one of which entered at the lower part of the hilum, while the other again divided into branches for the longitudinal parts. The artery came off ½ in. above the bifurcation of the aorta, and divided into three branches, two of which entered the kidney at its inner margin near the upper end, while the third ran behind the kidney, giving a branch to its posterior surface. It finally turned round the outer border, and, grooving the anterior surface, terminated in the lower part of the hilum. The vein entered the vena cava in the normal position. A little above the kidney it divided into two branches, which lie in grooves on the anterior surface, and having given branches to the longitudinal parts of the hilum, terminate in its lower part.

Recent investigations in the bacteriology of beri-beri.

Dr. Percy Gerrard's paper on this subject was communicated by Dr. A. R. Parsons.

The President did not see, however, why, if an attack of erysipelas would cure sarcoma, the streptococcus should not cure beri-beri without a specific action.

Dr. J. A. Scott said that during the epidemic of 1894 in the Richmond Asylum, Dublin, he made, with Dr. Rambaut, some investigations into the condition of the blood in this disease. A number of attempted cultures remained absolutely sterile. In other cases, however, colonies grew, and these were subsequently separated. Some of the patients he observed were always sure finds as regards cultures, whereas other cases, equally as bad, were always sterile.

Dr. E. J. McWeeney said that the amount of material Dr. Gerrard had operated on, a loopful of blood, was so small that, if the cocci had really been in the blood, it seemed to him there ought to have been no difficulty in demonstrating them microscopically. With regard to the improvement of the patients under anti-streptococcic serum being co-ordinated with a growth of a yellow colour obtained from the blood, he thought there could be no connection, because the streptococcus did not produce a yellow colour. The injection of the serum, however, might have produced, as the President had hinted, a general phagocytosis of a non-specific character, but that state of affairs could not denote any connection between streptococci and beri-beri. There was such an extreme difficulty in sterilising the skin that in his own work he would pay no attention to a result got from a drop of blood that had been in contact with the skin. The method he employed successfully was to extract ccs. of blood from one of the veins in the arm with a sterilised hypodermic or antitoxin syringe. So few were the micro-organisms in even violent septicæmia that unless they extracted a good deal of blood they would not find any micro-organisms at all. It was with these precautions that he had succeeded in getting the diplococcus pneumoniæ in a case of ulcerative endocarditis coming on after acute pneumonia.

Dr. Conolly Norman, referring to the micro-organisms described by Pekelharing and Winckler, said that they found them in every patient's blood; but they also found them in the blood of persons in Atjeh who had not beri-beri, and similar cocci were also found in the air of that place. Dr. Norman showed illustrations of cocci found by other observers which were very dissimilar to those of Pekelharing, but he (Dr Norman) pointed out that these cocci were obtained from the dead body, and he, therefore, considered them of little value. Pekelharing's and Winckler's results were disputed by other investigators, among whom was Scheube, who said

that their observations were made on dirt, and that most of the animals which they had injected experimentally had died of septic poisoning. Glogner found parasites in the spleen resembling those of malaria, and on that fact had founded his theory, which had got a few adherents, that beri-beri was identical with malaria. At Tuscaloosa, in the State of Alabama, cocci were found in the blood of beri-beri patients, but they were not described in detail. One of the peculiarities of the disease which Dr. Gerrard had remarked, and which he also had noticed, was that patients frequently got relapses, and often died rather suddenly after apparently getting quite well. In a recent monograph on the subject Grimm laid it down that beri-beri always commenced with slight initial fever.

Dr. KNOTT pointed out that Dr. Gerrard's cases commenced with fever and diarrhœa, and that one of his cases was engaged in mining operations. He remembered reading some years ago the theory that beri-beri was produced by the same parasite as produced Egyptian chlorosis.

Dr. PARSONS, in reply, said that most of the points which had been raised had been already touched upon by Dr. Gerrard in his paper. Bearing in mind Dr. Scott's notes, it was interesting to observe that several of Dr. Gerrard's cover-glass preparations had shown distinctly diplococci, and in many cases tetra-cocci. Most of Dr. Gerrard's patients were miners, and this seemed to point to the poison being in the earth. In a few cases the Anchylostomum duodenale was found.

PRIMARY SARCOMA OF THE LIP.

Dr. CHARLES B. MAUNSELL read notes of a case of a married lady, æt. 32, from whose lower lip he had removed a small prominent tumour. She was suffering at the same time from well-marked chloasma uterinum. On examination the tumour was found to be a spindle-celled sarcoma. Dr. Maunsell drew attention to the rarity of sarcoma of the lip, and stated that so far he could find no reference to it in English works, but he had found a short notice of two cases by Vidal and Luttegast in "Duplay and Reclus' Surgery." Dr. Maunsell showed sections prepared by Dr. H. C. Earl.

Dr. E. J. MCWEENEY said that about a week ago a specimen was given to him in hospital from the lower lip of a child, aged ten years. The portion bore a growth, slightly ulcerated, about the size of a pea, roundish in outline, and suspected by the surgeon who had removed it to be a sarcoma. On section it proved to be a mixture of sarcomatous tissue, with dilated lymphatics and a considerable number of minute newly-formed capillaries. He reported it as being a lymphangio-sarcoma.

Dr. MAUNSELL, in reply to the President, said that the tumour was not pigmented.

The Section then adjourned.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

CLINICAL MEETING HELD DECEMBER 20TH.

Mr. A. G. MILLER, President, in the Chair.

DR. ALEXANDER BRUCE showed (1) a woman suffering from progressive muscular atrophy of the peroneal-forearm (Charcot-Marie) type. There was complete foot-drop following paralysis and atrophy of the peroneal muscles, the muscles of the forearm and hand were also affected, giving rise to claw hand and ulnar flexion. Sensation was intact, but spinal curvature and difficulty in articulation had lately appeared owing to paralysis of the muscles of the back, lips, and tongue. There was also some mental weakness. The lesion was believed to be a parenchymatous neuritis with affection of the posterior columns of the cord. The case differed from the ordinary Charcot-Marie paralysis in the age of onset, 50, in the involvement of the muscles of the trunk, and in the absence of an hereditary history.

2. A case of infantile paralysis affecting the muscles of the hand. The left hand was smaller than the right, all the intrinsic muscles were paralysed, and sensation was unimpaired. The lesion here was a circumscribed poliomyelitis at the level of the first dorsal segment.

3. A case of senile chorea of eight years' duration in a man of 50. There was neither mental impairment nor hereditary history, so that the condition could not be regarded as Huntington's chorea.

4. A case of paramyoclonus multiplex. The lower limbs, especially the thighs, were most affected. The movements were more or less symmetrical, consisting of sudden jerkings of muscles or groups of muscles. They were most marked when the patient was at rest or when he was excited; they diminished while walking and were abolished during sleep. There was increased mechanical irritability of all the muscles and exaggeration of the knee-jerks. The condition was probably functional.

5. A case of injury to the lumbo-sacral roots. The patient fell and struck the left buttock nine months ago. Immediately thereafter he lost the power in the left leg, and three weeks later the limb became anæsthtic. Four months ago the right foot also became paralysed. The anæsthetic area in the left leg exactly followed the outline of the areas of the 4th and 5th lumbar, and the 1st sacral nerve roots. The paralysis of the right foot was due to a superadded alcoholic neuritis.

Dr. NORMAN WALKER showed (1) two cases of ichthyosis in the same family, (2) a case of acne necrotica, and (3) cases of lupus and favus, which had markedly improved under treatment with X-rays.

Dr. ALLAN JAMIESON showed a case of papulo-anæsthetic leprosy.

Dr. JAMES showed (1) a child with post-hemiplegic athetosis, and (2) a case of Jacksonian epilepsy with weakness and increased reflexes on the right side. The illness began with general convulsions four years previously.

Mr. STILES showed (1) an infant after operation for acute ileo-cæcal intussusception, (2) a boy after Mikulicz's operation for disease of the posterior tarsus; (3) a patient who suffered from acute thyroid cachexia after excision of suppurating goitre. Forty-eight hours after the operation the patient became very sullen and refused to reply to questions. She became jaundiced, complained of general aching, and then twitching of the muscles set in, the toes becoming pointed, and the calves rigid. All the symptoms disappeared within twenty-four hours of the administration of thyroid tablets (4) A patient after excision of a large lymphoma of the neck. (5) Patient after avulsion of the entire scalp, in whom repeated grafting had been tried without benefit.

Dr. F. D. BOYD showed (1) a case with some of the signs of syringo-myelia. There was atrophy and paralysis of the muscles of the hands and shoulder-girdle, and complete loss of temperature sense in the palms of the hands. There was, further, contraction of the visual fields, anosmia, paralysis of the right half of the palate, and loss of power of adduction of the right vocal cord. (2) A case of alcoholic neuritis with paralysis of both facial nerves as well as slight paresis of the motor division of both fifth nerves. (3) A case of peripheral neuritis of pregnancy.

Dr. GIBSON showed a case of pseudo-bulbar paralysis.

The following specimens were also shown: by Dr. A. C. Sym, larynx and tongue from a case of angina Ludovici; by Mr. Cotterill, tumour of the brain, urethral calculi; by Dr. Gibson, specimen of myomalacia cordis; by Dr. Purvis, exostosis of the femur.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, December 24th, 1899.

SKIAGRAPHY AND FRACTURES.

AT the last meeting of the Société de Chirurgie, M. Tuffier remarked that for the last eighteen months he examined with the radiograph all the fractures

observed in his ward, at first before reduction was attempted, and then after the reduction. From the several documents obtained, he was struck with the frequency of the irreducibility of fractures, in spite of the employ of apparatus of contention to which had been given entire confidence. More than once when he had thought the co-operation of the fragments was perfect, the radiograph showed that it was far from being the case. However, he should add, that definite result proved happily that it was not always necessary to obtain perfect reduction in order to have satisfactory function of the limb.

Coxalgia.

M. Meirard, recurring to the subject of the treatment of coxalgia, said that resection of the hip had been abandoned by many surgeons, because in certain countries an unjustifiable abuse was made of the operation. One of his colleagues considered that the persistance of pain constituted an indication for resection, but such was not his opinion, for he had always found that absolute rest caused the pain to cease. As to the treatment of abscesses he employed in 200 cases injections of thymol and camphor, which were neither toxic nor painful, and 1 per cent. cases were cured under their influence.

In twenty-two patients who had remained refractory to this treatment he resected the articulation and all of them got well.

As to the orthopædic results of that operation, they varied evidently with the extent of the lesion. But in a general way each time the cure was obtained in a few months without necessitating further operations, the length and attitude of the limb were very satisfactory.

Diuretic Action of Calomel.

According to Dr. Bourgeon calomel acts as a diuretic in heart affections accompanied by œdema. It produces progressively increasing diuresis, but during its administration only. The quantity of urine varied from a pint to two quarts or more. From four to eight grains are given daily for from three to five days, but the kidney should be watched as the calomel should be suspended on the approach of albumine.

Sudden Death in Infants.

The sudden death of children from a few days to a few months old is an accident which but too frequently provokes unjust condemnations, or, at least, unworthy suspicions on the doctors or the nurses who have had charge of them. Habitually, the accident happens thus: An infant appearing to be in perfect health dies suddenly in its bed, or on the knees of the nurse. The autopsy reveals no cause which might explain the sad affair except a simple hypertrophy more or less considerable of the thymus gland. Sometimes, however, the death is preceded by a very short period of dyspnœa. M. Berthold, who has written on the subject, cites the case of a nurse who was accused of killing the child confided to her; fortunately, the post-mortem examination showed that the thymus gland was considerably enlarged. Besides hypertrophy of the above gland there are, according to the same author, two other kinds of sudden death in children—spasm of the glottis and brusque extension of the head backwards. This latter accident is mainly observed in ricketty children, in whom the head is relatively very large and increased in weight and who are incapable from weakness of bringing back the head to the normal position without the help of another person.

Impetigo.

The following I have found most useful in this affection:

Salicylic acid, ℥ss.
Lanoline, ℥iss.
Oxide of zinc, Starch, } ℥vj.

Germany.

[from our own correspondent.]

Berlin, December 23rd, 1899.

At the last meeting of the Medical Society Hr. Rothschild showed a kidney removed by

Nephrectomy

from a young woman of 27, in whom the operation was perfectly successful, although the excretion of the urea was only one half of the normal. The patient, although no tuberculosis was present, had suffered for six years with increased desire to micturate, pain on micturition, fever. She was confined to bed, but up to lately had been only treated by a "quack," who had washed out the bladder. On May 4th, 1898, she was admitted into hospital in a pitiable condition. She was constantly wet, day and night; she could only press out a few drops of purulent urine at a time. Her bladder was contracted and only held 10 ccm.; the bladder walls were smooth. The right kidney could be felt at the umbilical level, slightly enlarged. By mechanical dilatation of the bladder enough improvement was effected to allow of the patient's return home. In September of the present year she was re-admitted with the symptoms as bad as before. Both kidneys could be felt. Distension and washing out of the bladder were again carried out until October 24th, when a cystoscopic examination was made under continuous irrigation. The left ureteral opening normal, on the right side pain. The urea had fallen to 1·3 per cent., but there were no uræmic symptoms. The patient, on account of the pain, requested operation on the wandering kidney—the right. On operation there was found to be total pyonephrosis on the right side, the kidney containing no functionising substance whatever. The patient made a good recovery, and the quantity of excreted urea was increasing.

At the same meeting Hr. Lexer showed a man, æt. 41, from whom a

Mesenteric Tumour

had been removed in v. Bergmann's Klinik. The patient took ill of abdominal pain in April, 1899, and a tumour was discovered, In October he was admitted into hospital, the abdomen being then very prominent. In the middle of the abdomen was a hard nodular tumour the size of a child's head. On relaxation of the abdominal walls under an anæsthetic it was found to be movable. The size and hardness of the tumour, its great mobility, its position in the middle of the abdomen, and the absence of bowel symptoms pointed to mesenteric tumour. On opening the abdomen a loop of intestine was found running over the tumour. The chief mass of the tumour was attached by a pedicle to the vertebral column. The pedicle was the radix mesenterii. This was ligatured and severed without

bleeding. Resection of intestine was performed, with lateral anastomosis of the ends by suture. Afterwards it was found that over 6 ft. of intestine had been removed at the resection. Recovery was uninterrupted. In three weeks the patient could get up, and he was at that time (November 20th) quite well. Of the 29 cases of mesenteric tumour hitherto reported, 15 had died, 14 recovered. The causes of the unfavourable course were shock hæmorrhage, peritonitis, when badly nourished ends of intestine had been left, when not enough had been resected or when lateral anastomosis had not been made. The tumour was a hard fibroma with myomatous parts (weight 4½ lbs.).

IODIDES OF SODIUM AND POTASSIUM IN HÆMORRHAGES.

In the *Arch. f. Kl. Med.*, 63 to 66, Hr. A. Chelmouski recommends the use of iodide in hæmorrhages with increased blood pressure. His recommendation is based on several cases observed personally. Preference is given to the soda salt, as it reduces the blood pressure at once, whilst the potassium salt first raises it and then slows the cardiac beat. The blood pressure sinks only after one to two hours, and the cardiac activity increases. The drugs were given in doses of 0·2 to 0·3 grm. twice daily in half a glass of milk. The writer saw a brilliant result in a case of hæmoptysis in which all other remedies that had been tried had failed. A good result was also obtained in a case of excessive epistaxis occurring in a patient, æt. 39, with aneurysm of the aorta After taking two doses only, the hæmorrhage ceased and did not recur. The potassium salt was given in this case. In both cases the blood pressure had been high.

ASEPSIS AND ANTISEPSIS IN GYNÆCOLOGY AND OBSTETRICS.

Prof. Olshausen discusses the subject in a late number of the *Berl. klin. Wochensch* (45/99).

The high position held by Prof. Olshausen as first professor of obstetrics and gynæcology in Berlin, lends an added interest to the subject. He claims that asepticism and anti-septicism stand on a different footing in his department of medicine to that they occupy in general surgery. This is due to the abundant flora of the vagina and to the very serious consequences of septicity occurring in the genital tract. The dangers of the vaginal flora should not be under estimated, and the more so as the vaginal tube offers obstacles to suitable disinfection A sterile field of operation here is scarcely possible or at most very transient. Clinical experience would point to a weakening of the virus of vaginal germs. The fact known for years that g nococci that produced no results before labour, after labour forced their way through the tubes and set up peritonitis, was most naturally explained on the hypothesis that changes suddenly taking place in the vagina during the puerperal state, produced such a nutrient soil for them as renewed their original virulence. The conditions are similar in regard to the other germs, and all this leads to the great necessity of avoiding wound surfaces on the one hand and of infective material on the other.

With regard to obstetric operations he has made out a danger scale in the following order. The least dangerous operations are forceps extractions from the outlet, especially in multiparæ. Next come perforation and subsequent cranioclasis, and internal version. Then comes high forceps extraction, mostly associated with bruising and laceration of the soft parts. Still more dangerous is artificial premature labour. The most dangerous of all operations, however, is the manual separation of the placenta. For this operation the Professor advises the use of Döderlein's india-rubber glove. For extraction at the outlet disinfection of the external genitals is enough; for the high operation the vagina is also disinfected in the University Klinik with carbolic acid or lysol, but he is of opinion that this disinfection has its disadvantages as well as advantages. The cases entailing acute danger are such as demand speedy operative delivery, or are complicated with hæmorrhages; in gynæcology they are those of internal hæmorrhage from ruptured ectopic gestation. In such cases the danger arising from the state of the patient is to be weighed against that of a changed and shortened antiseptic preparation. The beginner is likely to underestimate the latter, and to the prejudice of his patient. In such cases when time does not allow for boiling (and sublimate is not suitable for instruments), these should all be thoroughly disinfected by well rubbing with alcohol. This can also be used for the hands after thorough use of soap and water.

In the case of rupture of an impregnated tube, the danger is so great as to far outweigh that of infection. Objective disinfection in such cases should be limited to soaping of the body, shaving off the upper layer of epidermis with the razor, and quick washing with alcohol, and in extreme cases the latter only should be waited for. A deep narcosis should never be waited for, as patients are unconscious a few minutes before death from hæmorrhage. Hands and instruments should be quickly washed with alcohol. Pressure forceps are rarely required, and the abdomen can be open in less than ten minutes after operation has been decided on. Technique should not be forced into the background by disinfection, for it is a fact that danger of infection increases with length of operation, and, it is too much disinfection that itself lengthens the operation.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, December 23rd, 1899.

ŒSOPHAGEAL CICATRIX.

AT the Gesellschaft der Aerzte Dörr showed a young girl in whom the œsophagus was totally denuded of mucous membrane for upwards of thirteen centimetres in its length as proved by the microscopic examination. In addition to this the circular and longitudinal muscular tissue was also absent.

The cause had been due to the girl swallowing nitric acid by accident. In the literature of the subject we have only eight cases recorded where total denudation has occurred, two of which ended fatally. This is not due to inflammation of the submucosa and exfoliation of the mucous membrane and tissue, otherwise the inflammatory process would have been much more extensive and must have reached the mediastinum, which was not so in the case shown; also the microscopic examination bore no testimony of such an inflammatory process. He compared the mechanical loss of tissue to that existing between uterus and placenta.

STRICTURE OF BOWEL

Schnitzler exhibited a female, æt. 27, who had

suffered for the previous three years with symptoms of stricture in the bowel. In October last he performed laparotomy, and found three different stenotic strictures in the small intestine, evidently tuberculous. He concluded the operation with inter-anastomosis, with perfect recovery. As in all other cases recorded, the results bore out the opinion that the increased peristaltic action caused the pain and not the stenosis, as the hypertrophied bowel was further strained by pressure and the dilatation increased. Schrötter remarked that the stenosis was not of the typical tuberculous character, as it is rarely the case that multiple tuberculous ulcers heal in the bowel. He would be inclined to characterise Schnitzler's multiple strictures as mechanical, due, probably, to some foreign body. Schnitzler repelled this assumption on the ground of a circular stenosis being rarely found from foreign bodies, while there was no symptom or evidence in the history of such a foreign body being present. As to the assertion of multiple tuberculous stenosis not healing he was able to bring forward evidence to the contrary with microscopic specimens.

"Spondylose Rhizomelique."

Schlesinger brought forward two patients under his care with a rigid condition of the spine. The first was a male, æt. 59, with the typical symptoms of Marie's "Spondylose Rhizomélique." The pathological condition is described as a stiffening or hardening of the binding apparatus of the vertebræ, or possibly ankylosis of the articulations. The clinical history of the disease is described differently, and is often associated with other joint diseases, such as arthritis deformans, gonorrhœic arthritis, or even chronic articular rheumatism. The usual history is a progressive stiffening of the vertebræ advancing to the hip, shoulder, and costal joints. According to Schlesinger the disease often attacks the hands, feet, and other joints, and is usually preceded with great pain.

The second case was also a male, æt. 67, who had fallen fifteen years previously from a cart, in whom afterwards the stiffening gradually increased. In this case there was a distinct kyphosis in the cervical and upper part of the dorsal vertebræ with atrophy of the shoulder muscles. Schwartz remarked that he recently had an analogous case associated with pain where the nerve roots had been interfered with by changes in the bony structure of the vertebræ.

The Operating Theatres.

MIDDLESEX HOSPITAL.

Splenectomy for Rupture.—Mr. Kellock operated on a man, æt. 40, who had been run over by a hansom cab about three-quarters of an hour previously. On examination the patient was evidently suffering from loss of blood as the result of his injury; he was complaining of severe pain in the abdomen, chiefly referred to the left hypochondrium and to the back. The abdomen was very tender on manipulation and the walls rigidly contracted, rendering examination very difficult; there were no marks of injury or of bruise of the skin of the abdomen. There was no evidence of free fluid or gas in the peritoneal cavity, but the area of splenic dulness was increased. There were marks of other injury to the left elbow and to the left knee (acute synovitis of the latter). Urine had been drawn off by a catheter and found normal. The man was anæsthetised and an incision 5 ins. long made in the left linea semilunaris. On opening the abdomen a fair quantity of dark-coloured blood escaped; on passing the hand to the splenic region it was at once discovered that the spleen was extensively lacerated. A short transverse incision was then made from the centre of the longitudinal one, and, the intestines being retracted towards the middle line, the injured organ was brought into view and blood was seen to be issuing from it. It was brought forward, the pedicle being held between the finger and thumb of the left hand; this last was next transfixed and ligatured in two portions with silk and the organ removed. It was found that this proceeding had arrested all the bleeding. On examining the place from which the spleen had been removed it was found that a small piece of the organ still remained attached to the peritoneum; this piece was also removed without difficulty. No extensive examination of the other abdominal organs was made; a large quantity of blood clot was removed from the peritoneal cavity by sponging, and the wound in the abdominal wall closed all in one layer with silk sutures. Mr. Kellock said that after such an accident the symptoms the man presented were fully typical of the condition which was subsequently found, and the fact that there was no external mark of injury on the abdominal wall did not preclude serious internal damage. The man was evidently suffering from internal hæmorrhage. He was cold, pale, and restless; the fact that the urine contained no blood negatived injury to the kidneys or to the bladder, the direction of the violence and the seat of the pain were against the liver being the source of the bleeding; there remained then the possibility of ruptured spleen, ruptured intestine, or bleeding from the mesentery or the omentum, but the fact that the area of splenic dulness was increased led him to make the incision in the situation best adapted to deal with that organ. When it was discovered that the spleen was the source of the hæmorrhage, and that it was extensively lacerated, no alternative was left but to remove it, in doing which no great difficulty was experienced. The isolated portion of the organ which was subsequently removed, had evidently been completely broken away from the spleen at the time of the accident. The source of the hæmorrhage having been discovered and dealt with, and the patient evidently feeling the effects of loss of blood rather severely, it was not, he said, thought advisable to make an extensive examination of the other abdominal organs on the chance of there being other injuries. The condition found in the peritoneum being quite an aseptic one no washing out was employed, the fluid blood and clot being removed by sponging, and as it was evident from the examination of the pedicle that the bleeding had been effectually controlled, the wound in the abdominal wall was completely closed without the use of a drainage tube. He pointed out that the operation of removal of the spleen was quite compatible with life, as had been proved not only by operations similar to the present one but also experimentally; moreover, removal of the organ was practically the only way of arresting the hæmorrhage which,

if left alone, must prove fatal. In the absence of other undiscovered injuries, the prognosis, as far as the man's life was concerned, was, he thought, good.

On examination of the organ removed it was found very extensively lacerated through its whole thickness, and one small portion about the size of a walnut had been completely torn off from the rest of it.

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WEDNESDAY, DECEMBER 27, 1899.

THE UBIQUITOUS MICROBE.

OF recent years bacteria have assumed a position of first importance in the researches of scientific medicine. Great, however, as the discoveries in that direction have undoubtedly been, it is nevertheless fairly certain that as yet hardly more than the fringe of the subject has been grasped. The saving in human suffering and in human life has already been enormous, and it seems probable that when the sanitary millennium descends upon this world of ours its advent will be to a great extent due to our knowledge of the natural history of the ubiquitous microbe. It argues a great deal for the reasoning intellect of mankind that not a few of the practical problems both of preventive and curative medicine were successfully handled before the discovery of specific micro-organisms as a *causa causans* of diseased processes. Indeed, so far as that goes, we are still in the dark as to the pathogenic entities answerable for such strongly marked infections as small-pox, measles, and whooping-cough. Even when a morbid reaction is traced to particular bacteria the difficulties of the task for the medical attendant are by no means over. He may be able to attack the symptomatic inflammation directly with germicides if it be situated on the surface of the body, as in the case of erysipelas. Or he may combine external and internal remedies, as in diphtheria, in which the throat lesion is treated with antiseptics while the blood is charged with antitoxin. Into the wide question of serum-therapy, with its vast field of potentialities, we do not propose here to enter. There are a few points in connection with local or surface infections of sufficient interest to warrant discussion, even when of the brief and general nature entailed by the limits of an article such as the present. The main difficulty in the application of germicides appears to be physical, that is to say, the mischief-working micro-organisms are effectually shielded from harm by the cells of the tissues and morbid excretions in which they flourish. In this way the utility of sprays and powders and other vehicles of antiseptic administration has fallen far short of what was anticipated in theory. What is wanted and what was earnestly sought after by Lister in his earlier researches was a penetrating antiseptic, and it was no doubt greatly owing to its detergent qualities that carbolic acid became the favourite agent adopted by that illustrious surgeon. The ideal antiseptic, however, has still to be found, notwithstanding that many excellent materials are now available in every branch of preventive and curative medicine. Incidentally, a flood of light has gradually been thrown on various therapeutic measures. Perhaps one of the most interesting recent observations is the modern treatment of corneal ulcers, which are now robbed of much of their danger. It was found that touching the ulcer freely with pure carbolic acid constituted a great advance on previous methods, and nitric acid used in the same way has proved successful in other hands. Still more certain results have followed the application of the actual cautery, heroic though the plan may seem. It is hardly open to doubt that the ulcer is caused by a microbial invasion, and that the bacteria are directly destroyed by the heat. The action is comparable of the cautery iron upon lupus patches on the skin, although in the latter situation the further action of phagocytosis is excited, a process that would occur only to a limited extent in a structure that under ordinary circumstances is non-vascular. Another great advance in the rational antiseptic treatment of eye diseases had been made by the abandonment of nitrate of silver in favour of silver salts of greater penetrative power, of which protargol may be taken as a type. Purulent ophthalmia is due to the gonococcus, an organism that invades the deeper layers of the mucous and submucous coats of the conjunctiva, where it is found very commonly not only in an extracellular but also in an intra-cellular habitat. Nitrate of silver rubbed into a mucous membrane at once coagulated the surface albumin, but failed to penetrate into the deeper tissues. Indeed much of its undoubtedly beneficial effect may safely be ascribed to subsequent phagocytosis. The newer salts, on the contrary, do not coagulate albumin; they possess greater powers of penetration and do not cause pain. These two instances of improved methods of controlling local germicide action are of value as types of what may be hoped for in a near future in

other directions. The war against the bacteria is likely to last for many generations, although there is no room to question that in the long run the intelligence of man will secure him the victory. To put to rout the single disease, influenza, would be to confer a vast benefit upon the human race, and it must be remembered that influenza is one of many foes that walk in darkness.

THE FEMALE NURSE IN THE ARMY.

The question of the employment of female trained nurses in the field is just now very much the order of the day, and as the army medical authorities of the United States were confronted with the problem during the war against Spain, their conclusions are not without interest. Colonel Dallas Bache, Assistant Surgeon-General, recently published in the *Journal of the Military Service Institution of the United States* an instructive paper, in which he discusses the make-up of the hospital corps in times of peace. This organisation, though it may be trusted to provide adequately for the care of the sick under ordinary circumstances is, of course, quite insufficient to meet the enormously increased strain put upon the service in time of war. Difficulties at once arose, it became necessary to provide additional attendants, and, as might be supposed, the woman nurse came to the front. Colonel Bache admits the failure of the Medical Department to respond to the demands made upon it with such suddenness, and attributes it, or part of it, to the advent of the female nurse. The Army Medical Department were obliged to accept the services of a number of female nurses for the simple reason that no other means were available of obtaining trained persons to assist in attending to the wounded, trained male nurses being as rare as they are precious. Altogether upwards of 1,150 nurses found their way to the field of war, and of these fourteen died of exposure or infection The Colonel is reluctantly constrained to admit that, in the absence of trained men, the female nurses rendered great and immediate assistance, but he evidently views them with distrust. He reproaches them with hampering rapid movements and with a distaste for the discomforts inseparable from hastily constructed hospitals and quarters. He holds very strongly that under no circumstances ought the female nurse to be entrusted with duties in division hospitals which require to be shifted with great promptness as and when circumstances may require. He is equally convinced that women should not be employed on transports or hospital boats or trains, and he maintains that the nursing under such circumstances would be better done by men. He is good enough to admit that women may find a useful field of activity in the permanent hospitals, where the "discipline of a marching column is not at stake." The tenor of the article is in favour of the organisation in time of peace of a body of men trained to discharge minor medical functions, apparently something on the lines of our Medical Service Corps. Whatever may be done in this direction, it may be taken for granted that the services of women nurses will always be a necessity under the stress of war. That the change of environment may entail the abandonment of many existing notions of what constitutes feminine delicacy is possible, but so does hospital life under any circumstances. So long as nurses can be made to work in groups and are not left isolated we see nothing in their position that differs in any essential respect from the conditions of their ordinary work. Obviously they must not be near enough to the front to run unnecessary danger of injury from wayward shells, and they ought never to be allowed to form part of a column which is liable to sudden and unforeseen strategical movements. Moreover, the standard of indispensable comfort for women is, and must be, somewhat higher than for men similarly engaged, specially in the matter of sleeping and hygienic accommodation. The advantage of the woman nurse, on the other hand, is that she is always available, without the expense and inconvenience of maintaining large bodies of men systematically trained for this purpose, and the supply is practically limitless. We doubt if any other country in the world is as richly supplied with trained nurses as our own, and indeed we have been the pioneers in and the developers of this great movement. Even at the present time in no other country are nurses so well organised and trained as here and to attempt to exclude them from active service on mistaken notions of propriety would be to incur not only the risk, but the certainty, of a breakdown in our army hospital service.

THE EFFECTS OF ANÆSTHETICS UPON THE KIDNEYS.

Some recent investigations by Kemp, of New York, show that the physiological effects of the different anæsthetics upon the kidneys have an important bearing upon the employment of the drugs in certain cases. In the first place, with respect to ether, the results point to the fact that this agent "produces a special contraction of the renal arterioles, with a consequent damaging effect upon the renal secretory cells similar to those which follow clamping the renal artery. The kidneys shrink in bulk, and this is succeeded by diminution of secretion, marked albuminuria, and finally suppression." The author concludes, therefore, that ether as an anæsthetic is contra-indicated when renal disease is present, and when, with the albuminuria, there is associated a tendency to pulmonary œdema. It is, however, scarcely needful to observe that renal insufficiency, especially albuminuria, is a most unfavourable complication with which a surgeon can meet in a patient upon whom he contemplates attempting an operation. Moreover, in bad cases of the kind he might even regard the renal disease present as sufficient to contra indicate any interference upon his part, and under these circumstances there would not be any danger of the symptoms being aggravated by ether, and no necessity would arise for

the use of a general anæsthetic. On the other hand the author points out that his investigations show that the effect of chloroform upon the kidneys is nil. There is no interruption to the secretion of urine during the administration of the drug, and its physiological effects seem to be limited to acting as a cardiac depressant. Again with regard to the A. C. E. mixture, the author states that "if this preparation is administered more as ether is when used alone, then a study of the carotid and kidney tracings shows clearly that we have both the cardiac depression of chloroform and the renal derangement of ether combined." Hence an unfavourable opinion is expressed of this combination of anæsthetic agents, and the author further states his belief that all anæsthetic mixtures are dangerous and of no advantage. Nitrous oxide and oxygen are held to be the least dangerous and the least deleterious to the kidneys. The author draws attention to the fact that in a series of cases he found a marked increase of indican in the urine after ether administration; and that this increase was also noticeable, but to much less extent, after the administration of chloroform and nitrous oxide. In order to determine the precise physiological effect of an anæsthetic the urine should be carefully examined and measured, according to the author, for twenty-four to forty-eight hours before the operation. Then the patient should be catheterised immediately preceding the administration of the anæsthetic, and catheterisation should be carried out directly the administration is stopped, and the urine in each case examined. By this means full details may be obtained of the actual changes which occur. The paper from which these results are quoted is both interesting and instructive, the inquiry being one which deals with a most important subject. However the practical application of the teaching to which the investigations lead, clearly points to the necessity of avoiding the use of ether as an anæsthetic in all cases in which renal insufficiency is suspected. We believe that this precaution has not claimed the attention of anæsthetists generally.

Notes on Current Topics.

What is an Accident?

THE prevalence of the popular practice of insuring against accidents gives a special and practical interest to legal definitions of what constitutes an accident, and the difficulty experienced in arriving at a working definition shows that the question is not as simple as might be thought. A man in New York recently sustained a perforation of the intestines in consequence of having swallowed sharp fragments in his food, and his representatives sought to recover under his accidental policy. The company refused to pay on the ground that, the cause of death was not an accidental injury within the meaning of the policy. Looked at merely as a question to be decided on common-sense grounds, the company is unquestionably in the wrong. If the man had injured his hand with some of the self-same fragments and had died of blood poisoning, we presume it would have been regarded as an accident, and unless the policy, which is the basis of the contract, distinctly excludes internal injuries, these would necessarily come within its scope. Judicial decisions on this point vary. In New York, for instance, it has been held that swallowing poison by mistake is an accident within the meaning of the policy; but in Illinois, on the contrary, the courts have ruled exactly the opposite. The same points have been raised from time to time in our own courts, and in the case of accidental poisoning we believe we are right in stating that the verdict has been unfavourable to such claims. If the companies wish to restrict the benefits of their policies to external injuries, they must formally state their intention; but in the absence of any specific exclusion, the widest interpretation ought to be placed on the terms of the policy.

The Confectionery of the Future.

THE official organ of the International Commission for the Suppression of Adulteration, the *British Food Journal*, for this month calls attention to an important, but somewhat delicate question in respect of the employment of saccharin in lieu of sugar in the manufacture of jams, confectionery, fruit syrups and the like. Sugar, it is pointed out, is a food, which saccharin is not; indeed, the latter is of the nature of a drug to be employed accordingly. It possesses antiseptic properties which, however valuable to the manufacturer of food stuffs, may, in the long run, prove injurious when taken by persons with normal digestions. Moreover, it enables ingenious traders to give glucose the sweetening power of cane sugar, thus defrauding the purchaser who expects to get, not merely a delicacy, but a food. As the law at present stands, we doubt the possibility of preventing this, the latest form of trade adulteration. The manufacturer does not define the nature of jam, he does not pretend that it contains this, that or the other substance except perhaps the particular fruit by which it is described, so that it would be difficult to bring home a charge of fraudulent substitution Still, if our jam is not real, where are we? It may come to pass, with the progress of culinary chemistry, that not even the fruit will be thought necessary. There are plenty of synthetical compounds which may be trusted to give the pleasing delusion of a given flavour, but we pity the youngsters who are condemned to lard their slices of bread with a compound of saccharised glucose, coloured with aniline and flavoured with jargonelle pear, for instance.

What is Medical Practice Coming to?

A CORRESPONDENT, writing from a northern town paints a dark picture of medical practice as a means of gaining a livelihood. He says, "It is really too hard. A friend of mine, a practitioner of nearly forty years' standing, told me to-day that he had not received a single new message in a week. The young men seem to get all the work. Each is a specialist, if

you please, or calls himself by some name or other, so that, of course, he is *the* man for the time being, the youngest being, of course, the most infallible; so on it goes, he in his turn yielding to the next. I do not deny that the quality of the men who enter practice is improving, but concomitantly with the over-packing of the profession there is the greater power of the public to doctor themselves and the combination of these two causes proves disastrous to the Faculty. I observe that no local diseases now are the local expressions of general states, indeed there would seem to be no such thing. Yet I do not know any cause of failure in practice and in giving relief more disastrous than the dreadful habit of treating the disease rather than the patient." This is rather doleful news especially for those practitioners who have attained an age at which their experience might be expected to secure the confidence of the public. The immense improvement that has taken place in the intellectual equipment of the modern practitioner undoubtedly tells heavily against those who were educated on the old lines, hence the preference displayed by a large section of the public for comparatively young men. We have only to compare the frame of mind of "a practitioner of forty years' standing" with that of the bustling young graduate, fresh from the hospital and the laboratory, to understand that the self-confidence and brand-new ideas of the latter must necessarily impress those with whom he makes it his duty to come into contact. Experience is of value only so far as it co-ordinates and develops previous knowledge. It is not of itself knowledge, or, as it has been often observed, the oldest among us would be the wisest *quod absurdum est.*

Accuracy in Dispensing.

Judging from the evidence given before the magistrate in some prosecutions recently undertaken by the Fulham Vestry against chemists for selling goods not of the nature, quality, and substance demanded, the pharmacists had better set about remedying their own shortcomings in the matter of accuracy of dispensing instead of worrying about a hypothetical proclivity to error on the part of the much-abused unqualified dispenser. The mixtures on the analysis of which the prosecutions were undertaken proved to contain an excess of the active ingredient —iodide of potassium—to the tune of from 7 to 15 per cent. According to Mr. Umney, who was called as a witness for the defence, a prescription must be considered to be accurately dispensed if the excess or deficiency, as the case may be, does not exceed 9 per cent. As the *British Food Journal* points out, if the same latitude were permitted to a grocer a pound of tea might contain any quantity between 14¼ and 17¼ ounces. This point however, did not bear on the result, for the magistrate, perhaps rightly, held that Section 7 of the "Sale of Food and Drugs Act," is directed against adulteration and not against inaccuracy, so that, provided the drugs specified in the prescription are contained in the medicine, the quantity does not matter. If this be the law then everyone will agree that the law requires amendment, but until we have the pronouncement of a higher court on the matter, we prefer to hold that the magistrate has misapprehended the bearing of the Act. Perhaps it would be too much to ask the Fulham Vestry to incur the expense of an appeal, indeed, as the question at issue affects the honour and integrity of the pharmacists as a body, it would seem that the Pharmaceutical Society is the proper body to take the matter in hand, but this we may be sure they will not do.

The Prince of Wales's Hospital Fund Distribution.

The report of the Executive Council of the Prince of Wales's Hospital Fund for the past year is more favourable than that of the preceding twelve months. A sum of £42,000—or £19,000 more than on the previous occasion—has been distributed among eighty-two institutions. In pursuing the list of the latter and the awards, several matters worthy of note become apparent. In the first place we are glad to see that the Committee used commendable discretion in refusing aid to those hospitals which did not appear to be in need of funds. By adopting this policy more funds were thus made available for the needy institutions to whom financial assistance was of the utmost importance. Again we note that the Jubilee Hospital has failed to gain any sympathy from the executive committee; the report concerning it is as follows: This institution does not appear to be a hospital in any sense of the word, and its buildings are quite unsuitable for hospital purposes." This is probably the most scathing criticism which this unfortunate institution has so far received. In two cases—the London Ophthalmic Hospital and St. Thomas's—the awards are qualified with the recommendation to appoint an inquiry officer in order to prevent the "possible" abuse by out-patients. We have for some time been under the impression that the inquiry system had not proved to be satisfactory in the London hospitals. At one large hospital the authorities found it to be useless. Upon the whole, however, the report of the council just issued is, we think, likely to give general satsfaction, and to inspire more confidence in the method under which the fund is being administered. It is evident, however, that the fund, by means of making its grant contingent upon certain recommendations of the committee being carried into effect, will eventually come to exercise a good deal of control over the institutions concerned. In other words the likelihood seems to be that in the future the fund will be able to ensure the position of a "Central Hospital board." But whether this will prove to be good or bad for the London hospitals remains to be seen. Meanwhile there is no doubt that any attempt to aggressively make use of power conferred by the fund in regard to recommendations would be resisted by the hospital authorities, So far, however, it may be said that no such aggressiveness has been exhibited.

The Salvation Shelter Decision.

ON appeal to the Queen's Bench decision the London County Council sustained its right to control the semi-charitable night shelters of the Salvation Army. In the lower courts the decision given by the magistrate was that these places did not fall within the provisions of the Common Lodging Houses Act. The contention of the local authorities, on the other hand, was that they were in reality common lodging houses, and should be registered as such. The importance of sanitary supervision of such shelters is obvious, especially in view of the nature of the vagrant population attracted by their accommodation. The stringent rules laid down for common lodging-houses are far more necessary for the shelters, but as a matter of fact they have been hitherto practically able to defy the authorities, and to carry out cleansing, disinfection and other hygienic measures at their own sweet will. This decision of the Lord Chief Justice is, therefore, of first importance, dealing as it does with a class of population difficult to control under any circumstances from a health point of view. We purpose entering into the matter more at length in an early issue, and meanwhile would express our approval of Lord Russell's wish that as far as possible the work of the Salvation Army should not be hampered. Philanthropy, however well intentioned, must not be permitted to block the pathway of preventive medicine.

What is Inebriety?

So far as the indecisive opinion of magistrates can go it was ruled recently in the Brentford Sessions that the habitual taking of drugs is not inebriety within the meaning of the Act. An inmate of a retreat for inebriates near Twickenham had left the establishment and bought cucaine for injection. If he had gone out to get drunk on whiskey this would have been an offence against the law for which the magistrates might have committed him, but it was represented to them by the defending counsel that neither cucaine nor any other hypnotic is mentioned or indicated in the Act, and the magistrates accordingly adjourned the case to enable the prosecution to take further advice.

Sacculated Diverticula of the Gullet.

THE curious and interesting abnormality of œsophageal diverticula is rarely met with. It is most commonly met with in the cervical region, where it often gives rise to a visible swelling after a meal, and at least one case has been recorded in which the patient was able to empty the pouch of food at will. One of the most prominent clinical symptoms is dysphagia, which not infrequently developes to a serious extent within a few months of the recognition of the trouble! In some cases the obstruction to the œsophagus has been so rapid and the difficulty of swallowing so great that a malignant growth has been diagnosed. In such a case emaciation is apt to prove a fallacious sign, as it depends on the difficulty of swallowing a sufficient amount of nourishment, and not on the cancerous cachexia. Curiously enough the irritation of the food retained in the adventitious pouch sets up a pain that is not infrequently referred to the stomach. No satisfactory explanation has hitherto been forthcoming as to the orgin of these abnormalities, although it seems reasonable to suppose they are connected with developmental reversions when congenital, but the cause of the acquired condition is unknown. For some unexplained reason these pouches occur more commonly in man than in the opposite sex. Although their occurrence is rare the medical practitioner will do well to have a careful note in his memory as to their chief characteristics.

Formaldehyde as a Preservative of Milk.

THE discussion which has for some time been taking place on milk preservatives lends additional importance to experiments carried out for the purpose of testing the use of formaldehyde in this regard. The whole of the evidence bearing upon the matter according to an American authority justifies the following conclusions, namely, that formaldehyde, used as a preservative, tends to impair the nutritive value of milk, and disturb the processes of digestion, while, in addition, if taken internally beyond a certain dosage, the drug may produce dangerous if not fatal results. We trust that the committee, now sitting for the purpose of inquiring into the adulteration of food products, will bear these facts in mind, and not overlook the possibility of formaldehyde being employed as a preservative of milk.

Slipshod Dispensing.

AN inquest was held a few days since on two inmates of the Crumpsall Workhouse Hospital who had died from the effects of poisonous doses of strychnine administered in medicine by mistake instead of nitrous ether. As it is not the practice at this institution for the dispensers to initial the labels, there were no means of bringing home the responsibility to the careless member of the dispensing staff, three in number. Perhaps this regrettable accident will lead those responsible for the management of similar institutions to enforce rules which, if they will not avert mishaps would at any rate enable them to pounce on the delinquent. We may call the attention of our friends the pharmacists to the fact that this mishap occurred in the hands of qualified dispensers, lest, for polemical purposes, they should proceed to debit it to the persecuted "doctor's assistant."

The Council Vacancy in the Royal College of Surgeons, Ireland.

A MEETING of the Council has been summoned for January 8 to elect a councillor to the vacancy caused by the death of the late Mr. Wheeler. As we have already reported, the vacant seat is contested by Dr. C. B. Ball, regius professor of surgery in the university of Dublin, and surgeon to Sir Patrick Dun's Hospital, and by Mr. Arthur Chance, surgeon to the

Mater Miseracordiæ Hospital, both of these gentlemen have already served as councillors. The voting is by ballot papers, so that all Fellows of the College, within postal reach, can participate in the election.

The Surgical Treatment of Gastric Ulcer.

The intervention of the surgeon in cases of gastric ulcer has hitherto been limited to the treatment of those cases where perforation of the organ has resulted from the ulceration. More or less success has attended these attempts to save life under these necessarily fatal conditions. But now it is recommended to deal surgically with another symptom of gastric ulcer—namely, hæmatemesis. Eisendrath has recorded two cases in which he has operated for this condition In one, that of a woman, æt. thirty-eight, he opened the stomach, after a second profuse hæmorrhage, and found an ulcer on the posterior wall. The ulcer was drawn out, a ligature applied at its base, and it was then excised. The patient made a rapid recovery. The second case was that of a man, æt. 36, for whom gastrotomy was performed for the same reason, and several small ulcers were found. These were treated in the same fashion, and recovery followed. Symptoms of gastric dilatation, however, subsequently developed, for which gastro-enterostomy was performed, a Murphy's button being used. But death took place from peritonitis. Eisendrath thinks that repeated hæmorrhages, or severe ones occurring more than once, are the indications for operating.

The "Internat" Scandal at Paris.

The *internes*, or resident medical officers of the Paris hospitals, are selected by periodical competitive examination, and as the tenure of office is at least three years, it can well be imagined that great importance is attached to the results of the very severe test to which candidates are subjected. At the last examination in Paris, some misguided individual, or individuals, obtained admission to the Dean's room by burning out the lock with a thermo-cautery, and they then poured sulphuric acid into the box containing the written papers, destroying them for the most part. This scandalous proceeding naturally gave rise to great commotion, and the authorities have had some difficulty in making up up their minds as to the best course to pursue under the circumstances, and so far the police have not been successful in tracing the delinquents. Along with this scandal rumours have found currency in the Press bearing on the prevalence of various illegal methods of affording assistance to candidates desirous of reinforcing memory, It has been decided to hold the examination *de novo*, and in future the public will be excluded from the examination hall, at any rate during the written part of the competition. It is surprising, indeed, to find that hitherto the public that is to say, the friends of the candidates, have been allowed free access to the room. It was almost inevitable under the circumstances that abuses should creep in, and it was high time to take steps to ensure the fidelity of the test.

The Employment of Emmenagogues.

The fallacious importance attached in certain sections of society to the action of emmenagogues justifies an attitude of suspicion on the part of medical men in regard to the use of this class of agent. In the vast majority of instances the demand for a drug of this class arrives from temporary suspension of the menses under circumstances which give rise to anxiety not exactly on account of health. A woman whose periods cease for some reason other than pregnancy to make their appearance at the appointed date may quite possibly think it necessary to consult a medical man, but in such case it is merely because their cessation is associated in the mind of the public with some grave preturbation of health. Now amenorrhœa, apart from pregnancy, occurs only in association with certain well-recognised conditions, anæmia chlorosis, ovarian disease &c., in none of which would emmenagogues do any good or indeed produce any effect whatever. This leads one to ask under what circumstances the use of these drugs is vindicated, if ever. Obviously not in anæmic conditions, in which treatment must be directed to the original affection; clearly also not in diseases of the reproductive apparatus, since their effect could only be to aggravate the morbid state. It will of course be alleged that they may be employed with advantage in cases of functional paresis, that is to say, cases in which there is no particular reason why menstruation should not take place except a certain indolence on the part of the organs concerned. But are there such cases? If the amenorrhœa be due to constipation with consequent depreciation of health appropriate measures will right matters without recourse to an emmenagogue and the same *mutatis mutandum* holds good with regard to the various other causes classified by writers on gynæcology as entailing amenorrhœa. Either this medication is useless or it is unnecessary as well as useless. It may be assumed that the very general use of these remedies is due to the quasi-necessity of prescribing something when appealed to by women suffering from amenorrhœa, and not to any conviction on the part of the prescriber that the medication is likely to be of any particular efficacy for the purpose demanded. It is highly probable, indeed, that in the cases of delayed menstruation bread pills would produce much the same effect, namely, to give an excuse for patience until such time as the function reasserts itself.

The Growth of the Nails.

It has been stated that, as a general rule, the growth of the nails progresses at the rate of about one twenty-fifth of an inch per week, so that nails of the average length, say about half-an-inch, would take about a hundred days to grow, though other authorities put the time at from 121 to 138 days. As a matter of fact, the rate of growth varies, not only according to the age of the subject, but also in different subjects of the same age. Moreover, under the influence of a variety of circumstances, the growth

of the nails may vary even in the same individual. A statistical crank who has taken the trouble to investigate the matter very closely notes that in a man of 21 the nail had grown afresh in 126 days; while in one of 31 it took 159 days. In another individual, only one year older than the latter, the growth, however, took 88 days, in a man of 55 it was 110 days before the nail was reconstituted, and in a man of 67, no less a period than 144 days was required. The observer made this curious observation that the instance of most rapid growth occurred in a tuberculous patient suffering at the time from attacks of hæmoptysis. We are told that sea-air stimulates the growth of the nails, while, on the other hand, grave emotions delay growth, and may even lead to shedding of the nails. A point that may possibly possess a certain diagnostic value is his observation that while in diseases of the central nervous system the growth of the nails is usually interfered with, nothing of the kind is observable in functional paralyses. Lastly, the occurrence of cerebral hæmorrhage is stated to put an end to the growth of the nails, but as to this we have our doubts.

The Operator's Responsibility.

A SUIT will shortly come before the Courts in the United States in which a certain well-known surgeon will have to defend himself against a claim for damages based on the ground that he had caused the death of one of his patients by leaving a gauze plug inside the abdomen in the course of an operation. The surgeon throws the blame on his head nurse, whose special function it was to count the sponges and plugs before and after operation. In this case she assured the surgeon that the number was complete, and the surgeon declines any responsibility for her error. Whether the tribunal will uphold this delegation of responsibility is another matter. Technically, the operator is responsible for every detail of the operation and from a professional point of view *qui s'excuse s'accuse*. Whatever may be the practice in America, we believe that in this country no experienced surgeon would leave a detail of this capital importance to anyone. In spite of every precaution instances are on record in which the tearing of a sponge in two, or an unsuspected addition to their number has led to a mishap.

Normal Arsenic.

AT a recent meeting of the French Academy of Medicine, Dr. Gautier described a method which he had devised for the research of very small quantities of arsenic in certain organs, a method which had enabled him to discover in certain organs of the normal organism a fixed quantity of this element. He finds for instance that arsenic is always present in the thyroid gland of animals, including man, and in smaller, but still estimable quantities, in the thymus, brain and skin, and probably also in the pituitary body. Dr. Gautier explains the curative effect o arsenic in certain maladies on the assumption that it is a normal and essential constituent of particular organs and tissues. However this may be, if his assertion be confirmed, the fact is one of considerable interest to medico-legists.

Army Medical Dispensers.

THE Department has found it necessary to descend from the qualification heretofore recognised for compounders in the hope of attracting candidates. Young men who have passed the "minor" of the English Pharmaceutical Society are now accepted as sufficiently qualified for the position if they have served as dispensers for three years, and have a certificate of character. They will receive, on appointment, 1s. 6d. a day with rations, kit, and free passage out and home, and two months' pay as a gratuity when the war is over.

HOSPITAL residents, medical and non-medical, are pecularly exposed to the infection of influenza, as long and arduous experience has abundantly shown. Last week, for instance, two of the house surgeons, and two of the house physicians at St. Mary's Hospital, together with a large number of students, were in the throes of this most undesirable malady.

PERSONAL.

MR. ROBERT CUFF, M.B., M.R.C.S., honorary surgeon to the Scarborough Hospital, has been appointed a magistrate for the borough of Scarborough.

PROFESSORS WILLIAM OSLER and Howard Kelby, of Baltimore, have been elected honorary members of the Royal Academy of Medicine, Ireland.

DR. JOHN MACEWEN, a son of Professor Macewen of Glasgow University, has volunteered for service as a surgeon at the front, and started on Saturday for South Africa.

DR. A. LOGAN TURNER, of Edinburgh, has been awarded the prize of one hundred guineas by the Council of the Royal College of Surgeons, Edinburgh, for his essay on "Racial Characteristics of the Frontal Sinuses."

THE latest telegrams from the seat of war inform us that Sir William MacCormac, Mr. F. Treves, and the Principal Medical Officer, with several assistant surgeons, were at the base hospital in attendance on the wounded as they were brought in during and after the battle on the Tugela.

THE Gold Medal presented to the Royal College of Surgeons, Edinburgh, by Colonel William Lorimer Bathgate, in memory of his late father, Mr. William McPhune Bathgate, F.R.C.S.E., has been awarded, after the usual written examination in Materia Medica, to Mr. David Mitchell, student of medicine, of Broxburn.

THE funeral of Sir Richard Thorne-Thorne, late principal medical officer to the Local Government Board, took place at Woking on Thursday last, and was

attended by Sir Dyce Duckworth, representing the Royal College of Physicians of London, Sir Hugh Owen, Dr Whiteley, from the Home Office, several officials from the Local Government Board, and a large number of medical friends.

Dr. W. W. Ireland, Medical Superintendent of Mavisbank Asylum, Midlothian, has been elected a corresponding member of the Societa Freniatrica Italiana, of which Professor Tamburini (of Modena) is president.

A telegram has just reached Colonel Hughes, C.B., C.M.G., of Guildford, from General Sir Redvers Buller announcing the death of his son, Captain Matthew Hughes, M.D., Royal Army Medical Corps, at the battle of Colenso. General Buller adds, "We had all grown so fond of him."

Mr. William Anderson, F.R.C.S., of St. Thomas's Hospital, and Mr. H. W. Page, F.R.C.S., of St. Mary's Hospital, were re-elected on Thursday last as members of the Court of Examiners of the Royal College of Surgeons, England, and Mr. Bernard Pitts, F.R.C.S. was elected to fill the vacancy occasioned by the retirement of Mr. Edmund Owen, F.R.C.S.

On the invitation of the War Department, Sir William Stokes will proceed to South Africa as consulting surgeon to the forces as soon as he can make arrangements for the journey. Sir William is the first Irish surgeon whose services have been requisitioned by the Government, and his experience as surgeon, formerly to the Richmond Hospital, and now to the Meath Hospital, fully justifies his selection by the Government to occupy a prominent position in the surgical work of the war.

Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

THE CURE OF CONSUMPTION.

To the Editor of The Medical Press and Circular.

Sir,—The only good sense expressed at the meeting, reported in the daily journals on Tuesday, the 19th inst., was when Sir Samuel Wilks seconded the resolution, proposed by the Duke of Northumberland. It seems now that we are not to regard consumption as a disease solely due to the influence of a special bacillus as scarlatina, variola, and other infectious maladies, and upon which theory tuberculin was founded, but as dependent as much or more on the conditions of the atmosphere that surround the individual. Hospitals may be necessary for one class of maladies but for consumption it certainly would be impossible to secure fresh and pure air for the treatment of a disease which runs no definite course and has no resemblance to these fevers. What are we to think then of those who follow the Prince of Wales and at the same time support consumptive hospitals? When the Earl of Derby said that "the remedy for the ignorance which prevailed on this subject was . . . light and air," it appeared as if he thought a great discovery had been made. There is no doubt but that his lordship must have been speaking from personal feeling and experience, and if it has been discovered that ignorance can be cured by light and air it is something to be proud of. We think that some of those who have gone before us held pretty much the same views, centuries back, as we are discovering reasons for doing to-day. Those who know anything of the history of medicine will find that whenever there has been a rush by the public after a remedy it has generally, we may say always, turned out to have been a delusion. Society is in a certain hysterical state when it rushes after science in any form. We do not see how this new theory can find any reason for "appealing to the public for the means of establishing new hospitals." It seems difficult to support the hospitals we have, and we fear that Charity is finding other objects, and will do so for some time than hospitals, for the treatment of such diseases as consumption, which are generated in the evil conditions of crowded cities, and which are cured by that life in the country which makes men better fitted to be soldiers and active workers. The kind-hearted men who are supporting the Prince of Wales both in this move for cure of consumption and in other matters of medical interest would do well to be careful lest their work bring no result but disappointment.

I am, Sir, yours truly,

A Sympathetic Critic.

THE IRISH COLLEGE OF PHYSICIANS AND THE APOTHECARIES' HALL, IRELAND.

To the Editor of The Medical Press and Circular.

Sir,—I observe in an article in the Medical Press and Circular of the 21st inst., referring to my statement at the last meeting of the General Medical Council of the reasons why the Royal College of Physicians in Ireland declined to enter into a conjunction with the Apothecaries Hall of Dublin, you say that "the representative of the Irish College of Physicians raised, for the first time, certain technical objections." This is a mistake; these objections have been urged over and over again. Not only at the meetings of the College from time to time to my knowledge for the past forty years, but also at conferences, with deputations from the Council of the College of Surgeons in 1889, and subsequently, and lastly, a tabulated statement of them was printed and laid before the General Medical Council by me at the meeting of the Council, November, 1895.

I am, Sir, yours truly,

Dec. 24th, 1889. Lombe Atthill.

[It does not seem to be a matter of much importance whether these objections were publicly raised by Dr. Atthill's College, now, or at some previous time; but as he questions our accuracy, we may say that we have searched the volume of minutes and reports of the General Medical Council for 1895, and can nowhere find a statement on behalf of Dr. Atthill's College, of these objections. We know that a printed statement as to the deficiencies of the "Hall" examinations was circulated, but we cannot recollect that any statement of these objections was contained in it. The incident may pass, inasmuch as we have not, for the present, questioned the validity or force of Dr. Atthill's objections.—Ed.]

Obituary.

MR. WILLIAM CADGE, F.R.C.S.

The death is announced, at the ripe old age of 75, of that veteran surgeon, Mr. William Cadge, F.R.C.S., at Lowestoft. His name, it may truly be said, has been a household word in the counties of Norfolk and Suffolk for nearly half a century, and as a correspondent observes, no surgeon has been held in higher estimation than him since the death of "old" Crosse of Norwich. Mr. Cadge was educated at University College Hospital, just at the time when Robert Liston was at the apogee of his reputation as an operating surgeon. Mr. Cadge became a member of the Royal College of Surgeons in 1845, and forthwith became Liston's private assistant, and he remained such until Mr. Liston's death in 1847. He was subsequently appointed demonstrator of anatomy in University College, and assisted Morton in producing his anatomical plates. In 1848 he became a Fellow of

the College of Surgeons, and in 1850 he was appointed Assistant Surgeon of University College Hospital in succession to Mr. Erichsen. This appointment, however, Mr. Cadge did not hold long, for two years later, a vacancy occurring at the Norfolk and Norwich Hospital, he returned to his old home and began practice in Norwich. There he carried on for many years a most successful and lucrative practice, being the recognised consultant for the eastern counties. As an operator, particularly in the operations for stone in the bladder, Mr. Cadge soon achieved a great reputation, and the museum at the Norwich Hospital contains innumerable trophies of his skill in this department. Mr. Cadge married the sister of the late Sir Richard Quain, but had no family, and his wife predeceased him. He took an active interest in municipal matters, and was on one occasion Sheriff of Norwich. He was a liberal supporter of his hospital, having on two occasions presented the charity with the munificent donation of £10,000. When he retired from the active duties of the staff, he was elected consulting surgeon with the right, which he occasionally exercised, to occupy a few beds with his patients. Mr. Cadge was elected a member of the Council of the College of Surgeons of England in 1880 and held office for 16 years, and was Hunterian Professor of Surgery in 1886, when he chose for his subject lithotomy and lithotrity.

DR. W. N. THURSFIELD, OF SHREWSBURY.

DR. W. NEALOR THURSFIELD, whose death occurred on Wednesday last at his residence, Kingsland, Shrewsbury, was born in the same county in which he lived for 59 years and died. He was educated first at Marlborough College, following his medical studies at King's College, London, and subsequently at Edinburgh University; passing his membership examination of the Royal College of Surgeons, England, in 1861, and next year he took his M.D., degree at Edinburgh. He then commenced practice at Wellington, Salop, where he was appointed medical officer for the town, and soon built up a large private practice. It was, however, as medical officer of various rural districts in the county of Salop that he was best known. Since 1873 and up to a year or two ago he held the position of medical officer of health for the Shropshire combined sanitary district. In addition, he was medical officer for several sanitary districts that either overlapped the county boundary or were entirely outside. It is probable there was not another medical officer in England who covered so much ground as medical officer as Dr. Thursfield did. About two years ago he was appointed to the newly constitu ed position of med cal officer of health for the county of Salop. Failing health, however, led to his taking steps for relinquishing the position, and it was only at the last meeting of the County Council that his resignation was received. Paralysis was the immediate cause of death.

Literature.

GILLESPIE ON MODERN GASTRIC METHODS. (a)

THE hope of the author that this work may serve a useful purpose is certainly fulfilled when the description of the methods employed is based on his personal acquaintance with the processes to which a careful perusal points as those that have particularly engaged Dr. Gillespie's attension. The first few pages are devoted to a well-made *precis* of modern views on healthy gastric conditions which is followed by details of the methods for obtaining and examining the contents of the stomach, evidently derived from practical experience and familiar knowledge of the means employed, especially in regard to the chemical examination of the fluid removed from the stomach for the purposes of diagnosis.

There is no doubt that careful description of actual practice in the use of instruments, tests and calculations, used to foster greater precision in our estimate of the conditions on which disorders of gastric digestion may depend, must prove interesting to those who are engaged in the study of this particular subject; while for practitioners of medicine who may not have facilities for carrying out the chemical examinations necessary to enhance diagnostic accuracy, the directions given by the author for the performance of lavage and the simpler clinical tests which do not involve the possession of apparatus and laboratory accommodation are clearly and succinctly set forth.

In this connection, however, we do not always find ourselves in agreement with Dr. Lockhart Gillespie's advice and opinions. We have not found that the lubrication of the stomach tube with the small quantity of glycerine required has caused more irritation of the pharynx than when its use has been omitted, especially if the capital plan of sucking a cocaine pledget, as advocated by the author, is carried out before the passage of the tube. It is no small reduction of the discomfort at first experienced by the subject of lavage to be reassured by a suggestion of easy sliding over his rising gorge, which the careful anointing of the tube conveys to his mind.

Since this book teems with useful detail and practical hints, we are surprised to read the author's directions for dealing with the tube after its removal, and should expect remonstrance from the intelligent patient in these days if we used unsterilised water, and failed to sterilise the tube before passing it into the stomach for the purpose of lavage.

The chapters on chemical examination are most carefully written, and contain original recommendations not to be found elsewhere. The author's method of estimating total acidity, acidity after evaporation, and volatile acidity appears to be an excellent substitute for the more complex plan of Hayem and Winter, and the simple way of determining the digestive power of the stomach contents after removal and filtration advocated on page 98, also deserves attention. Within the limits set by the author it would not be reasonable to demand equality of treatment for the various means employed in modern gastric diagnosis; but we hope that the views of Stein on the absorption of salol from the stomach may not be accepted without further confirmation. Dr. Lockhart Gillespie has not apparently employed the X-rays in combination with Einhorn's stomach bucket for the recognition of the position and motility of the organ, nor does he appear to have any acquaintance with the use of massage in combination with Gunzberg's capsule and the salol test, when we believe it is valuable as an aid to diagnosis. The improvement on Turck's irrigator by Herschell, and the use of the phonometer in the diagnosis of gastric size and position, will doubtless be noted in the second edition of this book, which is sure to create a demand for more information from the same source.

(a) "A Manual of Modern Gastric Methods, Chemical, Physical and Therapeutical." By A. Lockhart Gillespie, M.D., F.R.C.P.E., F.R.S.E. 175 pages, 15 illustrations. Edinburgh: Oliver and Boyd. 1899.

DEMOOR, MARSART, AND VANDERVELDE ON EVOLUTION BY ATROPHY. (a)

WE learn from the preface that this treatise was compiled in connection with a scheme for research work in general sociology elaborated in June, 1894, and was presented to the Institute of Sociology in Brussels. The subject is discussed under three main headings: Part I., The Universality of Degenerative Evolution; Part II., The Path of Degenerative Evolution; Part III., The Causes of Degenerative Evolution. The authors argue that degeneration and progress are really only two aspects of evolution, that is to say, that all progress must, necessarily, be attended by degeneration. The first part of the work is chiefly taken up with the marshalling of examples in the animal and vegetable

(a) "Evolution by Atrophy in Biology and Sociology." By Jean Demoor, Jean Marsart, Émile Vandervelde. Translated by Mrs. Chalmers. The International Scientific Series. Vol. LXXXVII. – Mitchell. London: Kegan Paul, Trench, Trübner & Co., Ltd. 899.

kingdoms of departures from the known forms. In the second part, the question is fully discussed as to whether retrogression is a tracing backwards of progression, and the application of this law to sociological phenomena is reviewed. In the third part, which from a medical aspect is the more interesting, many points are discussed and instances given in relation to the production of degeneration by the atrophy of organs and parts, and a somewhat remarkable chapter is added on the "atrophy" of institutions from lack of use. Any one interested in the subject of sociology and its discussion from a scientific aspect will find in this book much that is instructive and original.

MURRAY'S ROUGH NOTES ON REMEDIES. (a)

We are not surprised to find this useful and suggestive little book now in its third edition. In the present day, when the practitioner is overwhelmed by the host of new remedies that are continually poured in upon him to live their little day and then give way to others, it is quite refreshing to read the experience of a physician who has a good robust faith in the curative powers of calomel, blue pill, arsenic, and last, but by no means least, good liqueur brandy.

Of more modern remedies we find nothing said, except a wise caution against the use of chloral in pneumonia.

Though the use of arsenic in the treatment of chorea and asthma is by no means new, yet it is not everyone who will venture to give to a child such a dose as 15 to 20 drops of Fowler's solution three times a day, for the cure of chorea.

Nevertheless, we have in this book undoubted proof of the singularly curative power of this large dose, while at the same time wise advice is given as to how long it is safe to continue its administration, in view of the occasional grave results of arsenical poisoning of medicinal origin.

The chapters on the use of belladonna in various spasmodic diseases, and of mercury in heart disease are full of sound practical advice, and are thoroughly in accord with our own experience.

The last chapter on the restorative powers of liqueur brandy shows that the author fully appreciates the value of alcohol as a therapeutic agent. His insisting, by no means needlessly, but strongly, on the purity of this remedy as seen in good liqueur brandy would make many a patient say "Dr. Murray is the man for me."

The book is one that cannot fail to commend itself to the busy practitioner as abounding in useful advice drawn from extensive and well-used experience.

ECCLES ON DIFFICULT DIGESTION (b).

Any contribution upon the physiological and clinical aspects of massage from the pen of Dr. Symons Eccles would claim attention, but in the work before us the author has succeeded in materially enriching the literature of the subject by throwing much light upon points which are little known and little understood. However, he is careful to state in the preface that his volume is merely a collection of notes on some cases of difficult digestion due to displacements of certain abdominal viscera, and is not in any sense intended to assume the character of an exhaustive treatise on the subject of enteroptosis. This explanation seems to be necessary, inasmuch as it is elsewhere remarked that only matters are dealt with which have come under the author's personal notice. Thus the work, in providing a clear and detailed account of Dr. Eccles's own methods of treatment and clinical experience, gains both in conciseness and value—as a matter of fact no treatise has been published upon the subject of enteroptosis since Glenard's work appeared in 1885, and for this reason, if for no other, the present volume is likely to supply a want. A detail of some importance is the method of examination resorted to in patients suffering from visceroptosis, and in this regard the author describes a special apparatus designed by him for the purpose. It consists of a movable frame, swung on two uprights; this is so constructed as to be adjustable to any position, and when a patient is reclining on it the effect is to cause relaxation of the abdominal muscles, by which the abdominal examination is greatly facilitated. The book is rich in detail regarding the clinical examination of the abdomen, and reflects the author's ample experience in this special branch of his subject. There are chapters on gastroptosis, movable kidney, general enteroptosis, and prolapse of the sigmoid flexure, and, with respect to the latter, the author relates three cases in which carcinoma of the rectum succeeded this condition. He attributes the development of the malignant disease to the irritation of the bowel set up by the prolapse—a clinical observation, the possibility of the correctness of which should be borne in mind. In conclusion, we can only say that the perusal of Dr. Eccles's work has convinced us that as a personal record of clinical experience and facts in connection with the comparatively little known subject of enteroptosis the volume before us is both valuable and instructive. A word of praise is due to the publishers for the excellent 'get-up" of the work.

CAMPBELL ON THE NERVOUS SYSTEM (a).

The aim of the author is brevity and simplicity, and in this he has been successful. He has not been tempted, like so many writers on neurological medicine, to give a copious anatomy and physiology, too often a mere paraphrase or reprint of what has appeared before, rather does he confine himself to elementary outlines, clear, precise, and freshly interesting. The chapter on the general structure of the central nervous system, for example, is well conceived, and the idea of the neuron is clearly conceived, without superabundant references, and the illustrations though few, are quite sufficient, and serve their purpose fully. The illustrations of brain cells in Fig. 2 are interesting and helpful, in view of modern histological teaching. The second and third chapters deal with the sensory and motor systems respectively, and are equally characterised by clearness and directness. They are sufficiently informative for the average medical man; indeed, this may be said of the book generally. The method and arrangement throughout are very good, and by means of practical tables of comparison, graphic diagrams, and many excellent photographs the reader is provided with as quick a means of getting at some of the leading facts of the nervous system and its diseases as we can remember ever having seen. Much, of course, is left out, even in the way of leading facts, and we should have preferred to see a few chapters devoted to systematic descriptions of nervous diseases; but so far as it goes the book is well done, and worthy the attention of those who are on the threshold of neurological study.

CABOT'S SERUM DIAGNOSIS. (b)

We have read with interest Dr. Richard C. Cabot's "Serum Diagnosis of Disease," and can strongly recommend it to those who wish to become acquainted with this method of investigation. In the case of typhoid fever the extreme value of aids to diagnosis is universally admitted, and a very practical application of its utility was afforded during the Spanish-American war. Fevers were rife among the troops in Cuba and Porto Rico, but until the serum diagnosis threw light on the cases it was impossible to distinguish with certainty between typhoid, malaria, yellow fever, and dysentery. Dr. Cabot himself went to Porto Rico in the hospital ship, *Bay State*, and at Ponce he found hundreds of cases treated for malaria, which Widal's reaction proved to be typhoid. The author shows that the principle is capable of almost

(a) "Rough Notes on Remedies." By William Murray, M.D., F.R.C.P.Lond. Third Edition. 8vo., pp. 142. London: H. K. Lewis, Gower Street. 1899.

(b) "Difficult Digestion Due to Displacements." By A Symons Eccles, M.B., M.R.C.S. London: Bailliere, Tindall and Cox, 1899. Price 4s.

(a) "An Introduction to Diseases of the Nervous System." By H. Campbell Thomson, M.D. London: Bailliere, Tindall & Cox, 1899. Price 4s.

(b) "The Serum Diagnosis of Disease." By Richard C. Cabot, M.D., Massachusetts. Price 7s. 6d. London: Longmans, Green and Co., 1899.

unlimited extension, and that it is applicable to the diagnosis of a variety of diseases, including glanders, Malta fever, yellow fever, cholera, bubonic plague, anthrax, pneumococcus, streptococcus, bacillus coli and other infections, tuberculosis, diphtheria, relapsing fever, &c. Perhaps he rides his hobby too far, though we admit that he makes out a case for the use of the method in the diagnosis of Malta fever, cholera, and relapsing fever. In the case of non-motile organisms the specific reaction is indicated by a peculiarity of growth of the organism. As might be anticipated, most attention is given to the Widal reaction in typhoid fever, and very full and clear instructions are given for performing the test. Regarding the time limit and dilution the author sums up, "One to forty is a proper dilution with a time-limit of one hour, one to ten is equally reliable with a fifteen-minute limit. Out of 5,978 cases of typhoid, a positive reaction was found in 97·2 per cent.; and out of 849 cases tested before the eighth day, the reaction was present in 93 per cent.

The compilation of the work entailed a vast amount of research into recent medical literature, and the only fault we have to find with the very complete bibliography, is that no attempt is made to separate the wheat from the chaff.

YEAR-BOOK OF PHARMACY (a).

IT has been for a long time recognised that the medical art in its broadest sense has become too extended to be embraced in all its stages by any one life or intellect, that it is necessarily breaking up into specialities; and that not the least of these is the complete and scientific study of practical pharmacy, by which alone can we hope to ultimately secure a national or better still an European international pharmacopœia of completeness, accuracy (and, let it be added), with a general rejection of old and exploded remedies, and worthy to take rank with the general advance of medical science. There are few more useful contributions towards this end than the Year book of the Pharmaceutical Conference, which after so many years has become quite an institution, and which now appears with its usual commendable promptitude. The central pivot is of course the July meeting at Plymouth, which was opened by the inaugural address of the President, Mr. J. C. C. Payne, of Belfast, in which he gave an interesting account of the progress of pharmacy and of the history of the foundation of the Pharmaceutical Society of Ireland, and also of the legislation for the regulation of the sale of poisons. In the course of his address he mentioned an interesting fact which is not known as generally as it might be, viz., that so far back as 1760 the Royal College of Physicians of Ireland endeavoured to make a regulation that all poisonous remedies should be dispensed in three-cornered bottles, and innocuous ones in round phials; that effort this college was still making during the present year, and it is likely now to be accomplished; but we do not like to think how many useful lives would have been saved had legal difficulties not intervened during the past nearly a century and a half to retard this vital reform. The President gave also an interesting history of the various local pharmacopœias, which are now remembered by the older school only; and which culminated in the adoption of the first British Pharmacopœia; remarking that the Dublin Pharmacopœia of 1850 was the first to use the English language, and to employ avoirdupois weights instead of the old Troy ones.

The papers on practical pharmacy were very valuable indeed, and the discussions, in which Professor Attfield and other eminent experts took part, were as interesting as the papers themselves. There was a series of papers on the Ipecacuanha compounds of the last edition of the B.P., in which the question of ascertaining the standardised strength of preparations was very judiciously handled. There was a very good communication on the best plans of determining the percentage of pure iron in ferrum redactum, and another on Jaborandi and Pilocarpin, and on the determination of low percentages of diabetic glucose. The paper on "suggested standards of purity for foods and drugs" was listened to with much interest: the writers justly remarked that in addition to the classes of pure and of adulterated food there might be a third class of "specimens of inferior quality, but not necessary adulterated." "They also properly remark that we have no legalised standards at all, except in the case of spirits, and in the case of a few articles of food, the limits adopted by the Inland Revenue authorities are known (as in the case of milk) and are probably used by most Analysts." To this they might have added tobacco, our fiscal authorities showing the most conscientious care in insuring the purity of this article. No one will doubt the absolute necessity for such legalised standards of every species of food, where such is possible; it would protect the public and the trader as well; and would put an end to those unseemly squabbles between the experts of prosecution and of defence, who too often contradict each other flatly in our Courts, to the scandal of science; and the worst of it is that these experts on both sides are generally both honest and competent, but contradict each other on oath because their standards of purity are different; on the percentage strength of a sample of whiskey they would be sure to agree. It seems to us that the test standards of the B.P. are sufficient for public protection, as regards drugs; the writers seemed to desire something more. Most unfortunately this paper was not discussed on the ground of "want of time," but more probable was the reason put forward by another speaker that "on some of these points they would be touching on rather tender ground, and that the subject would be much better discussed in the Press than in that room, where the temperature, already fairly high, would probably rise rapidly." This matter, however, must be faced, and the problem legislatively solved.

The year book of pharmacy (the first part of the volume) is divided into three sections, viz.: 1. "Chemistry"; 2. "Materia Medica and Pharmacy"; and 3 "Notes and Formulæ." These consist of short abstracts and extracts, taken from the Journals of the whole world, of matters of interest and of novelty on these important subjects; this department is most carefully and efficiently carried out by the accomplished editor, Mr. Louis Siebold; it contains such a mass of useful details for every day work that it would be impossible to summarise it; our only advice to our readers is, get the book and read it. A very complete index enables the reader to lay his hand at once on any point, or to investigate any department.

(a) "The Year-Book of Pharmacy, comprising abstracts of papers relating to Pharmacy, Materia Medica and Chemistry, from June, 1898, to July, 1899. Further, the transactions of the thirty-sixth annual meeting of the British Pharmaceutical Conference, held at Plymouth during July, 1899." London: J. and A. Churchill. 8vo, pp. 517.

MEDICAL ANNUAL SYNOPTICAL INDEX. (a)

FOR the past twelve years Wright's "Medical Annual" has furnished its readers with a well digested summary of the progress of medical science. Each volume was furnished with a good index, and the matter was, as a rule, arranged alphabetically; thus reference was facilitated to the utmost.

But the busy practitioner found as years went by and the goodly row of the "Annual" filled his shelf that searching indexes was too great a tax on his time and patience—the something he sought escaped him; and he regretted that he had not a handy volume giving an index for the whole twelve volumes.

The want has been met—met in the best and most praiseworthy fashion by the synoptical index. A perfect gem of an index, with cross references, a supplemental index, and a synopsis of each article arranged chronologically.

Every fact likely to be wanted in every-day practice on disease, its therapeusis, and on new remedies is included, and so helpful is the volume that we think practitioners who do not possess the Annual for years past

(a) "The Medical Annual Synoptical Index to Remedies and Diseases. For the Twelve Years, 1887 to 1899." Bristol: John Wright and Co. 1899.

cannot make a better investment than in securing a copy of the Index, and those just entering on practice will at a glance find in its pages the most approved methods of treatment.

The arrangement of the book into sections on (1) remedies; (2) diseases; (3) alterations in the 1898 B.P.); (4) test types; (5) memoranda; and (6) a supplementary index, is excellently carried out.

The multitude of facts compressed into the small compass of its four hundred pages make the book one of permanent value, both to students and practitioners of medicine.

Medical News.

The Queen's Colleges in Ireland.

The recent very undignified and unpleasant disturbances at the visitation of the Queen,s College, Cork, arose chiefly from the judgment of the visitors that it is impossible, under existing circumstances, to establish a professorate of Pathology in the College School. The Belfast College students have followed the lead of their Cork brethren, and it is not surprising that they should do so considering that pathology is, according to present day opinion, one of the most important subjects of the student's education. The only obstacle in the way of the establishment of such a chair is the parsimony of the Treasury which, in this case is ridiculous, hair splitting. We ofier to the students of the Queen's Colleges our sympathy with their very reasonable demand.

We have not the same sympathy with the complaint of the Belfast school that their teachers are not appointed, in due proportion, as examiners in the Royal University. According to our old-fashioned ideas the examinations of a great university ought to be conducted by examiners totally independent of school interests, though we well know that an examinership is a valuable asset for a medical school, and we hold very strongly that an educational institution humiliates itself when it allows itself to be made the creature of any medical school on religion or politics.

The "Purser" Testimonial.

The movement set on foot by the pupils of Professor Purser, the Professor of Physiology in the University of Dublin, to present to him a testimonial on the occasion of the completion of his twenty-fifth year of Professorship, has resulted in the foundation of a Medal in the Trinity College School. The subscribers to the fund have arranged that the occasion shall be celebrated by a dinner to the Professor, which will be held at the Shelbourne Hotel, Dublin, on the 29th inst. Dr. Kirkpatrick of 23, Lower Baggot Street, Dublin, is the treasurer in charge.

The Vacant Surgeoncy of the City of Dublin Hospital.

It is announced in our advertising columns to-day that applications for the Surgeoncy vacated by the death of Mr. Wheeler, will be received up to the 5th of January, but no day for the election has yet been fixed, nor can it be so until the Medical Board has decided upon the applicants whom they will recommend to the Governors. The list of candidates which is published by a contemporary is therefore entirely speculative and unauthorised, nor does it contain the names of all the gentlemen who are currently named as likely to compete.

Vital Statistics.

The deaths registered last week in thirty-six great towns of England and Wales corresponded to an annual rate of 22·0 per 1,000 of their aggregate population, which is estimated at 12,786,832 persons in the middle of this year:—

Birkenhead 14, Birmingham 22, Blackburn 17, Bolton 16, Bradford 20, Brighton 20, Bristol 21, Burnley 16, Cardiff 19, Croydon 20, Derby 14, Dublin 38, Edinburgh 17, Glasgow 22, Gateshead 16, Halifax 17, Huddersfield 9, Hull 22, Leeds 20, Leicester 22, Liverpool 26, London 23, Manchester 18, Newcastle-on-Tyne 19, Norwich 16, Nottingham 19, Oldham 19, Plymouth 27, Portsmouth 30, Preston 25, Salford 23, Sheffield 21, Sunderland 20, Swansea 24, West Ham 15, Wolverhampton 24. The highest death-rate per 1,000 living, as measured by last week's mortality, were;—From measles 1·2 in Liverpool, 1·4 in Sheffield, 1·8 in Birkenhead, 2·0 in Swansea, and 3·1 in Preston; from scarlet fever 1·1 in Bradford; from whooping cough 1·0 in Leicester, 1·2 in Blackburn, and 1·4 in Norwich and in Salford. In none of the large towns did the death-rate from fever or from diarrhœa reach 1·0 per 1,000. The 128 deaths from diphtheria included 55 in London, 16 in Leeds, 11 in Sheffield, 8 in Portsmouth, 5 in Leicester, 5 in Liverpool, 4 in Norwich, 3 in Brighton, and 3 in Birmingham. Twelve deaths from small-pox were registered in Hull and 1 in London, but not one in any of the other large towns.

PASS LISTS.

Royal College of Surgeons in Ireland.

The following candidates having passed the necessary examination have been admitted Fellows of the College:—Mr. J. T. Abbott, Mr. R. J. Coulter, Mr. T. Gilcriest, Mr. R. D. Joyce, Mr. D. A. McCurdy, and Mr. H. W. Dulton.

University of London.

The following is the official list of successful candidates who passed the necessary examinations during the present month:—

M.D. EXAMINATION. MEDICINE.

Alford, Cyril Wolrige
Armitage, Frances, B.S.
Ashwin, Richard Hamilton
Banting, Cecil, B.S.
Benham, Charles Henry
Bostock, Eustace Bernd., B.S.
Box, Stanley Longhurst
Bruce, Harold Wilson, B.S.
Buckley, Charles William
Burn, Alfred
Cleveland, Arthur John
Cornish, Sydney, B S.
Coutts, John Morton Sim
Cunliffe, Thomas Varley, B.S.
Currie, John
Fielder, Frederick John, B.S.
Goffe, Ernst. Geo. Leopold, B.S.
Greenwood, Frank Redmayne
Gullan, Archibald Gordon
Harris. Charles Poulett
Hibbert, Joseph Coote
Hodgson, Corts. Rawsthorne B.S.
Horder, Thomas Jeeves, B.Sc.
Horner, W. Ernest L., B.S.
Houfton, Ernest Henry
Huggins, Sydney Penrose
Jenkins, John David, B.S.
Leon, John Temple, B.Sc.
Maxwell, James Laidlaw, B.S.
Mayston, Robert William
Nabarro, David Nunes, B.Sc. (Gold Medal.)
Norman, Richard Henry, B.S.
Perry Sidney Herbert
Pugh, John Williamson
Robertson, Frederick W., B.S.
Slater, Geo. Nathan Oscroft
Starling, Hubert John
Stoney, Florence Ada, B.S.
Williams, Percy Glyn S., B.S.

STATE MEDICINE.

Gully, Robert Cullum, M.D.
Jackson, Herbert William
Weir, Arthur Nesham, B.Sc.

B.S. EXAMINATION.—FIRST DIVISION.

Bucknall, Thos. Rupt. H., M.D.
Roberts, Adeline Mary
Stevenson, Mabel Geraldine
Trotter, Wilfred B.L., M.D.
Turnbull, Jane Holland
Turner, Philip, B.Sc.

SECOND DIVISION.

Anderson William Maurice
Andrews, Hy. Russell, M.D.
Carter, Arthur Hunton
Chadburn, Maud Mary, M.D.
Dobson, Joseph Faulkner
Ferris, William
Hilton, Caleb Thomas
Howell. John
Iles, Mary Muriel Griffin
Martindale, Louisa
Meachen, George Norman
Meakin, Ethilda Budgett M.
Murrell, Christine Mary
Sayer, Ettie
Sprawson, Cuthbert Allan
Stewart, Mary Ariel F
Stewart, Walter Grahame
Strange, Robert Gordon
Vernon, Ethel Miller
Watts, Eliza Turner

M.S. EXAMINATION.

Bonney, Wm. Fras. Victor, M.D.
Handley, Wm. Sampson, M.D.
Milton, William Tayler

Royal College of Surgeons, Edinburgh.

After having passed the requisite examinations the following candidates were, at a meeting held on December 15th admitted Fellows of the College:—

Hugh Bennett, M B., C.M.Edin., Captain, Indian Medical Service; Charles William Booker, M.R C.S.Eng., John Clark M.D.Edin., William Henry Cooke, M.R.C.S.Eng., Charles William Dean, L.R.C S.E., William Evans, M.R.C.S.Eng., Alfred Joseph Martineau, M.R.C.S.Eng., Alexander Glen Park, M.D.Glasg., David Richard Rowlands, M.B., C.M.Glasg., Robert Basil Stamford, M.R.C.S.Eng., and James Whitton, L.R.C.S.E.

Society of Apothecaries, London.

The following candidates passed during December in

Surgery: T. B. Haig, Section I.; J. B. Hall, Section II.; T. E. Holman; C. Johnson, Section I.; G. G. Membery, Section II., O H. Rogerson, Section II.; M. J. Ryan; O. C. Sibley; H. E. Weston, Section I.

Medicine: G. H. Bedford, Section II.; W. F, C. Bennett, Section II.; E. Grange; K. Grube; H, N, Horton, Section II.; G, G, Membery, Section II,: O, H. Rogerson, Sections I and II.; G, H. Watson.

Forensic Medicine: Dady, F. C. H., Elias, F., Grange, E., Grube, K.. Rogerson, O. H., Watson, G. H.

Midwifery: Amos, C. B. S., Brooks, C. E., Cox, W. A. C., French, W D., Furness, J. C., Lucas, G. E., Roberts, W.. Rogerson, O. H., Smith, C. V., Worts, C. C.

The Diploma of the Society was granted to the following candidates. entitling them to practise Medicine, Surgery, and Midwifery: Messrs. G. H. Bedford, C. E. Brooks, F. Elias, J. B. Hall, G. G. Membery, O. H. Rogerson, O. C. Sibley, and C. C. Worts.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

THE SWEETENING POWER OF SUGAR.

ACCORDING to the N.Y. *Medical Record*, the sweetening powers of sugar in powder are decidedly inferior to those of the coarsely crystallised article. In the process of pulverisation it is surmised that the heat or electricity transforms part of the sugar into glucose; the sweetening effects whereof are only about a third of saccharose.

M. E. SEIBS.—We are not aware of any concerted measures having for object the destruction of sewer rats, nor, indeed, unless with some special object in view, such as the prevention of plague, do we think their wholesale destruction is a thing to be aimed at in view of the usefulness of their role as garbage consumers. In certain foreign seaports attempts have been made to asphyxiate these rodents by chemical means, but we are unable to say with what amount of success.

M.R.C.S.—Dr. Mayer's abortive treatment of tonsillitis consists in the hourly administration (to begin with) of teaspoonful doses of the following mixture: sulphate of morphine, gr. 1; tincture of green hellebore 1dr, water 4oz. Dr. Mayer states that retrogression of the symptoms of acute tonsillitis often follows this medication within twenty-four hours. Should this not be the case, it is useless to persevere.

CASE OF EXTENSIVE SUPPURATION OF THE ABDOMINAL WALL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your journal of December 6th (p. 580) I am represented as having reported that in a case of extensive suppuration of the abdominal wall "the body of the uterus had disappeared." This is a mistake. If you will permit me I will send you the notes of the case, a very remarkable one of perforation of the uterine wall, though not quite so remarkable as you have reported it, and you may possibly think them worthy of publication.

I remain, yours obediently,
C. B. KEETLEY.

56, Grosvenor Street, W.
Dec. 20th, 1899.

[We shall be glad to receive Mr. Keetley's notes.—ED.]

EXETER.—You are quite right in giving a guarded prognosis in the case. It not infrequently happens that in the earliest stages of pulmonary tuberculosis, tubercle bacilli may not be detected in the sputa. Indeed they are not discoverable until some breaking down of the lung tissue has taken place. In view of the family history, to advance an adverse opinion was a hazardous step. In any case you have taken the proper scientific attitude and may calmly await the issue of events.

AN EDINBURGH STUDENT.—You are a little out in your data Galileo made his discovery of the isochronous oscillations of the pendulum when a student at Pisa at the age of eighteen, applying it soon after to determine the beat of the pulse—still an expedient in everyday medical practice; and he constructed a pendulum for the purpose, giving it the name of *pulsilogium*. He invented the thermometer fifteen years later, in 1597, and microscope in 1609.

M. G.—A marked feeling of fatigue and lassitude on rising, in the absence of a specific cause, is, or may be, the first signs of incipient neurasthenia. Before regarding it in this light, however, it is necessary to exclude visceral and other causes, because, though the significance of the symptom is the same, its importance from the point of view of diagnosis and prognosis varies according to the physical basis which has given rise to it.

AMBIGUOUS!

THE New York *Medical Record* mentions that a new book by Dr. Weiss Mitchell is on the point of publication, with the suggestive title "The Autobiography of a Quack."

DR. RAND.—The distressing phenomena occasionally induced by thyroid medication may, it is stated, be averted by administering arsenic at the same time. There is sufficient clinical confirmation of the statement to warrant a trial, at any rate, and possibly your difficulty in the case referred to may thereby be obviated.

Appointments.

BENNETT, W. F. C., L.R.C.P., L.R.C.S.Edin., Assistant House Surgeon to the Rotherham Hospital and Dispensary.

COLLIER, JAMES, M.D., M.R.C.P., B.Sc., Registrar to the National Hospital for the Paralysed and Epileptic, Queen Square, London.

ELLIMAN, A. C. L.R.C.P.Lond., M.R.C.S., Medical Officer by the St. Saviour's Board of Works, London, pro tem.

GREENSILL, J. H., M.R.C.S., Medical Officer of Health for the Martley Rural Sanitary District.

HAYES, G CONSTABLE, F.R.C.S.,Eng., Assistant Ophthalmic and Aural Surgeon to the Leeds General Infirmary.

LUNT, D. C M., L.R.C.P.Ire., L.R.C.S.Edin., M.R.C.S., Medical Officer of Health for the Lymm Urban Sanitary District.

MACCALLAN, A F., B.A., M.B., B.C., F.R.C.S., L.R.C.P., Junior House Surgeon to the Royal London Ophthalmic Hospital.

NEWBY, T., M.D.St. And., M.R.C.S., Medical Officer of Health for Great Grimsby Town Council.

PARSONS, W. BROCK, M.R.C.S., L.R.C.P.Lond., Resident Medical Officer to the North-West London Hospital.

PUGH, R., M.B., Ch.B.Edin., Senior Assistant Medical Officer for the Birmingham City Asylum.

ROBERTS, C HUBERT, M.D.Lond., F.R.C.S., M.R.C.P., Physician to Out-patients, Queen Charlotte's Lying-in Hospital, London.

RUSSELL, C. H., L.R.C.P.Lond., M.R.C.S., D.P.H., Medical Officer to Great Yarmouth.

SMITH, W. E., M.B., C.M., Senior House Surgeon to the Royal London Ophthalmic Hospital.

STANWELL, ST. JOHN, M.B., M.C Edin., M.R.C.S., Surgeon to the Stamford and Rutland General Infirmary, Stamford.

TERRELL, F. A. C., B.A., M.B., B.C., M.R.C.S., L.R.C.P., Junior Surgical Officer to Out-patients, Royal London Ophthalmic Hospital.

Vacancies.

Bristol Royal Hospital for Sick Women and Children.—House Surgeon. Salary £100 per annum, with rooms and attendance (not board).

Bristol City and County.—Medical Officer for the Workhouse. Salary £250 per annum. Apply to the Clerk to the Gurrdians, St. Peter's Hospital, Bristol.

City of York.—Medical Officer of Health. Salary £400 per annum. Apply to the Town Clerk, Guildhall, York.

East Sussex County Asylum, Hayward's Heath.—Third Assistant Medical Officer. Salary £175 a year, without board or lodging.

Leicester Infirmary.—House Physician for 12 months. Salary £100 per annum with board, apartments and washing.

Lewes Dispensary and Infirmary and Victoria Hospital, Lewes.—Resident Medical Officer. Salary £100 per annum, furnished apartments, board, coal, gas, and attendance.

Middlesex Hospital, W.—Assistant in the Cancer Research Laboratories. Salary £100 per annum, with an honorarium of £50, after his second year of office.

Nottingham General Dispensary.—Assistant Resident Surgeon. Salary £120 per annum. Special arrangement for board, &c.

Seamen's Hospital Society, "Dreadnought," Greenwich.—Senior House Surgeon for the Branch Hospital, Royal Victoria and Albert Docks, E. Salary £75 per annum, with board and residence, and an additional £25 per annum conditionally.

St. John's Hospital for Diseases of the Skin, 49, Leicester Square, London.—Honorary Assistant Medical Officer. Apply to Secretary.

St. Marylebone General Dispensary, London, W.—Resident Medical Officer. Salary 100 guineas per annum, with furnished apartments, attendance, coals, and light.

Teignmouth Hospital, South Devon. House Surgeon. Salary £50 a year, with board, lodging, and washing. No stimulants supplied, but in lieu thereof £6 per annum allowed.

Three Counties Asylum, near Hitchin.—Second Assistant Medical Officer. Salary £150 per annum, with board, apartments, washing, and attendance. Apply to the Clerk, St. Neots, Hunts.

Births.

CRAWFURD.—On December 21st, at 71, Harley Street, London, the wife of Raymond H. P. Crawfurd, M.D., of a son.

BELL.—On December 19th, at Higher Broughton, Manchester, the wife of Wm. Bruce Bell, M.B., C.M.Edin., of a daughter.

FAICHNIE.—On December 22nd, at 14, Strathray-gardens, London, the wife of Norman Faichnie, Capt. R.A.M.C., prematurely of a son, stillborn.

MACKAY.—On December 19th, at The Cloisters, Knaresboro, the wife of Ian D. Mackay, M.B. and C.M. of a daughter.

ROBERTS.—On December 19th, at Kingsdown, Forest Hill, S.E., the wife of Francis Henry Roberts, M.R.C.S., L.R.C.P.Lond., of a son.

Deaths.

BRODIE.—On December 16th, at 5, Woodside Place, Glasgow, John Ewan Brodie, M.D., Brig.-Surg. (C.V.I.B. and S.M.O. Clyde Defences.

FLINT.—On December 13th, at Orford, Suffolk, Frederick Sayer Flint, L.R.C.S., L.R.C.P., aged 31.

POPE.—On December 23rd, at Woodriding, Pinner, Mary, widow of John B. Pope, M.R.C.S., L.S.A.

WARING.—On December 12th, at 8, Eaton-road, Hove, Dr. Francis John Arthur Waring, Retired Surgeon R.N., deeply mourned.

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